Introduction to infertility and the guest

What I would say for, you know, if you're listening to this and you are struggling with infertility or recurrent pregnancy loss, the first thing I'd say is it's not your fault.

Every single one of us who has a story is like, is because I went to the taco truck on Tuesday? Is it because i spent 16 hours in the OR operating? We all connect these dots in our mind and I will tell you, infertilty is a disease.

It affects one in four female physicians, one and three female surgeons. I promise you it is not Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. So today I am delighted to welcome Dr. Erica Bove.

Dr Bowe, if she's giving me permission to call her Erica, is double board certified as an OB-GYN and also a reproductive endocrinologist. Super excited to have Dr Bove.

Erika here with us, want to hear what she has to say. She has quite a journey. she'll talk about her personal experience with reproductive and endrochronology, and then also all the resources and tools that she is given to others, but particularly to physicians.

Again, most of our audience are physicians listening to this. So if you're a physician listening, you may find this very interesting and very helpful for your own life.

Erica, do you mind introducing yourself to our audience? Not at all. Thanks, Peter. It's so wonderful to be here. So I'm Erica Bove. I am, like you said, a reproductive endocrinologist.

And faculty at the University of Vermont. Am also the program director there. A couple years ago, I launched a coaching program for mostly female physicians with infertility.

My own journey is that I went to med school to become a psychiatrist. Right? I was really motivated to cure the world of eating disorders, as all of us young idealists are very motivated, to save the But once I got into psychiatry and also started doing my other rotations, it really became clear that I loved women's health.

And around the same time, I actually was like understanding my own body and sort of fertility potential. and I was actually told that i would be infertile, really interesting.

So as i was navigating that and trying to figure that out, i met my former spouse who were still We co-parent well together. He's family medicine. And as we were starting to build our family, these questions about fertility and miscarriages and everything, it's a personal journey as well as a professional one.

So I changed course in my third year of medical school. I decided to apply to OB-GYN residency programs. Once I was sort of in it, I think REI is like the coolest field in the world.

You get to help people build their families and work with your hands and all of that. And as I was a new attending though, I very disillusioned by my inability to connect with my patients in the clinic.

I meeting with these people, trying to help them understand their diagnosis, their fertility treatment options, with the patients who I cared about dearly.

Erica Boveu2019s path into reproductive endocrinology

we were not able to have a conversation. The anxiety was so profound, the analysis paralysis, these educated, strong, beautiful patients in front of me were now assimilating what I had to say.

And so that's when I really started to dig deep and say, like, okay, I went into this field to help people. I feel like I'm marginally helping people, how can I do better?

And that is when understood, because I was accessing coaching in my own life, that the coaching tools I thought were what my patients needed. I started experimenting, if you will, in the clinic and really started to see amazing results.

So then I formed my practice. Wow. Well, that's like in a very encapsulated little nutshell, a long complicated journey. So maybe just maybe step back a minute because a lot of the people listening to this are going to be interns, residents or medical students or people that are aspiring to that field.

What was that like? You got told that at a young age, right? In the middle of that, like. Hey, you may experience infertility. You may have a hard time that you might require reproductive technology.

And then you were able to kind of launch that into your own career. But you're going to walk us through that a little bit, if you are willing. What was that like?

Yeah, I mean, there's almost this dichotomy. As we are training to become physicians, our humanity is almost beaten out of us. I don't know how else to say it.

It's like there are doctors and then there're humans, right? And to have a human experience, to even have basic human needs like the need to eat, the needs to pee, they need sleep, and I would argue fertility as a basic right that needs reproduce.

Like all those things, they kind of get pushed to the periphery because we are these like saviors who are trying to heal all the people. And I think that what I wish I had known then was that it's okay to be human.

It's even preferable to human to, be as integrated as possible while going through these experiences. I have come away since I was a medical student. Our culture is shifting.

We are integrating sustainability and medicine But I think what I would tell my younger self is like, it's okay to be a patient. It's OK to to take your time.

I was in such a rush to find a partner because they told me I'm going to have infertility. So my on-ramp to marriage was very fast. And I have two gorgeous children.

I would never trade them for anything in the entire world. But I also tell my own children, I'm like, take your time. We need to understand ourselves before we make these big life decisions.

And if fertility is in that kind of like view of what you're thinking about, There are so many options, there are many people who want to help. Maybe it's freezing eggs, maybe it is really getting to know yourselves and working with somebody and going deeper into what the factors are.

It is so funny, Dr. Crane, because I practice right now in the same room. These are my exam rooms. I go into that room routinely. to counsel patients myself, the same room where I was told I'd have infertility.

Really? Oh yeah, because I am a faculty where went to medical school. I did my tour around the world in between, but I landed back where i went in medical, which I'm from Vermont originally, and so it's such an honor to serve the people of Vermont, right?

But it's almost like it comes full circle. And so in my life now, I always, and to my trainees, say, okay, how can we keep our humanity? How can, not oversharing, but sharing with patients so that it is not like doctor-patient.

We have this empathy where we know that we can share these human experiences together. I tell people I've had miscarriages. You know, about my fertility journey.

Obviously, the moment has to be right and we use our spidey senses, our empathy senses to figure that out, but I think that creates a richer encounter and giving bad news is one of those things I thing we learn over time and just imagining what it's like to on the receiving end of that, I thinks it makes us better physicians.

Oh, yeah. I've spoken extensively on the podcast about my experience as a patient, and it makes all the difference. When I had a big tumor and had to have it removed, the surgeon who did it for me shared with me her own experience with having a tumor removed.

For whatever reason, at that moment, that was life-changing. Okay, this person knows exactly what I'm dealing with. And it just inspired more empathy, more trust.

Erica, man, such a personal experience. You were able to understand the difference between the clinical side of it and the human side and try to find a way to mesh those two things.

That's pretty important. If we don't do that, people feel like you're just kind of like the Dr. Bot 2000. And that's how I start feeling if you start doing too many things at once, you never feel you can really engage and have a normal human conversation.

You're dispensing information. But how much more meaningful is that when you have like a deep-rooted connection with a person. How have you maintained that and not become bitter and frustrated like so many people sometimes do over the course of their career?

Oh, yeah. Well, that's such a great question. So I adapted my residency, I got through my fellowship, and then I started my new attending job with my former spouse and I start it and we thought we had arrived.

We had the house and by that point we have two children and this sort of crash of like, oh my goodness. There's no way forward, but to get divorced, even though we tried very hard, it was just clear that there was no forward.

And so that was kind of very central to me really reevaluating everything. I will tell you, I remember I used to be just multitasking constantly. In the evenings answering my work email and trying to do all the things to everybody and be on all of the committees and everything, I remember once I was getting ready for a meeting at like 6 a.m.

Balancing medicine, family, and authenticity

and my two-year-old is like, he said to me, asked me where I'm going and I said, oh, a meet and he says, another meeting mommy. Like even my 2- year- old knew that I like over committed.

And so I think as I have, because divorce was such a life-altering event and because I did need to really look at every single thing, I am much more likely to be very choosy about what I say yes to.

My yes has to a full-body yes. I'm going to do this if I have capacity and it is in line with something I've passion about, but if it's something else, I really have to think hard and be like, okay, is this during my work hours?

Is it not? How is it going have an effect on the rest of my life? primarily my relationship with my children, which is my number one priority at this moment in time.

And so as I think about how I navigated that time, really like sort of coming out of, coming through the divorce I would say and reawakening, part of it was like, how am I with patients?

And I started to realize like I'm kind of quirky, I am endearing. I love my patients. But as was trying to practice medicine in this very like regimented rubric way, That was also impeding my ability to connect with my patients.

So if the time is right and my patient gives me permission, I will give them a hug, right? After an embryo transfer, i do all my like weird juju to like help the embryos stick and patients love it.

And like, and laugh with patients, cry with patience. I've really like I'm my quirky self. It's, it's like. i don't have to be like okay, how am I gonna be quirky today?

But I think the more that I. embrace my own authenticity, my uniqueness as a person and share that with my patients, the deeper those connections are.

And my patience, they keep in touch with me. Like I have a patient from when I was a fellow and her twins are over 10 years old. Then every single birthday she reaches out to thank me and shared pictures.

This is just amazing. But I think it's because I needed to fully embrace who I am in order to keep this work sustainable. So that's one thing. I also think what I have learned in terms of being able to balance having young children and clinical medicine is for me, I can really only do it best in limited doses.

So I had a part-time position right now. Will that change in the future? I'm not sure. But finding coaching, creating my coaching practice, having that be my creative outlet, which the hours are very controllable, especially as I navigated a parenting schedule where I didn't have my children half the time.

That has been very impactful to be like, I am still a whole physician. I have a meaningful impact in the world. And it doesn't have to look like what I was shown.

It doesn' have look to like I taught the whole human physician is. Well, and it's interesting, like you hit on two points that I think are really interesting just to reflect on.

Number one, I don't know very many physicians who are working part-time or have more control of their hours who were burned out. Maybe they were, but in the reality of it, if someone says, and I can fit the more important parts of my life in.

Most of those folks I've talked to are not burned out. So that's really important if you can manage your time. And then the second thing I thought was interesting you just talked about was this kind of this authentic authenticity as you talk about Patients with patients interact with them with your whole self.

You use the word quirky. I don't think you're quirky, but just your normal authentic self, I think in 2025, that's what people are looking for. Maybe there was a time in the past where people wanted the physician to show up in a white coat and be at a distance, and I'm going to this expert authority.

But in information age in 2025, our patients seek authenticity. This is a real person I am talking to. It's just an interesting metamorphosis. You watch old movies from way back and the doctors were like on almost like this pedestal in a different socioeconomic class.

And you didn't talk to, you never addressed anybody by their first name and you don't know where they lived or anything like that. and, and now it's much more of an authentic connection.

That's a lot of times what people are seeking. So both of those things, I think play into what you just like the original question you're answering is how do you avoid burnout?

Be your authentic self and control your time. Those are time-honored principles for sure. And can I add something to that? Yes. Yeah, so I think we have these moments in my life that I've really been these watershed moments and I was working full-time.

I Was divorced we were maybe like two to three years into this new normal and my ten-year-old looked at me at the time and he said Mommy, where are you?

And I had hustled all day in the clinic. I was up treating my nurses to handle as much of the patient questions as possible. Like, I, had the nanny, walked home, like hot dinner on the table.

And my, Like I said, my 10 year old said mommy, where are you? And, And he said he looked at me, kids, they tell the truth, right? He said mom, you're here, but you are not here.

And that was when I was doing everything I could to not check my work email at home, to contain the work. And I realized I wasn't out of alignment. So I think that is the other thing that we really have to pay attention to.

It's a daily practice, right? It is not even like, oh, I'm out-of-alignment. I am going to change my job. We have work on ourselves and it is a practice of daily discipline.

But I had to really face my own truth in that moment and say, you know what? nothing is more important to me than my relationship with my children. And this clinical situation that I'm in right now, despite my best efforts, is not supporting my highest good, right, in this life.

So what can I do? And the answer was actually that i needed to leave that job and obviously find a place that really did value me and honored my parenting schedule.

I feel very lucky right Basically, base our call schedule largely around my parenting schedule, which is so kind, but I think it's a win-win for everybody.

If we are out of alignment, I feel like that's when the burnout happens because we're forcing it. It's not happening in a way that is sustainable. But when those moments happen, we really do have to do like a soul searching like I did.

And it was like, how can I? And I will tell you, my brain offered me so many reasons why I couldn't leave that job. I was, like oh, but I'm geographically tied here because of my divorce decree.

I was in coaching school at the time and this person in my small group from Australia offered me a job, like a virtual job working part-time supporting their people in Australia.

And that was like the first crack in the system. I said, well, she even sent me contract. Yeah, yeah. And I was like, okay, 15-hour time difference, how can I?

They're going to pay me well to do this. I started to think, maybe I'm not limited to Albany, New York. Maybe there are other options that are virtual or thinking outside the box.

That's when I start to say, How can do I this in a way that is life-giving to my family where I have gas in the tank at the end of every day? Which for me, people say how do you define alignment?

How do know what that feels like in your body? If we use somebody else's metric, that's not necessarily gonna work for us. For me, it's working in a day and then feeling like I can be fully present with my children.

And it was so interesting because once I found that, I reached out to, a lot of it with intuition and figuring, praying and all those things. But once found it, was traveling three hours away from my house when I didn't have my childen and really saying like, if I'm going to be here, need to only be available when don't my have children and they're like great, we'll make it happen.

When that happened, my son, it was like maybe 18 months later, he looked at me and he was, like, gosh, I get teary thinking about us. He goes, mom, you're back.

Oh, that's awesome. You're bad. And like we, uh, sit on the floor and I play games with them. I played shoots and

ladders with my sun yesterday. We are going to a movie tonight because I promised them all the while.

Here I am today recording this amazing podcast with you. nearly there, right? There's still things I need to work on, but I feel much more in line with my priorities and my values.

And I think that when we can line up those vectors, it's almost like protection against burnout because we have these rich, meaningful lives doing what we're supposed to do.

Well, another component is you're an OB-GYN when you go through residency for obstetrics in particular. I mean, there's just babies come when they want.

So I deliver babies as part of my job and they just come whenever they. And it's a valuable, meaningful part. But it is hard to be like, oh yeah, I'll commit to being there at that time.

Then I have some excellent practice partners who will pick up the slack if I'm gone, et cetera. You're on the hook a lot. That's nice that you've been able to find that.

Yeah, absolutely. And I think it's different, like in a rural setting it is different.

Finding alignment and avoiding burnout

My father was a real urologist and I look at what he's done for his whole career and i'm just like amazed at What he has done and then I also realized like that shall not compare, right?

It's like the 11th Amendment and everyone finds their way. I've found OBGYNs who work at hospitals. Now we have OB-Gyn hospitalists and laborists who take care of the labor floor and yes, yes we lose some continuity of care, although I really think more and more, and this is why you have this podcast, right, is we have to be looking at sustainability in medicine and dropout rates are so high because it is such a hard system to in and the more we can find our own way and find out communities of support, I think the better, the longer we'll be able to work in a meaningful way, in in healthy way where it doesn't cost us truly our lives.

Right. And that's just it. Like, the dropout rate's high. The suicide rate is unacceptably high It's unacceptable. There's so many things that people get into the nuts and bolts of practice and they're like, wow, this is not what I thought.

So you have to be able to flexible to pivot and shift and change and find a way to do just exactly what you've done. It is inspiring to hear this. I think somebody listening to this will say, I want to like Erica.

And because you found a way to find something you're really good at, something that you enjoy, you can engage with your patients. And not only that, not, only professionally, but you, can spend time with, your kids and do those things that are of greatest value in your life.

So pretty awesome. Also my relations with my children. I mean, that is my why for my patients because I know. how deeply grateful I am to be a mom myself and how much it took and everything to really fight for it.

And that's what I want to create in my people. I wanted to give them that same meaningful experience and so it's all connected, right? It is connected but I think we get so disconnected in medicine.

And like I said in the beginning, I think that reintegration, which takes a lot of, it does take reflection. It takes community. it takes facing our growth edges and with compassion and grace.

But I, think when we can do that, that's really when, we start to really thrive. And people say, oh, thriving in medicine isn't possible. I really think it is.

We just have to think outside the box and we have, to be true to ourselves. Well, and you gave yourself permission

to change. That was the, you described that when your colleague from Australia offered you the job.

And you could tell that the wheels were turning. You gave your permission, some permission and say, I don't have to think geographically. I can think more globally.

Hi, can do all this stuff. Yeah. and then you've turned it into this, this reproductive endocrinology practice. Did you always have a board certification in reproductive, endochronology or did that come later on?

No, I did. I went straight through from OB-GYN residency to REI fellowship. But then it was, then I got out, took an academic job where I done my fellowship and then passed my boards and went into private practice.

Then I realized that was the job that wasn't the right fit for me and I realize I didn't miss teaching. One thing I would also say to younger or maybe younger and training people is like, do that thing when you're in the flow, right?

Like, look at those. That's actually why I shifted from psychiatry to OB-GYN is because when I was in psychiaty, like an eight hour day felt so long, nothing against psychiatrists.

I love psychiatry, but for me, I talk fast, and I loved working with my hands. It just wasn't the right pace for my. When I found OBGYN, it felt like I was in the flow.

So when you feel like you're in flow, that's just like this beautiful sweet spot. If you can find those things, like, i'm a ninja. i love doing hard REI procedures.

Getting into a cervix that is challenging, I love putting an embryo at the right spot. I'm always in the two-week wait for my patients. Even in a couple of days I find out a few of my patient's that I did transfers on a week and a half ago are going to be pregnant.

All those things, those are the things that bring me joy. And so I think when you pay attention to when your in flow, that's a good indicator of how it is a wonderful way to spend your time.

Well, yeah, and you found something you love doing. I mean, they say if you find what you loved, then you'll never work a day in your life. You just have to find, in medicine, you just to have find the hours that work so it's not so imbalanced.

That's exactly it. So I want to hear a little bit about what your journey is now because you work with lots of physicians. And just to kind of lay it out from what I understand, kind reading through your information, a lot of people find themselves delaying families because medical school takes a long time and you're training.

I started my first real attending job when I was 32 years old and the reproductive potential changes and the challenges change each decade. My grandma used to say, you get a different body every decade, not a better body, just a difference body.

But from a reproductive standpoint, that's also true. And so you have part of your job is to coach, coach and also help physicians who are struggling with that aspect of it.

So I want to hear a little bit more about what you do and how does that help folks? Sure. So let's see, so with the coaching, what I found in my clinical practice was that there were some people for whom everything was lining up, but the treatments were working.

Like if I see somebody and I say diagnose them with PCOS and give them letrasol and they're pregnant within two or three months, fantastic. That is like very satisfying.

It's a very, even though I'm sure those people wanted to be pregnant like a year ago, like it's very like problem solution. You're a pregnant, you have a good heartbeat.

But what I will tell you is there is a subset of patients in my practice where their journeys are years long, right? And it's like, okay, what is going on to make it so that like you know the diagnosis, you the treatments, know statistics, there are people for whom it is not working when on paper you would expect it to work, And that became my interest.

And so clinically and sort of like emotionally, how can I help these people? Because it also seemed that I'm a very empathetic person. Like there were like these energetic blocks that were preventing people from believing it was possible for this to happen for them.

But I started to just wonder if the two are connected. I'm like, I do believe in mind-body medicine. And I've experienced a lot of healing myself in ways that seem to kind of defy Western medicine and odds and things like that.

So what if I could tap into that energy and try and release those blocks? So what I decided to do was form a fertility coaching practice for mostly for female physicians.

I am open to other people, but there's something about me helping doctors be a patient that I think resonates with people. And these are doctors for whom these conventional treatments are not working and they're starting to be threatened with either remaining childless or not building their families, which is terrible because Oh, I was just so passionate about this.

These are the people who are on the front lines of medicine every single day, in the ERs, and the ORs in, the family medicine, primary care clinics, like the pediatricians, that OB-GYNs.

Like these are people have dedicated their own lives to serving in medicine and medicine in a science are not working for them.

Coaching physicians through infertility

Just think about that paradox for a second. It's just like so frustrating. And so what I decided to do was figure out kind of scientifically, how can I help these people?

How can bridge them to a successful outcome? Help in every single person who comes to me for additional support, which again is outside of my academic practice.

This is people who have their fertility specialist and they're like treatments aren't working. My mindset is horrible. I can't even see that this is going to work.

Don't know why I'm doing this anymore. Those are my people for the coaching practice, I'm so isolated. All I can think about is fertility and it's ruining my life.

So these people come to me and we start to work together. I start the calm the nervous system because again, very kind of similar to what I saw as a new attending, like when the Nervous System is activated, we can't even assimilate information.

We can tap into our intuition. Our bodies just don't work the same way, right? Like our GI system is disrupted, our brain chemistry is disruptive. The gynecological system as disrupted as well, uterine receptivity, all those things.

And so, first thing is we calm the nervous system, we identify the values and the priorities, because there's no two journeys that are the same. Everybody has a unique journey.

So we identified those things, and then we start looking for what I call authentic hope, which is hope grounded in science. our brains are trained to look at what is not working.

Like, well, I've had three embryo transfers and nothing is taken so far, so it's probably not ever gonna work. And

that's where we interrupt that pattern and say, like, that is actually not true.

You are 32 years old, or you have five embryos in the freezer, whatever it is. I love refocusing to being like this is why I believe in you, and this why, am gonna help you believe yourself.

So we identify the factors for authentic hope, and then we install confidence in the person's cycle, like their plan. So many people, even physicians, don't know why their fertility specialist has prescribed a certain protocol or whatever else, so I break it down.

I work with the fertility specialists. This is scientifically how it makes sense. Maybe ask your REI this question the next time you see them, maybe you add this adjunct or But we kind of realign that, like, that the initial distrust, the initially hypervigilance, we tone all that down so that there's trust in the system, appropriately so, and trust our own bodies to do the work of having a baby, right?

And I will tell you, it is working at unprecedented rates. It's amazing. We do one-on-one support. The support groups are absolutely phenomenal in terms of people just inspiring each other and being a resource for each.

It's so beautiful. Of course they have content because my people are all nerds like us and they like worksheets and homework and things like that to videos.

But it's this process of reconnecting the mind and the body, toning down the hypervigilance, trusting the process, and then bridging through to a successful outcome.

I love it. It's awesome. Like you speak the language, you, speak doctor and you speaks patient and they're kind of different languages and trying to, it's, hard to learn how to be a patient when you've been a doctor.

like that, It really is. I've tried to walk that path myself. And it, a little bit hard, to know you want to approach the problem with humility. You want approach to the problems with an open mind.

Yeah. Your brain goes to like, what would we do it? And like you say, You wanna just nerd out on the science and figure it out. But there's a real human connection part of it that is really required.

So when you do your work with folks, it sounds like you're working a lot with reproductive endocrinology specialists across the nation and refer people there.

So what's the process? Somebody listening to this, probably several people listening, are going to say this really resonates in my life or I have a colleague or a patient or somebody that really needs this.

What's their first step? Sure. So if you are an individual who's currently suffering from infertility, on my website, there's a link to book a call or DM me.

I always love hearing from people. What's your situation? What tools are in the toolkit? How can we help? So I love for people to reach out individually.

There's also a couple of really well-run Facebook groups for female physicians with infertilty. And again, I'm very cautious about social media because I think that sometimes it can take on a life of its own.

But there's a couple really well-run groups out there. If you DM me, I will connect you. Those groups have a lot of resources, a built-in support. So that's the first thing is to contact me directly.

if you are a physician listening to this and you have people in your life or you patients yourself who are struggling, they actually have the referral form.

And so it's very quick to fill out. Under two minutes is what people tell me. Because what I found is if tell your patient, Oh, this person, Dr. Bob, she's doing this coaching.

It's really interesting. There's still so much stigma about mental health support. Like over 90% of those people never reach me because I think because of shame and complex emotions and nothing is going to help me in those things.

And so I find it particularly helpful if the physician themselves or their team fills out this very brief referral form. Then I can reach out to that person directly and start to sort out what might be helpful.

Yeah, how do people reach you? What's your, do they go to your website or they got to LinkedIn or how should they contact you. Absolutely. So my website is the most comprehensive place.

I have a submission form if you want to reach out and just sort of ask me a question. There's also a button there to book a call directly for me, like with me.

If you are a patient and you want my perspective, happy to do that as well. Also on social media. So everything is under love and science fertility. Instagram, Facebook, people send me DMs all the time.

I love DM's. in your world, people follow up with me and let me know how different things go and so those are generally the best places. And so I can also, Dr.

Kidd, I could certainly give you my referral form if that would be helpful. But I'm just, those were the ways to contact me because I know many people are suffering and I how many don't know that these resources are available.

I will tell you, even this week I had a client who saw a pregnancy test that was positive after 20 years. Oh my goodness. I'm just like, I am blown away.

And what did it take? It took minds at work. It take believing an IVF cycle was going to be successful to generate embryos. it took getting the courage to finally have an abdominal myomectomy and going through that and healing and also a GLP-1.

No, but these are all things where it's like, okay, we listen to the story. We see what's going on. Oh, you've gained 40 pounds throughout the context of this journey.

Let's see if we can get some of that up as you're healing. Like all these different things, like I said, there's no two journeys that are the same. But when I see people, before we started talking, one of your questions is like what surprised you the most with this work?

Like how miracles happen. Miracles happen because we take a thoughtful and curious approach. We look at the mindset and we put all the pieces together.

So that person, she has normally rising beta ECG levels. She's going to have an OB ultrasound soon. I just know deep within myself that it's gonna work for her.

And I'm like, that is so amazing. and she almost dropped out. she's just like this is triggering. All I want to do is to not have to think about fertility treatments.

You have good reason to stick with it. Let's work on the triggers. let's do these things." And she got through her transfer and it worked. So like, that's one example.

I had another person for whom IVF treatments were not working. She was very disillusioned at this point. And she decided to take a month off from treatments because she was going to go to Europe with her family, with their parents and her siblings to honor her ancestors.

And would you believe that she said to me, she's like, you know what, Erica, I think I'm going be okay without children. I might pursue a gestational carrier, or I don't know, but I just need to understand that my life is going for us in this way." And I'm like, great.

And then when you see that, and it's almost like you can predict it. It's like prognostic factor. I am like oh, her energy is different, it is going to work.

So then she and her husband tried outside of fertility treatments that one month that she took off after a year and a half of Fertility Treatments. Would you believe that they conceived that month and now she's almost to her second trimester.

I mean, it's just like, these are the stories that are just, like these, are people who thought they were done. They thought there was no chance. they thought that they had this dream, but it wasn't going to happen.

And again, there are, people do decide that, they've done this long enough and that want to shift their priorities. That's also a very important thing to talk about as well.

But I think for people for whom they think that it is not possible, I challenge that because maybe they just haven't found the right guide. Maybe they haven' put all the pieces together.

sort of tips and tricks to get into their bodies and feel their feelings and really surrender. I mean, it's surrender work. We could talk forever about that too, but these are the things that are happening.

Success stories and final advice

And I think this is where Western medicine sometimes is inadequate. This is why I'm so excited to bring this to people because it really is a healing journey and I've just been blown away even the last couple of weeks by the miracles I have seen.

I like that you characterize those as miracles because 20 years of not being able to conceive and have a child, and you're able have to have child. That's a miracle.

All the way through. It's amazing. And I'm thinking of so many patients I've worked with who've had that. They just become so frustrated, so disillusioned.

Then you get to the place where you say, I have do something else. I had one patient who asked for me to put a long-acting reversible contraception. She's like, "I just can't handle the mental load.

of wondering every month if I'm going to conceive it. It was making her just emotionally go to a place where she couldn't really function. That's all she would think about.

And so it creates this huge burden. We all know folks who they decide to adopt or they decided some other thing and their mind just relaxes and then they're pregnant like the next month.

So there is something to this mind-body connection related to fertility. I think that that's what you've discovered and it sounds like a lot of your work.

centers around not only the science but also the mindset and the coaching and this whole body approach and I love it. It's awesome. Thank you. Well, do you have any final words or any parting wisdom you want to leave as we kind of wrap up our time?

So yes, okay, so I guess I have sort of like to the two different groups of people who might be listening and resonating. So if you're a trainee and you are listening to this and haven't quite differentiated so to speak, what I would say is that a career in medicine doesn't have to look the way that you've been shown.

There are so many beautiful ways to have a meaningful ways, ways of being an entrepreneur, thinking outside the box. And so when we align our own unique gifts and sort of look at our vision for why we're here on this earth professionally, right?

Like when they can align those things, that's when the magic happens. So if you have a desire in your heart to do something that maybe is like a little different, just follow the breadcrumbs and see where it leads because that is our creativity, That is a purpose, and that actually where we can have the greatest impact in the world.

That's my first sort of piece of advice, and also to bring in the humanity, because whenever we bring it in humanity everything just gets so much better.

Messier, but better, right? And then what I would say for if you're listening to this and you are struggling with infertility or current pregnancy loss, the first thing I will say is it's not your fault.

Every single one of us who has a story is like, is because I went to the taco truck on Tuesday? Is it because spent 16 hours in OR operating? Like we all connect these dots in our mind.

And I will tell you, infertility is a disease. It affects one in four female physicians, one and three female surgeons. I promise you it is not your fault.

So that is the first thing I would say. The second thing that I'd say is, you are not alone. We think we are, but we just haven't united. like the more that isolation and shame, shame only exists in isolation.

So that's when the shame melts and dissipates, and that is when we can actually rise and be stronger together. And then the third thing I would say is give yourself grace.

You are a busy physician, you are doing your best, these fertility treatments, which is at least a part-time job. And so the more and more we can have compassion for ourselves and figure out how we might need to adjust our lives for this stage of life, and maybe it's that you tone down the work or you go to per diem for a bit.

Maybe you do find a community of support and that's where you get your strength, right? It's not about just keeping out some stuff. Sometimes it is like, how do we fill our well?

How do Fill the tank to be able to continue to serve like give yourself grace. Give yourself self-compassion And when you do that, I promise you things will get so much better.

So yes, those are my parting words for your listeners Thank you so I've loved it. I will put your information in the show notes. For some people, this will resonate so much, and I want you to be able to contact folks and help people.

And I appreciate what you're doing with the coaching and all the stuff that you are doing. It makes a big difference for the entire physician community.

So thank you so, much. Yes, 100%. And thank you for the work that you do. I think that as I talk to trainees and people are getting burnt out and new attendings, and I always say go back to your personal statement, go to why you're in this work in the first place, right?

Because I do think when we do feel like we're making a difference, somehow so many things get so much better. Again, we need to look at control of our time and our hours and those sorts of things, but when can connect with our purpose, That, I think, brings back the meeting.

And we're not just these warm bodies, but we are cool human beings having a human experience. So thank you for bringing us together and reminding ourselves to find the meaning in what we do.

Awesome. Yep. That's why we call it Doctors Making a Difference. Appreciate it so much. Thank you. Thanks for tuning in to the Doctors Making a Difference podcast.

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