Infertility Is Not Your Fault

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

Every single one of us who has a story is like, is it 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, infertility is a disease. It affects one in four female physicians, one in three female surgeons.

I promise you it is not your fault. Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be 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. Bove, she's given 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. Erica 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 endocrinology and then also all the resources and tools that she's 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.

Introducing Dr. Erica Bove

So Erica, do you mind introducing yourself to our audience? None at all. Thanks, Peter. It's so wonderful to be here. So I'm Erica Bove. I am, like you said, a reproductive endocrinologist.

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

My own journey is that I went to med school to be 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 world.

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. And so as I was navigating that and trying to figure that out, I met my former spouse who we're 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. And once I was sort of in it, I was like, 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 was very disillusioned by my inability to connect with my patients in the clinic.

I was meeting with these people. I was trying to help them understand their diagnosis, their fertility treatment options, but the patients who I was meeting with, who I cared about dearly, 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 not assimilating what I had to say.

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

And so that's when I really 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 own practice. Wow. Well, that's like in a very encapsulated little nutshell, a very 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?

From Medical Training to REI

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're willing. What was that like?

Yeah, I mean, I think that 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 almost like there's doctors and then there's humans. And to have a human experience, to even have basic human needs, like the need to eat, the need to pee, the need to sleep, I would argue fertility as a basic human right, the need to 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 be human to be as integrated as possible while going through these experiences.

And I think we have come a ways since I was a medical student. I think our culture is shifting, that 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 okay to be afraid. It's okay to take your time. I think I was in such a rush to find a partner because I was like, oh gosh, they told me I'm going to have infertility.

So my on-ramp to marriage was very fast, you know? 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.

I'm a divorced person now. Take your time. We need to understand ourselves before we make these big life decisions. And if fertility is in the kind of view of what you're thinking about, There are so many options.

There are so many people who want to help. Maybe it's freezing eggs. Maybe it's really getting to know yourselves

and working with somebody and going deeper into what the factors are.

And it's so funny, Dr. Crane, because I practice right now in the same room. Like these are my exam rooms. Like I go into that room routinely. to counsel patients myself.

The same room where I was told I'd have infertility is the same room where I… Oh yeah, because I am a faculty where I went to medical school. I did my tour around the world in between, but I landed back where I went to medical school, 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's come full circle. And so in my life now, I always, and to my trainees, I say, okay, how can we keep our humanity?

How can we, not oversharing, but sharing with patients so that it's 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. I tell people about my fertility journey. I tell people I froze my eggs in my divorce. You know, 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 think we learn over time. And just imagining what it's like to be on the receiving end of that, I think it makes us better physicians.

Oh yeah. No, I've spoken extensively on the podcast about my experience as a patient and it makes all the difference. Like I, when my, I had a big tumor and had to have it removed and the surgeon who did it for me shared with me her own experience with having a tumor removed.

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

And man, Erica, that's, that's such a personal experience. Like 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 like you can really engage and have a normal human conversation.

You're just dispensing information. But how much more meaningful is that when you have 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?

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 started and we thought we had arrived during we had the house and by that point we had two children and then 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 way forward. That was kind of very central to me, really reevaluating everything.

And I will tell you, I remember I used to be just multitasking constantly. I used to be in the evenings answering my work email and trying to be all the things to everybody and be on all the committees and everything.

I remember once I was getting ready for a meeting at like 6 a.m.

Humanity, Authenticity, and Burnout

and my two-year-old is like he said to me he asked me where I was going and I was like oh a meeting and he said

another meeting mommy like even my two-year-old knew that I was like over committed and so I think as I have this 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 be a full-body yes. I am going to do this if I have capacity and it is in line with something I'm passionate 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 this going to 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 my patients?

And I started to realize like, I'm kind of quirky, I'm endearing, I love my patients. But as I 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 weird juju to help the embryo stick.

And patients love it. And I laugh with patients. I cry with patients. I'm my quirky self. I don't have to be like, OK, how am I going to 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 patients, they keep in touch with me. I have a patient from when I was a fellow, and her twins are over 10 years old. And every single birthday, she reaches out to thank me and share pictures.

And 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, right?

So I have 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 coaching, 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't have to look like what I was taught a 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 are burned out. Maybe they were, but in the reality of it, if someone says, I have a lot more control over my time and schedule 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 you that 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, your whole self use the word quirky. I don't think you're quirky, but just. 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 the white coat and be at a distance, and I'm going to this expert authority.

But in the information age in 2025, I think our patients seek authenticity. This is a real person I'm talking to. It's just an interesting metamorphosis.

You watch old movies from way back and the doctors were like almost on this pedestal in a different socioeconomic class and you didn't talk to, you didn't ever address anybody by their first name and you didn't know where they lived or anything like that.

And now it's just 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 10 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. I had the nanny, I walked home, hot dinner on the table.

And like I said, my 10-year-old said, mommy, where are you? And I said, buddy, I'm right here. And he looked at me. Kids, they tell the truth, right? He said, mom, you're here, but you're 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 was out of alignment. So I think that is the other thing that we really have to pay attention to.

And it's a daily practice, right? It's not even like, oh, I'm out of alignment. I'm going to change my job. And then we have to work on ourselves. And it is a daily practice, a 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 in this life.

And 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.

And I feel very lucky right now that I have colleagues who basically base our call schedule largely around my parenting schedule, which is so, so kind.

But I, but I think it's a win-win for everybody. And when, if we are out of alignment, I feel like that's when the burnout happens, right? Because we're, we're, we're just, we're forcing it, right?

It's not, it's not happening in a way that is sustainable. But when those moments happen, we really do have to do 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. And I was like, oh, but I'm geographically tied here because of my divorce decree.

But then… 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 was like, well, she even sent me a contract. Oh, really? Yeah, yeah. And I was like, okay, 15-hour time difference, how can I?

They're gonna pay me well to do this. And 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.

And that's when I started to say, how can I do 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, that's, people say, well, how do you define alignment?

How do you know what that feels like in your body? If we use somebody else's metric, that's not necessarily going to 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 was intuition and figuring, praying and all those things. But once I found that it was traveling three hours away from my house when I didn't have my children and really saying like, if I'm going to be here, I need to only be available when I don't have my 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 back. And like we, I sit on the floor and I play games with them. I played shoots and ladders with my son 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. I have coaching clients.

I have content I'm creating. Like, like this is such a beautiful, rich life. And now I'm, 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 can 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 want. And it's a valuable, meaningful part of what I do, but it is hard to be like, oh yeah, I'll commit to be there at that time.

And I have some excellent practice partners who will pick up the slack if I'm gone, et cetera, but you're on the hook a lot. So that's nice to be able to find that.

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

Finding Alignment in Career and Family

My father was a rural 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, thou shalt not compare, right?

It's like the eleventh demand, and everyone finds their way. I've found OBGYNs who work at hospitals. Now we have OBGYN 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 be in.

And the more we can find our own way and find our communities of support, I think the better, the longer we'll be able to work in a meaningful way and in a 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. I

mean, 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.

And so you have to be able to be flexible to pivot and shift and change and find a way to do just exactly what you've done. And so it's like, it's inspiring to hear this.

And I think somebody listening to this is going to say, I want to be like Erica. I want to do that. And because you found a way to find something you're really good at, something you enjoy, you can engage with your patients.

And not only that, you 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.

And 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 truly fight for it.

And that's what I want to create my people. I want 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. You described that when your colleague from Australia offered you the job and you could tell that the wheels were turning.

You gave yourself permission to change and say, I don't have to think geographically. I can think more globally. I can do all this stuff. And then you've turned it into this reproductive endocrinology practice.

Did you always have a board certification in reproductive endocrinology or did that come later on? No, I did. I went straight through from OB-GYN residency to REI fellowship.

But then I got out, I took an academic job where I did my fellowship and then I passed my boards and then went into private practice. But then I realized that was the job that wasn't the right fit for me.

And I realized I missed teaching. I love teaching. I think 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.

That's actually why I shifted from psychiatry to OBGYN is because when I was in psychiatry, like an eight hour day felt so long. Nothing against psychiatrists.

I love psychiatrists, but for me, I talk fast. I love working with my hands. It just wasn't the right pace for me. And when I found OBGYN, I felt like I was in the flow.

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

I love 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. Like I can't, even in a couple of days, I find out if a couple of my patients that I did transfers on a week and a half ago are gonna be pregnant.

Like all those things, like those are the things that bring me joy. And so I think when you pay attention to what, when you're in the flow, I think 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 love, then you'll never work a day in your life. You just have to find, in medicine, you just have to find the hours that work so it's not so imbalanced.

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

And like I started my first real attending job when I was 32 years old and, you know, the reproductive potential changes and the challenges changed each decade.

My grandma used to say you get a different body every decade. Not a better body, just a different body. But from a reproductive standpoint, that's also true.

And so you have, part of your job is to 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 letrozole and they're pregnant within two or three months, fantastic. That is very satisfying.

Even though I'm sure those people wanted to be pregnant a year ago, it's a very problem solution. You're pregnant. You have a good heartbeat. You go for your regular OB care.

That's one thing. But what I will tell you is there is a subset of patients in my practice where their journeys are years long. And it's like, okay, what is going on?

to make it so that you know the diagnosis, you know the treatments, you know the statistics, there are people for whom it's not working when on paper you would expect it to work.

And that became my interest. And so clinically and emotionally, how can I help these people?

Coaching Physicians Through Infertility

Because it also seemed, and I'm a very empathetic person, there were 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. I've experienced a lot of healing myself in ways that seem to kind of defy Western medicine and odds and things like that.

And 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, ugh, 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, in the ORs, in the family medicine, primary care clinics, like the pediatricians, the OB-GYNs.

These are the people who have dedicated their own lives to serving in medicine, and medicine and the science are

not working for them. Just think about that paradox for a second.

It's just so frustrating. And so what I decided to do was like figure out kind of scientifically, how can I help these people? How can I bridge them to a successful outcome?

How can 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 gonna work. I don't even know why I'm doing this anymore. I'm close to dropping out. Like 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 to 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't tap into our intuition. Our bodies just don't work the same way, right? Like our GI system is disrupted, our brain chemistry is disrupted. I think the gynecological system is disrupted as well, uterine receptivity, all those things.

And so the 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 identify 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.

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

So we identify the factors for authentic hope. And then we instill 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 specialist. I say, 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 whatever else. But we kind of realign that. that the initial distrust, the initial hypervigilance, we tone all that down so that there's trust in the system, appropriately so, and trust in 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. We do groups. The support groups are absolutely phenomenal in terms of people just inspiring each other and being a resource for each other.

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 speak 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 it really is. I've tried to walk that path myself and it's a little bit hard to know. You want to approach the problem with humility and you want to approach the problem with an open mind.

Yeah. Your brain goes to like, what would we do? And like you say, you want to 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 to this 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, there's on my website, there's a link to book a call or DM me.

Like I always love hearing from people. I want to know like, what's your situation? What tools are in the toolkit? Like how can we help? So I love for people to like reach out individually.

There's also a couple of really well-run Facebook groups for female physicians with infertility. 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 and a lot of 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 have patients yourself who are struggling, I actually have a referral form.

And so it's very quick to fill out. Under two minutes is what people tell me because what I've found is if you 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. And then I can reach out to that person directly and start to sort out what might be helpful.

Yeah. How do people reach you? Do they go to your website or they go 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. I'm also on social media. So my website, just to sort of say what that is, is loveandsciencefertility.com.

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 DMs. I love knowing what's going on. 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 can certainly give you my referral form if that would be helpful. But I'm just, those are the best ways to contact me because I know how many people are suffering and I know how many people don't know that these resources are available.

And I will tell you, even this week, I had a client who saw a pregnancy test that was positive after 20 Oh my

goodness. I'm blown away. What did it take?

It took minds at work. It took 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 off 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, like 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 going to work for her.

And I'm like, that is so amazing. And, and she almost dropped out. She almost dropped out. She's just like, this is so triggering. I can't handle this anymore.

All I want to do is to not have to think about fertility treatments. And I'm like. 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. She had had three transfers, really hadn't seen a live birth yet.

And she decided to take a month off from treatments because she was going to go to Europe with her family, with her 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 to be OK without children. I might pursue a gestational carrier.

I might not. I don't know. But I just need to understand that my life is going to be OK if this doesn't happen.

Hope, Miracles, and Mind-Body Support

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 almost like you like prognostic factor.

I'm like, oh, her energy is different. It's 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.

And would you believe that they conceived that month? And now she's like, almost to her second trimester. I mean, 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 who do decide that they've done this long enough and that they 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's not possible I challenge that because maybe they just haven't found the right guide.

Maybe they haven't put all the pieces together. Maybe they haven't found those sort of tips and tricks to like get into their bodies and feel their feelings and really surrender.

This is really, I mean, it's surrender work. We could talk forever about that too, but these are the things that are happening. And I think this is where Western medicine sometimes is inadequate.

And this is why I'm so excited to bring myths 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've 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 to have a child, that's a miracle.

That's a miracle. 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.

And then you get to the place where you say, I have to 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. And we all know folks who they decide to adopt or they decide some other thing and their mind just relaxes and then they're pregnant like the next month.

And so there is something to this mind-body connection related to fertility. And 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. 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're listening to this and you 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 career in medicine. 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 we 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 our purpose, and that is 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 in the humanity, everything just gets so much better.

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

Every single one of us who has a story is like, is it because I went to the taco truck on Tuesday? Is it because I spent 16 hours in the 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 in three female surgeons.

I promise you it is not your fault. And so that is the first thing I would say. The second thing I would say is you are not alone. We think we are, but we just haven't united.

And I think the more and more we can connect and share our stories with each other, Like the more that isolation and shame, shame only exists in isolation.

So that's when the shame melts and dissipates. And that's 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. You're trying to balance. 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. It's like, how do we fill our well? How do we 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 much for having me. Oh yeah, that's awesome. So Dr. Erika Bove, I've loved it. I will put your information in the show notes.

Advice for Trainees and Physicians

I encourage people to, for some people this will resonate so much and I want you to be able to 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're doing.

It makes a big difference for the entire physician community. So thank you so much. I hope you'll keep in touch. Thank you very 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 back to why you're in this work in the first place, right?

Because I 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 we can connect with our purpose, that I think brings back the meaning. And we're not just these warm bodies, but we're a whole human Thanks for tuning in to the Doctors Making a Difference podcast.

And thank you for what you do to help your patients and your community. Your work truly helps so many people. We produce this content to help you have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

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See you next time. 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 so much. Thank you. We'll do.