

How Mira assists in clinical evaluation and treatment

Case Reports with Dr. Tara Harding



Simply [you] Wellness

HEALTHCARE ALL ABOUT YOU

Case report: Patient #1

Patient background

28F

G2P1

Recent miscarriage in December 2023

TTC



Intake Form

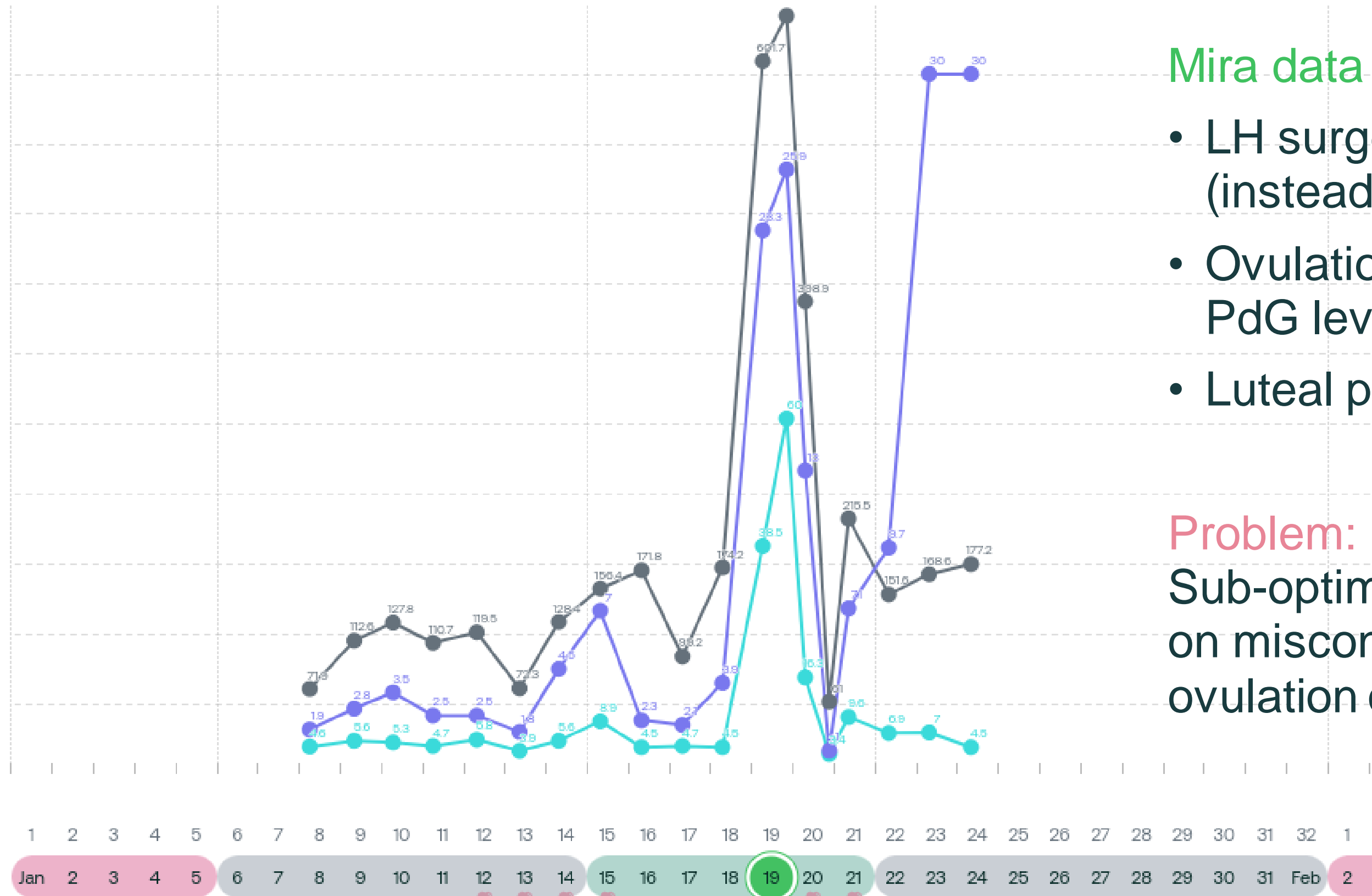
Provider suspected PCOS due to the following information on the intake form:

- long, irregular cycles
- acne
- insomnia
- anxiety
- recent miscarriage

Patient thought she ovulated on cycle day 14 (the same day every month)



Initial Mira Chart



Mira data discovered:

- LH surge on CD 19 and CD 20 (instead of CD 14 as patient thought)
- Ovulation confirmed with elevated PdG levels
- Luteal phase 12 days

Problem:

Sub-optimal intercourse timing based on misconception of consistent ovulation on CD 14



Labs

lipid panel — wnl

TSH — wnl

Prolactin — wnl

CBC (w/Plts & Autodiff) — wnl

free Testosterone — wnl

AMH — 16

total testosterone

17-hydroxyprogesterone — 103

androstenedione — wnl

fasting blood glucose

insulin level — wnl

DHEA-s — 299

Free T4 and T3 — wnl

anti TPO antibodies — wnl

sex hormone-binding globin — wnl

Medical Fact

Elevated AMH levels in PCOS is due to the high number of follicles in the early stage of development.

Patient was diagnosed with PCOS after initial visit

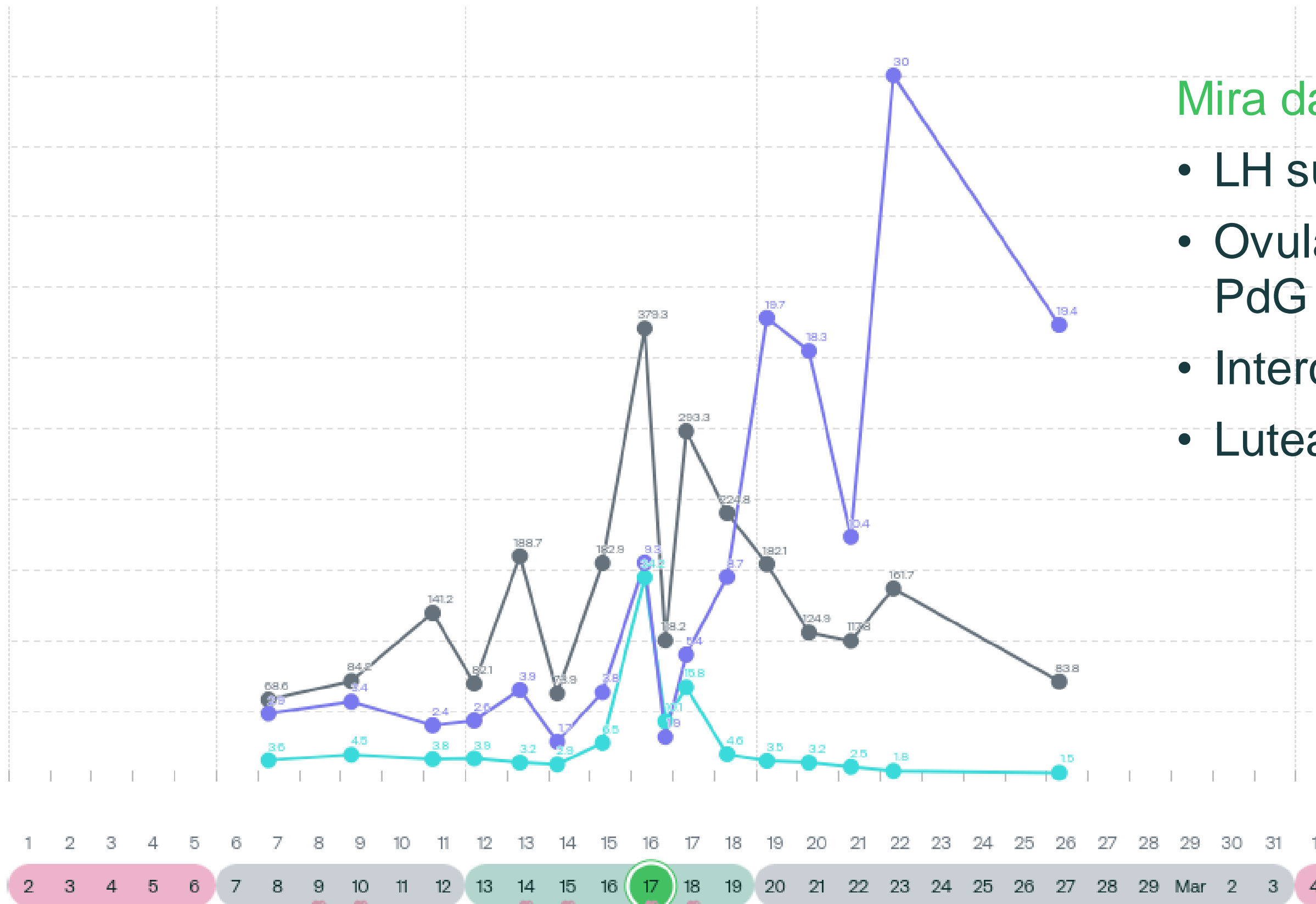


Treatment / Interventions / Assistance

- Supplements that contained Myo-inositol and D-chiro-inositol and NAC
- Interventions to improve sleep
- Cortisol decreasing techniques
- Nutrition implementations
 - Including eating every three to four hours
 - Protein and fiber with all meals and all snacks
- Low-dose naltrexone
- Miscarriage care



Follow up Mira Chart—February

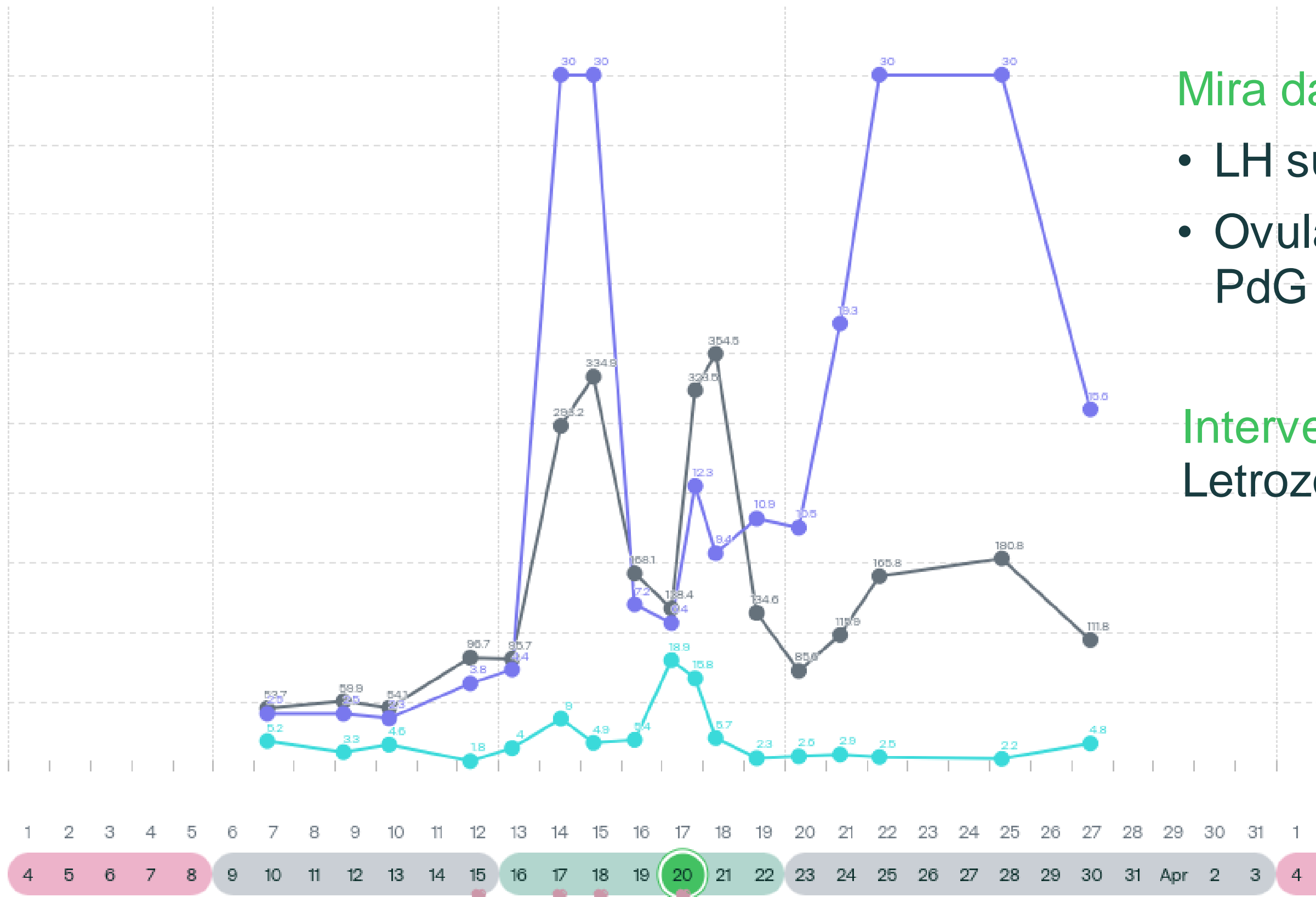


Mira data discovered:

- LH surge on CD 17 and CD 18
- Ovulation confirmed with elevated PdG levels
- Intercourse more effectively timed
- Luteal phase 14 days



Follow up Mira Chart—March



Mira data discovered:

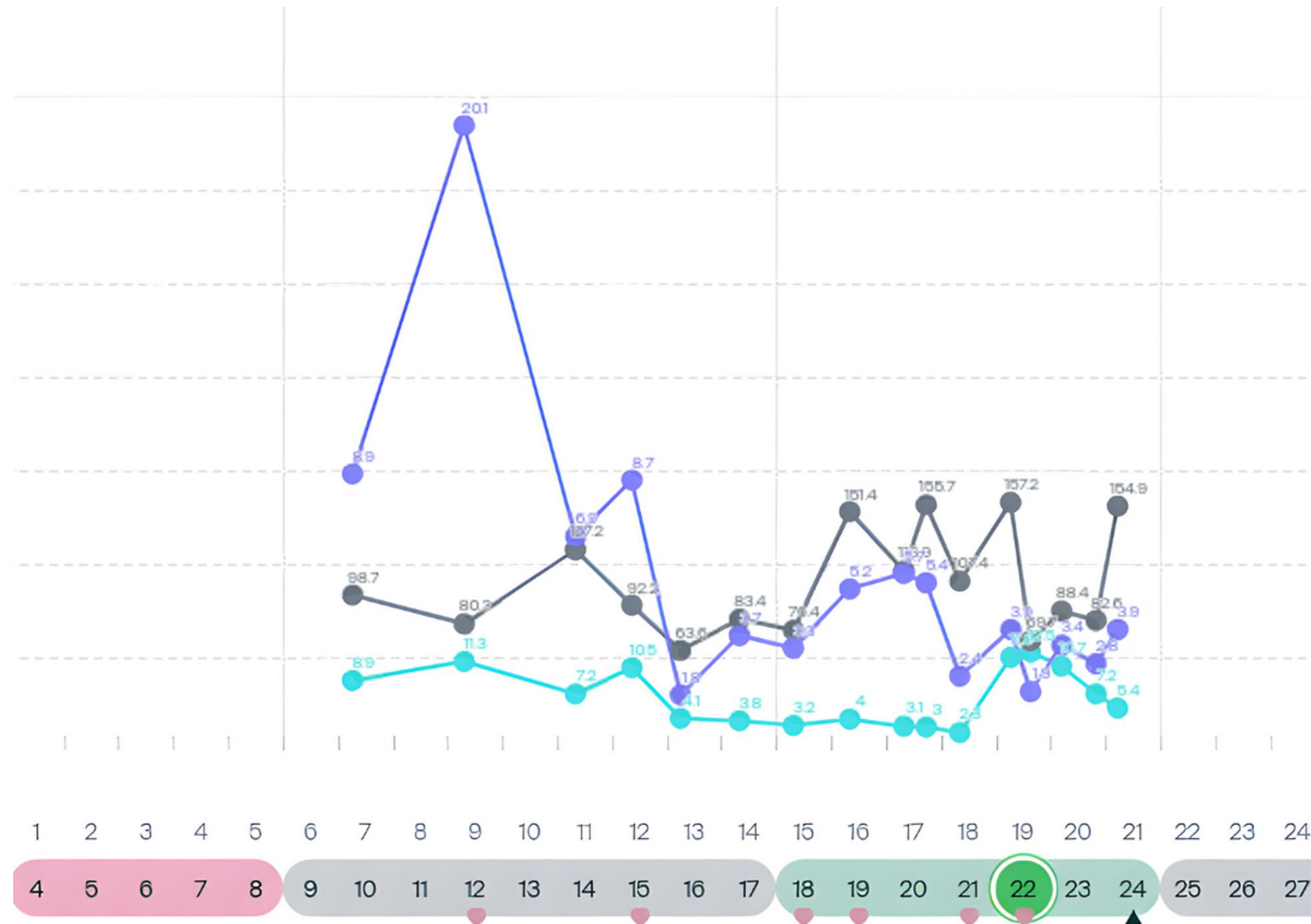
- LH surge on CD 17
- Ovulation confirmed with elevated PdG levels

Intervention:

Letrozole dose given



Follow up Mira Chart—April



Mira data discovered:

- LH surge on CD 19 and CD 20
- Poor response to new Letrozole dose
- Unable to confirm ovulation at this time

Intervention:

Letrozole dose adjusted



Provider Summary

Tracking her hormones with Mira helped:

- Educate the patient on the variability of unique ovulation day
- Identify her true day of ovulation
- Find her fertile window to time intercourse correctly
- Able to monitor the patient's response to medication
- Ensure her underlying hormones with PCOS are balanced



“In March and April we did two different doses of letrozole and were able to see a difference and how we may need to adjust her plan of care even more.”

Dr. Tara Harding



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Mira has revolutionized my practice by providing real-time insights into my patients' daily hormone levels, allowing for precise monitoring of their menstrual cycles.

This technology enables me to educate patients on the specifics of their cycle, particularly highlighting the role of progesterone as a key indicator of ovulation.

With Mira, we can demonstrate how ovulation can vary from month to month, empowering patients with knowledge and enhancing their reproductive health management.

*Dr. Tara Harding (Brandner), DNP, FNP-C;
Simply You Clinic*

