



PCOS MILLENNIALS

The PCOS Playbook for
Millennial Women

By: Reese

Pinay pride, worldwide

INTRODUCTION

From One Filipina to Another

I was 23 when I first heard, “You have PCOS.”

The doctor gave me a pamphlet—and that was it. No real explanation. No support.

Just me, confused and overwhelmed.

If you’re here, maybe you’ve felt the same. You’re eating healthy but still gaining weight. Your hormones feel like a rollercoaster. And the worst part? Feeling like no one really gets it.

I created this eBook because I needed it too. Not a perfect guide, but a real one.

No sugarcoating, no judgment—just honest stories, simple tips, and a gentle reminder:

You’re not alone.

This isn’t about “fixing” yourself.

It’s about understanding your body, loving it anyway, and surviving PCOS together.

Keep reading, sis.

I’m right here with you.

**Love,
Reese ❤️**

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Foreword

I'm Resa

- but you can call me Reese, Sang, Tita Ishang, or Honey (that's what my husband calls me!).

At the age of 23, I was diagnosed with PCOS (Polycystic Ovary Syndrome)—something I misunderstood at first. My body has gone through a lot. There were times I lost weight, but I've mostly been on the chubby side. Like many, I've struggled with late nights, work stress, and financial challenges. If you're reading this and nodding along—you're not alone

Let's walk this journey together

Love,
Reese



Click the ICON to reach us:

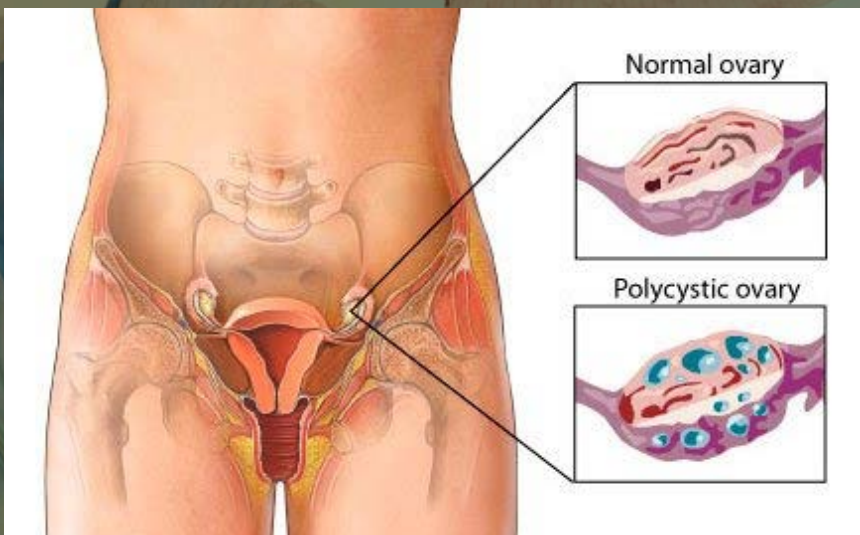


What is PCOS?

Polycystic Ovary Syndrome (PCOS) is a condition that affects a woman's hormones.

It's actually very common – around 1 in 10 women have it – but despite that, it's still widely misunderstood.

In simple terms, PCOS is a hormonal imbalance that causes a domino effect on many parts of your body, not just your ovaries.



From the blog:

"Understanding PCOS: Hormonal Imbalance at Mental Health"

Symptoms and Causes of PCOS

1. Hirsutism (Unwanted Hair Growth on the Face or Body)

Why does this happen?

Many women with PCOS have high levels of androgens – these are male hormones like testosterone.

Because of this hormonal imbalance, you might notice excess hair growth in areas like the upper lip, chin, chest, stomach, or even the back – places where women usually don't grow much hair.



From the blog:
[PCOS Symptoms: Recognize 7 Warning Signs](#)

2. Acanthosis Nigricans (Dark, Velvety Skin Patches)

Why does this happen?

These are dark, thickened patches of skin that usually appear on the neck, inner thighs, underarms, and sometimes on the elbows or knees.

This skin change is often a sign of insulin resistance, which is very common in women with PCOS.



From the blog:
[PCOS Symptoms: Recognize 7 Warning Signs](#)

3. Persistent Acne (Usually Around the Jawline and Chin)

Why does this happen?

When your hormones are out of balance (like in PCOS), your body produces more oil (sebum) than usual. This can lead to clogged pores and inflammation, especially in hormone-sensitive areas like the chin and jawline.

The result? Stubborn, recurring acne that doesn't respond well to regular skincare routines.



From the blog: [PCOS Symptoms: Recognize 7 Warning Signs](#)

4. Moon Face (Puffy or Rounded Face)

Why does this happen?

Though more associated with Cushing's Syndrome, moon face can also occur in PCOS due to cortisol dysregulation and inflammation linked to hormonal imbalance.



From the blog: [PCOS Symptoms: Recognize 7 Warning Signs](#)

5. Flushed or Red Face

Why does this happen?

This can be a sign of inflammation or increased blood flow, both possible side effects of elevated estrogen or androgens. Sa iba, it can even mimic rosacea.



From the blog:
[PCOS Symptoms: Recognize 7 Warning Signs](#)

6. Skin Tags (Small Growths of Skin)

Why does this happen?

Skin tags, especially on a neck and armpits, are associated with insulin resistance. PCOS makes the body less sensitive to insulin, triggering skin tag formation.



From the blog:
[PCOS Symptoms: Recognize 7 Warning Signs](#)

7. Seborrheic Dermatitis (Scaly, Itchy Patches sa Anit at Mukha)

Why does this happen?

Hormonal imbalance affects your sebaceous (oil) glands, making them overactive. This leads to flaky, itchy, oily skin on the scalp, eyebrows, and nose area.



From the blog:
[PCOS Symptoms: Recognize 7 Warning Signs](#)

Fact Checked

Does Having PCOS Mean I Can't Have Children?

Short answer: NO ❌

PCOS is a leading cause of infertility, yes —but it *doesn't mean you can't get pregnant.*

It just means you might need help.

Because of irregular ovulation or anovulation, it becomes harder to conceive.

However, many women with PCOS successfully get pregnant with lifestyle changes, medication (like Clomid or Metformin), and sometimes fertility treatments.

From the blog: [PCOS Symptoms: Recognize 7 Warning Signs](#)

PCOS vs PCOM

PCOS (Polycystic Ovary Syndrome)	PCOM (Polycystic Ovarian Morphology)
Ito ay sakit o syndrome – may sintomas, at may epekto sa buong katawan.	Isa lang itong finding sa ultrasound – hindi siya sakit kundi <i>possible sign</i> lang.
Kailangan ng diagnosis gamit ang criteria (Rotterdam Criteria: 2 out of 3 – irregular periods, high androgens, at PCOM).	Hindi ito sapat para ma-diagnose ka ng PCOS. Pwede kang may PCOM pero walang PCOS.
May mga symptoms tulad ng irregular periods, acne, hirsutism, weight gain, at fertility issues.	Walang symptoms palagi. Maraming babae ang may PCOM pero regular ang periods at walang ibang sintomas.
May long-term risks tulad ng insulin resistance, type 2 diabetes, at fertility issues.	Hindi lahat ng may PCOM ay may risks – minsan normal lang ito, especially sa younger women.

Let's clear up the confusion with two examples:

Ana, 23 years old, has regular periods and no acne or excess hair. Her ultrasound showed “cystic-looking” ovaries – this is called PCOM (Polycystic Ovarian Morphology), but since she doesn't have any hormonal symptoms, she doesn't have PCOS.

Mika, 29 years old, has irregular periods, acne, and also had cysts on her ultrasound. Since she has both the symptoms and the cysts, Mika meets the criteria for PCOS.

So what's the bottom line?

All women with PCOS have PCOM, but

not all women with PCOM have PCOS.

PCOM simply means your ovaries look like they have many cysts – but this on its own doesn't mean you have PCOS, unless you also have irregular cycles or hormonal symptoms.

From the blog:

[What You Need to Know About PCOS and PCOM](#)

Is it only overweight females who have PCOS?

Lean PCOS refers to women who are diagnosed with Polycystic Ovary Syndrome but have a normal or low Body Mass Index (BMI) – usually below 23 to 25 kg/m² based on Asian standards.

We often think PCOS only affects those who are overweight, but that's not true.

In fact, research shows that about 20–30% of women with PCOS are lean – so if you're experiencing symptoms and you're not overweight, you're definitely not alone.

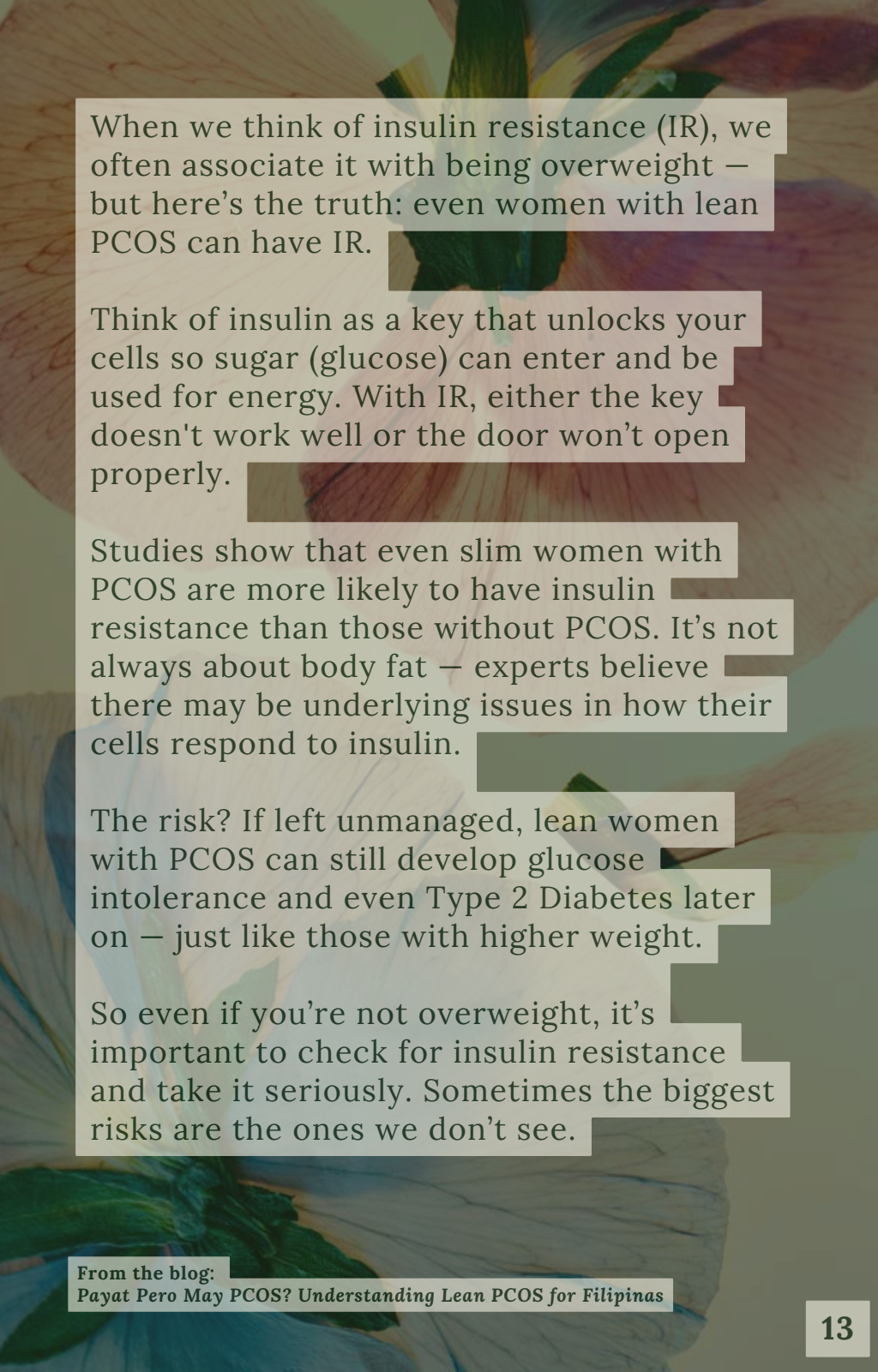
It's also important to know that weight is not part of the official criteria for diagnosing PCOS. So yes, even lean women can have it – and it's just as real and valid.

If not weight loss, then what?

Lean women with PCOS show other symptoms such as irregular periods, insulin resistance, excess male hormones.

This makes it important to follow a well-balanced diet and incorporate regular physical activity to maintain hormonal balance and a healthy weight.

From the blog:
Payat Pero May PCOS? Understanding Lean PCOS for Filipinas



When we think of insulin resistance (IR), we often associate it with being overweight – but here’s the truth: even women with lean PCOS can have IR.

Think of insulin as a key that unlocks your cells so sugar (glucose) can enter and be used for energy. With IR, either the key doesn't work well or the door won't open properly.

Studies show that even slim women with PCOS are more likely to have insulin resistance than those without PCOS. It's not always about body fat – experts believe there may be underlying issues in how their cells respond to insulin.

The risk? If left unmanaged, lean women with PCOS can still develop glucose intolerance and even Type 2 Diabetes later on – just like those with higher weight.

So even if you're not overweight, it's important to check for insulin resistance and take it seriously. Sometimes the biggest risks are the ones we don't see.

Who is the best specialist to help with PCOS?

Here are the doctors that you need to ask for help about your condition

1. Reproductive Endocrinologist

If you have access to one, I highly recommend it.

Why? Because they specialize in:

- Hormonal imbalances
- Irregular periods and ovulation
- Fertility concerns
- Customized PCOS management plans

They're basically the super-specialists when it comes to PCOS. But here's the real talk: in the Philippines, they're rare and often expensive. So if you don't have easy access to one, that's okay.

A good OB-GYN is usually the first step—and a really helpful one, too.

Who is the best specialist to help with PCOS?

2. OB-GYN (Obstetrician-Gynecologist)

This is where most of us start.

See your OB if you're experiencing:

- Irregular or missing periods
- Excess hair growth on your face/body
- Ovarian cysts seen on ultrasound
- Difficulty getting pregnant

OBs can run basic hormonal tests, check your ovaries via ultrasound, and refer you to other specialists when needed.



Who is the best specialist to help with PCOS?

3. Endocrinologist

An endocrinologist focuses on hormones —so they're great if:

- You're gaining weight unexpectedly
- You're showing signs of insulin resistance
- You've been diagnosed with prediabetes, diabetes, or thyroid problems

Many of us with PCOS have underlying issues with blood sugar and insulin, so having an endocrinologist in your corner can really help.



Who is the best specialist to help with PCOS?

4. Dermatologist

If you're struggling with acne, hair thinning, or excess facial/body hair, a dermatologist can help manage those symptoms while you're also addressing the root hormonal issues.



Tests You Might Be Asked to Do

Now don't panic—this list might look long, but it's just to help your doctor understand your hormone and metabolic status.

Not all doctors will order everything, but these are the common ones.

Hormonal Blood Tests:

- LH (Luteinizing Hormone) and FSH (Follicle-Stimulating Hormone) – to check ovulation balance
- Total and Free Testosterone – to check for excess androgens
- DHEA-S – another male hormone from the adrenal glands
- Estradiol – estrogen levels
- Prolactin – to rule out other causes of irregular periods
- TSH (Thyroid-Stimulating Hormone) – to check your thyroid function
- SHBG (Sex Hormone Binding Globulin) – often low in PCOS
- 17-Hydroxyprogesterone – sometimes done to rule out other disorders

Metabolic Tests:

- Fasting blood sugar
- Fasting insulin
- HbA1c – gives a picture of your blood sugar control over time
- Cholesterol and triglyceride panel – because PCOS increases risk for heart issues

Pelvic Ultrasound:

A transvaginal or pelvic ultrasound is often done to check if your ovaries are polycystic.

(If you're a virgin, a transabdominal ultrasound may be offered instead)

PMDD and PCOS How are these connected?

PMDD stands for Premenstrual Dysphoric Disorder.

It's like PMS, but much more intense. It's a mood disorder that shows up in the week or two before your period and usually disappears when your period starts.

Common Symptoms of PMDD:

- Extreme mood swings
- Feeling hopeless or depressed
- Irritability or anger that affects relationships
- Anxiety or panic attacks
- Fatigue, low energy
- Trouble sleeping
- Brain fog
- Crying easily
- Feeling out of control

Real Talk Example:

“A week before my period, I turn into someone I barely recognize. I cry over spilled coffee, get angry at my partner for breathing too loud, and then feel guilty for being so emotional.”

– Maria, 29

PCOS is a hormone condition that affects how a woman’s ovaries work.

It can cause irregular periods, acne, weight gain, and excess hair growth.

Common Symptoms of PCOS:

- Irregular or missed periods
- Oily skin or acne
- Excess facial/body hair
- Weight gain, especially around the belly
- Difficulty getting pregnant
- Cysts on ovaries (not always present)

Real Talk Example:

“I went three months without a period, then suddenly it came back with terrible cramps and mood swings. I always thought I just had bad PMS, but it turned out to be PCOS.”

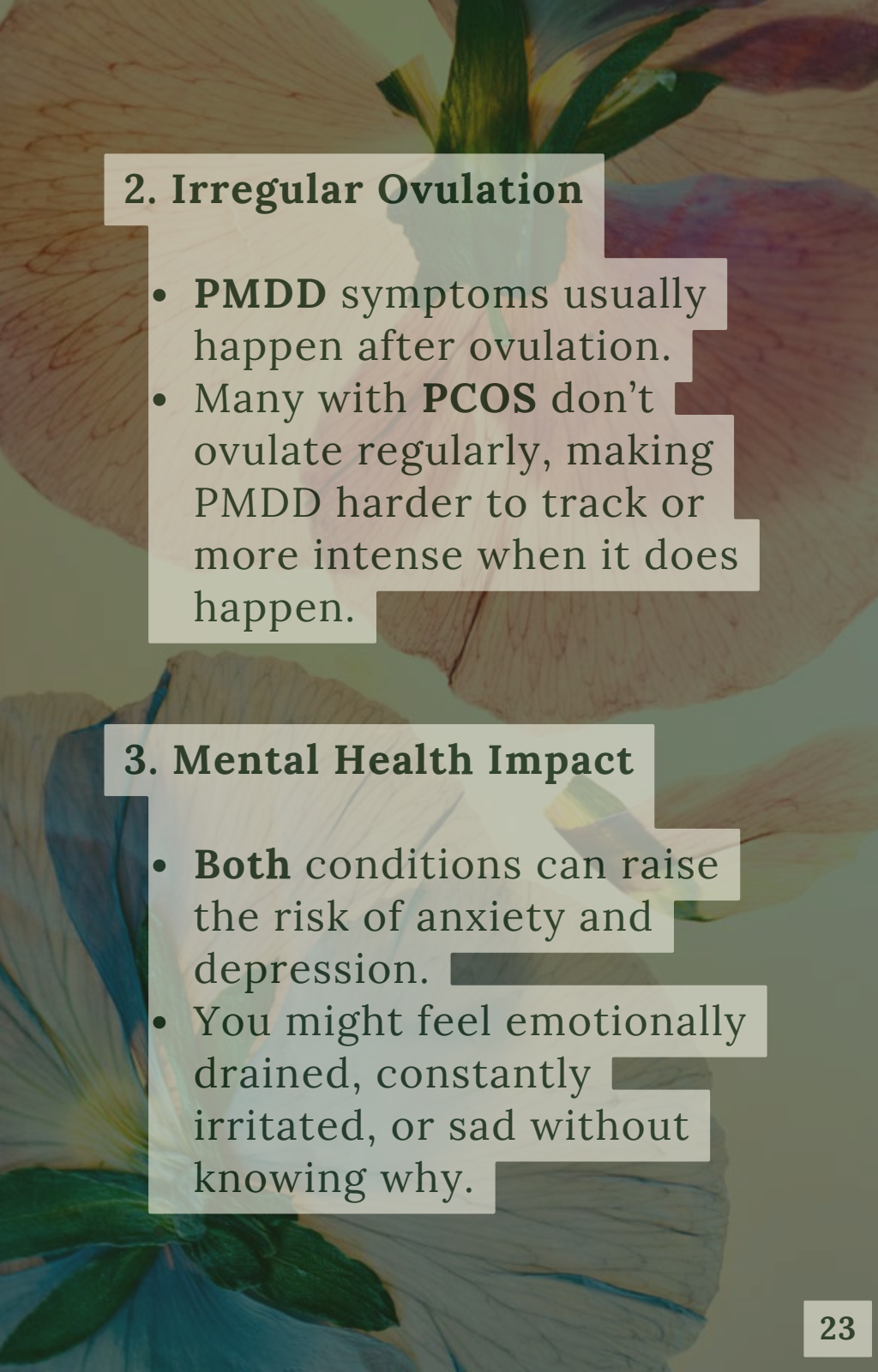
– Danica, 34

They’re different conditions, but they can exist together – and when they do, things can feel a lot harder.

How They Connect:

1. Hormone Imbalance

- **PCOS** causes a long-term imbalance in hormones.
- **PMDD** is an extreme sensitivity to monthly hormonal changes.
- **Together? A perfect storm of emotional and physical symptoms.**



2. Irregular Ovulation

- **PMDD** symptoms usually happen after ovulation.
- Many with **PCOS** don't ovulate regularly, making PMDD harder to track or more intense when it does happen.

3. Mental Health Impact

- **Both** conditions can raise the risk of anxiety and depression.
- You might feel emotionally drained, constantly irritated, or sad without knowing why.

Doctors You Can See:

- OB-GYN (Obstetrician-Gynecologist) – first stop for hormone-related issues.
- Endocrinologist – focuses on hormone imbalances.
- Psychiatrist – helpful if mood changes are extreme or debilitating.

How PMDD is Diagnosed:

- Keep a daily symptom tracker for 2–3 menstrual cycles.
- Your doctor will look for patterns of emotional symptoms that improve after your period starts.

How PCOS is Diagnosed:

- Blood tests (for hormone levels)
- Ultrasound (to check for ovarian cysts)
- Medical history and symptom tracking

Treatment Options

For PMDD:

- SSRIs (Selective Serotonin Reuptake Inhibitors) like fluoxetine or sertraline
- Hormonal birth control to stabilize hormone fluctuations
- CBT (Cognitive Behavioral Therapy) for managing mood
- Lifestyle changes: exercise, sleep, healthy diet
- In severe cases: GnRH agonists (temporarily stop ovulation)

For PCOS:

- Metformin for insulin resistance
- Hormonal birth control for regular periods
- Anti-androgens for acne and hair issues
- Ovulation inducers if trying to conceive

But always ask your doctor!!

PCOS and Fertility

A 54-year-old Filipina recently gave birth to her first baby – a healthy, chubby boy weighing 3.5 kg. For many, getting pregnant at that age seems impossible. But for her, it was a dream come true after years of trying.

Every failed pregnancy test was heartbreaking, but she and her husband never gave up. And when they finally heard their baby's first cry, time stood still.

“This is the happiest day of our lives,” the proud father said. “We thought it was impossible, but miracles do happen.”

Their story quickly went viral, touching thousands – especially women with PCOS who struggle with infertility. It was a reminder that even when the road feels long and hopeless, miracles can still find their way to you.

From the blog:

[Miracle Baby at 54: A Story of Hope for Every Filipina PCOS Warrior](#)



A 2012 clinical trial was published in The New England Journal of Medicine. It compared letrozole and clomiphene citrate for ovulation induction to women who have PCOS. Results showed that letrozole had higher live birth rates.

This discovery gives hope to PCOS warriors facing infertility.

So right now, the most common first treatment for infertility in women with PCOS (polycystic ovary syndrome) is clomiphene. But researchers think that aromatase inhibitors might work better. Letrozole, in particular, may help women get pregnant and have a healthy baby.

From the blog:

[Miracle Baby at 54: A Story of Hope for Every Filipina PCOS Warrior](#)

Ovulation and Cycle Tracking – Especially for Women with PCOS

If you're TTC (Trying to Conceive) and have PCOS (Polycystic Ovary Syndrome), you already know that your cycle might not follow the “normal” 28 to 32-day pattern.

Sometimes it's delayed, unpredictable, or even absent.

And that's why tracking ovulation becomes even more important.

Predicting Ovulation with PCOS



Traditional
Ovulation Tests



Cervical Mucus
Monitoring



Basal Body
Temperature Monitoring

What is Day 1 Again?

Let's go back to basics:

Day 1 of your cycle is the first day of full period bleeding—not spotting. Knowing your Day 1 helps you calculate when ovulation should happen.

But with PCOS, it's common to have:

- Very long cycles (35 days or more),
- Skipped periods, or
- No ovulation at all (anovulation).

So how do you track something that's irregular?

Let's talk about that.



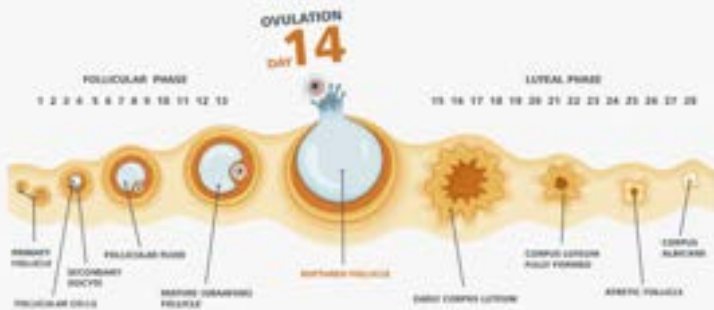
Why Ovulation is Tricky with PCOS?

PCOS affects your hormones, including LH (luteinizing hormone), estrogen, and testosterone.

These hormonal imbalances can:

- Prevent your body from releasing an egg regularly,
- Cause multiple immature follicles (not true ovulation),
- Or make ovulation unpredictable month to month.

So the typical calendar method (e.g., “ovulate on Day 14”) often doesn’t work for women with PCOS.



How Can You Tell if You're Ovulating with PCOS?

Here are adjusted ovulation tracking methods that can work better if you have PCOS:

1. Basal Body Temperature (BBT)

- Even if your cycles are irregular, your temperature still rises after ovulation.
- Track your BBT every morning. If you notice a sustained rise (about 0.3–0.5°C), that means you likely ovulated.
- Best for spotting patterns over time—not for predicting ovulation in advance.

With PCOS, ovulation might not happen every month, so tracking 2–3 months can help you understand your unique cycle.



2. Cervical Mucus Monitoring

- PCOS may cause constant discharge for some, but if you observe a change to clear, slippery, stretchy "egg-white" mucus, that's a clue your body is preparing to ovulate.
- It may not be as reliable alone, but it's helpful when used alongside BBT or OPKs.

Fertile mucus

- Egg white
- Stretchy
- Slippery



Not-fertile mucus

- Thick
- Sticky



3. Ovulation Predictor Kits (OPKs)

- Be careful: many women with PCOS have consistently high LH levels, which can cause false positives on ovulation tests.
- If you do use OPKs, look for a clear surge in line darkness—not just a faint second line.

Tip: Some brands make PCOS-friendly OPKs or digital kits that are more accurate.



4. Ultrasound + Bloodwork (Medical Monitoring)

- If you're actively TTC and want to be more precise, your doctor can track your follicles via ultrasound and check hormones through blood tests (like LH, FSH, progesterone).
- This is especially helpful if you're on ovulation-inducing meds like Clomid or Letrozole.



Medications that Help Trigger Ovulation in PCOS

For some women with PCOS, natural ovulation is rare or irregular.

And when you're TTC, that can make things feel frustrating or hopeless.

But don't worry—there are medications that can help your body ovulate.

Here are the most commonly prescribed options:

1. Letrozole (Femara)

- Originally made for breast cancer, but now used as a first-line fertility treatment for women with PCOS.
- It works by lowering estrogen temporarily, which tricks your brain into making more FSH (follicle-stimulating hormone)—helping your ovaries mature and release an egg.



Usually taken for 5 days early in your cycle (like Day 3 to 7 or Day 5 to 9).

Why it's a top choice: Studies show Letrozole is often more effective than Clomid for PCOS women.

Always ask your doctor about this medication

2. Clomiphene Citrate (Clomid)

- One of the most common fertility meds prescribed in the past.
- Works similarly to Letrozole, by blocking estrogen and stimulating ovulation.

Some women with PCOS are Clomid-resistant, meaning it doesn't always work after several cycles.



Always ask your doctor about this medication

3. Metformin

- A diabetes medication, but also used in PCOS to improve insulin sensitivity.
- Doesn't directly cause ovulation, but helps balance hormones and sometimes restores regular periods.
- Often used with Letrozole or Clomid for better results.



Always ask your doctor about this medication

4. Gonadotropins (Injectables)

- These are FSH or LH hormones injected directly to stimulate your ovaries.
- Stronger and more precise, but require close ultrasound monitoring and may increase risk of multiple pregnancies (twins or more).



Always ask your doctor about this medication

5. Trigger Shots (hCG)

- Sometimes used alongside oral meds or injectables.
- It tells your body: “It’s time to release that egg now!”
- Usually taken when your follicle is mature (based on ultrasound).



Always ask your doctor about this medication

PCOS Supplements

Let's be honest – managing PCOS isn't always easy. But one thing that can make a big difference (with minimal side effects) is taking the right supplements.

Over the next 30 days, I recommend starting with 3 essential supplements that have helped many women with PCOS feel better, naturally.

Now, not all supplements are the same. That's why it's important to choose high-quality ones and take them at the right dosage, so you're getting the most value for your money and your health.

In the next few pages, I'll introduce you to the top 3 supplements I recommend for PCOS – including what they do, where you can find them, and how much to take. Don't worry, I'll make it easy for you to follow.



INOSITOL FOR PCOS

Inositol is one of the most well-researched and trusted supplements for PCOS – and for good reason. It's safe, has very few side effects, and offers a long list of benefits that can really support your body in managing PCOS symptoms.

Here's how inositol may help:

- Helps boost progesterone levels, which are often low in PCOS
- Increases SHBG (sex hormone-binding globulin), which helps reduce the effects of excess testosterone in your bloodstream
- Lowers testosterone levels – a big win for symptoms like acne and hair growth
- Improves insulin sensitivity, which helps regulate blood sugar and reduce insulin resistance
- Reduces luteinizing hormone (LH), which is often too high in women with PCOS
- Supports healthy weight loss, especially when paired with lifestyle changes
- Helps manage hirsutism (excess hair growth)
- Encourages more regular ovulation and improves fertility
- May improve egg quality and increase pregnancy rates, especially in women who have had failed IVF attempts
- Can lower the chances of IVF cycle cancellation in women with PCOS

In short, inositol works with your body in multiple ways to help bring balance back. Whether you're TTC or just trying to feel better day-to-day, inositol is a gentle but powerful tool you might want to consider.



How to take Inositol?

Inositol is most easily taken in its powdered form.

The recommended dose is 2g in the morning and 2g in the evening.

OMEGA 3 FOR PCOS

Omega-3 is a powerful nutrient that can do wonders for women with PCOS – especially when it comes to reducing inflammation, which is a big part of the condition.

Omega-3s are essential fatty acids, which means our bodies can't make them – we have to get them from food or supplements.

The best sources? Fatty fish like salmon, sardines, and tuna. These give you the most effective form of omega-3. While plant-based options like walnuts, chia seeds, and flaxseeds do contain omega-3s too, the type they provide isn't as easily absorbed by the body as the kind from fish.



Here's how omega-3 can help support your body if you have PCOS:

- Improves insulin resistance
- Lowers triglycerides (a type of fat in your blood)
- Reduces inflammation, which can ease many PCOS symptoms
- Supports better mood and helps with anxiety
- Helps lower testosterone levels
- Can help regulate your cycle
- May improve hair thinning or hair loss
- Can reduce acne breakouts

Adding omega-3 to your PCOS toolkit – whether through food or supplements – is a simple yet powerful step toward better balance and overall health.

VITAMIN D FOR PCOS

Vitamin D is often called the “sunshine vitamin” because our bodies naturally make it when our skin is exposed to sunlight.

But here’s something surprising: about 85% of women with PCOS are actually low in Vitamin D.

And that matters — a lot. Vitamin D plays a huge role in how your body works, especially when you’re dealing with PCOS.



Here are some of the ways it can help:

- Supports better insulin sensitivity
- Can boost fertility and improve your chances of conceiving
- May help lower high testosterone levels
- Helps improve mood, especially for women who experience depression along with PCOS
- Strengthens your immune system so you're better protected against infections
- Supports muscle function
- Helps keep your heart and blood circulation healthy
- Supports your lungs and breathing
- Plays a role in brain development
- Has potential anti-cancer properties

If you spend most of your time indoors or wear sunscreen all the time (which is still important!), you might not be getting enough of this essential vitamin – and that's where supplements can really help.



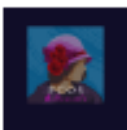
The Right Support Group For You

Living with PCOS can feel like walking a lonely path—full of confusing symptoms, endless doctor visits, and those moments when you wonder if anyone really understands what you're going through.

If you've ever felt isolated by your diagnosis or overwhelmed by conflicting advice, you're definitely not alone.

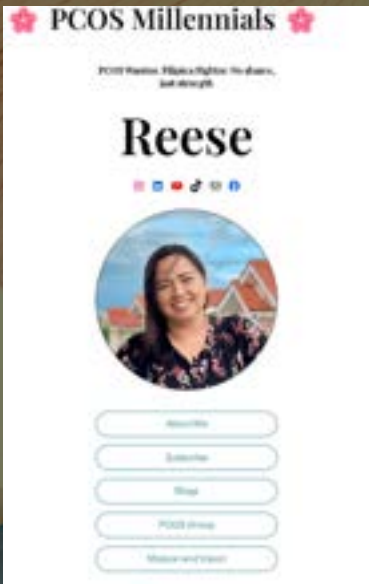
One of the most powerful things that helped me—and can help you too—is finding the right support group, a community where your struggles are heard, your questions answered, and your victories celebrated.

That's why I want to introduce you to PCOS Millennials, a special space created just for us —women navigating PCOS while juggling life's everyday demands.



PCOS Millennials

Why Finding the Right Community Matters



PCOS isn't just about irregular periods or unwanted weight gain. It affects our hormones, our moods, our self-esteem, and even our dreams about family and future. And honestly?

Not all support groups get that. Some feel clinical or overwhelming. Others might make you feel more confused or judged.

What we need is a community that feels like a trusted friend—someone who gets our experiences, speaks our language, and stands with us through every up and down.

What Makes PCOS Millennials Different?

PCOS Millennials is more than just a website or social media page. It's a safe space built by someone who's lived the PCOS journey herself.

Resa, the founder, was diagnosed at 23, just like many of us. She understands the frustration of unanswered questions and the hope that maybe things can get better.

Here's why PCOS Millennials might be the support group you've been searching for:

- **Relatable Stories:** Reading about someone else's PCOS struggles—whether it's battling hormonal acne, trying to balance mood swings, or coping with infertility—reminds you that you're not alone.
- **Real Talk in Taglish:** For Filipinas especially, PCOS Millennials uses a warm mix of Tagalog and English that makes everything feel closer to home, like talking to your best friend over coffee.
- **Practical Advice:** From simple lifestyle changes to managing stress, PCOS Millennials shares tips that fit into our busy, modern lives—no complicated jargon or one-size-fits-all solutions.
- **Community Connection:** Beyond the blog, the social media pages create a welcoming space where you can share your story, ask questions, and get support from women who truly understand.

You Deserve a Community That Sees You

If you're tired of feeling misunderstood or overwhelmed, remember, you don't have to face PCOS alone.

Finding the right support group can change how you see yourself and your journey. It can give you strength on hard days and celebrate every small win with you.

PCOS Millennials is one such community—ready to walk beside you, listen, and cheer you on. Because every woman with PCOS deserves a place where she feels seen, supported, and empowered.

Click the ICON to reach us:

