Monitor Your Entire Cycle, Beyond The Fertile Window Transcript

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Introduction to Amy Beckley and Proov

Welcome back to the Beyond Infertility Summit. I'm your host, Dr. Aumatma And I am joined by Amy Beckley. She is the amazing founder of Proov. And she has a PhD in hormone signaling.

After her personal battle with infertility and recurrent pregnancy loss, she founded Proov because she discovered that her diagnosis of unexplained infertility actually had to do with a progesterone deficiency.

So she founded a company to help women do testing at home to understand their hormones, track their hormones, and better understand what's happening from cycle to cycle so that they can be supported appropriately.

Thank you so much for being part of the summit and I am so excited to get into our talk because we talk all about hormones at home testing, what's accurate and what's not accurate, as well as what you can do to optimize under better understand your IVF cycles and how to hack IVF cycles to have better success.

So be sure to join us for this awesome chat with Amy Beckley. Thank you so much for joining us today.

Why Progesterone Matters for Fertility

Amy, it's really nice to have you and I'm so excited to talk about progesterone at home test kits and just everything that people can do to support their fertility.

And and really that trying to conceive journey which sometimes is longer than people expect. Yeah. Thanks for having me. I am happy to talk hormones. One of my favorite subjects.

Awesome. So let's just start with the basic basics. I feel like everyone knows progesterone, but I'm curious what your thoughts are or like what you can share about the foundations.

Yeah. I mean, progesterone is probably the most important hormone and a lot of people forget about it. So progestational hormone is progesterone So as the name suggests, you need it for pregnancy.

This is the hormone that is released from the ovary after you ovulate and prepares the uterus for implantation and is required the entire time during pregnancy.

And so progesterone is so important that if you don't have enough progesterone or it drops too soon, it could cause issues with inability to conceive, miscarriages, preterm labor.

So it's one of those hormones that is really, really important that not many people talk about. It's all estrogen, estrogen, estrogen. But you also need progesterone.

If you don't have it, you cannot get pregnant. You cannot stay pregnant. Yeah, absolutely. It's such a vital hormone to our really to our bodies, but specifically for fertility.

They call it nature's Prozac. Yeah. Yeah, absolutely. So when should progesterone really be high and how long should it stay high? Yeah. So progesterone is the hormone, like I said, that's released after ovulation.

So if you look at your cycle as a typical 28 day cycle, which sometimes it's 24 days and sometimes 35, totally normal, but your ovulation happens somewhere in the middle and so you release an egg from your ovary.

Then the ovary has another job to make digestion, to support implantation. And so progesterone should be low all the way until you release that egg, and then it should be high.

And so if you think about the process of conception, you have your ovary is released, an egg has to go through the fallopian tube to the uterus where it will implant.

That journey takes anywhere from 7 to 10 days.

At-Home Fertility Testing Options

And so from the time you ovulate, typically, you know, you have positive ovulation test of your track attempt or something like that. From the minute you ovulate to at least ten days, preferably preferably 12 days after that event, you want that hormone to be high, because if that hormone is not high enough by the time that embryo comes in to implant, it can't do it because your lining is starting to slip off.

You're getting your period or there's not enough hormone there to support a healthy implantation. So ideally, you want your hormone to be high during that entire implantation window, which is about 7 to 10 days after you ovulate.

Awesome. Awesome. And I know a lot of people are into at home test kits. There are I just saw one that is kind of like bugging me. We won't get into that like the FSH test for menopause.

I'm like, oh my God, there's going to be a nightmare on our heads because all these people are going to be messaging me like what is FSH is off the charts Like, Oh my God, you're not menopausal.

I'll stop this. Stop so that. We're not going to talking about. It is definitely going to be bad. But I, I'm curious, I know that there is the traditional like ovulation strips.

What else could people do to monitor their fertility at home? So luckily for us, there's a lot of things to do at home to monitor fertility. I mean, my personal battle with infertility, I did it 13 years ago.

And the only tools I had was a thermometer and an ovulation test. Luckily, there's so many more things available that can help you. So the first thing is, let's talk about the man we always, always, always focus our attention on the woman.

When a embryo, a pregnancy is half female, half male, half yourself, half your partner, and so if you have a partner that's a male, you need to get him tested.

And so that is the first thing that I always tell women to do is it is not always us. Half of it is them. Getting a semen analysis is pleasurable for him.

Is different from what women have to do is there's a lot of really cool at home sperm test. The ones that I always recommend are the ones that check motility as well.

So if you think about conception that sperm is deposited at the base of the cervix as a swim through the uterus into the fallopian tube to meet that egg that was just ovulated.

And so you want sperm, high sperm count and you want high motility. And so you can do home sperm tests. They have some that come to your house and you can do it at home or there are some that you can come to your house.

You just deposit the sample in a little jar and it goes back in it. Those are a little bit more expensive, but first thing you do is test the man and then for the woman there's a lot other options as well.

There's blood tests, there's urine tests, there's saliva tests. I typically find that the urine tests are better because blood tests are very painful.

They did a study that 75% of women that did that at home finger prick test will never do it again because it's so painful. So I really like, you know, we have the options of urine and saliva.

They're not as painful. I feel like urine is a little more accurate than saliva because it's so hard to not eat or drink anything and it can really mess up the measurements.

So urine based testing, I like to look at the hormones themselves. So if you look at you can look at primary hormones, which are the urine, the urinary markers, or you can look at what's called the secondary signals.

And so the primary is a hormone. So you can do an FSH test at home to look at ovarian reserve, you can do an LH test at home which tells you your two most fertile days.

You can do it at home estrogen test, which can help you give you a longer fertile window. So, you know, for six days instead of just two and then there's a at home PDG test, which is a progesterone metabolite test to help you understand if you ovulated in that progress zone has been, you know, remaining high enough for long enough.

Of course, of ACG test to see if you're actually pregnant. I go for the hormones themselves as being the best markers to show what your hormones are doing because you're measuring the actual hormones, other things that you can do or you can test cervical fluid.

So there is a device that measures this, or you can do it with your fingers. And so like fertile cervical mucus makes it stretchy. And so you can look at that and say when you're, you know, your fertile window is the estrogen content in your body makes that fertile cervical mucus.

And the reason this is important is because sperm can last longer in your reproductive tract with that fertile cervical mucus. And so that's what gives you that six day fertile window that you can have intercourse on day one and then four days later you can actually have a sperm still sitting in your reproductive tract and get pregnant.

If you had a good quality cervical mucus. So there are devices to do that there are finger There's lots of online that you can do. Temperature charting is another one.

So wearables, a lot of wearables have temperature monitoring. There's thermometers. There's a bunch of different ways to do this. But the science behind that is that when you ovulate and you make that progesterone, it increases your body temperature.

And you can see that slight rise of temperature showing that you have ovulated. And so these are the most common ways you can check your fertility at home.

So you can check your egg count so you can know how many eggs you have left. This is important for if you're going to do fertility treatments or if you're thinking about egg, egg donation or freezing eggs.

Why Tracking Patterns Matters

Or should I start conceiving now or later timing your ovulation as well as understanding if you have an ovulatory issue and you know, maybe you're not making enough progesterone and then you should talk to your OB about different, you know, ovulation dosing medications, but definitely a lot of options out there.

It can be a little overwhelming, but yeah, urine over blood modal sperm over just. Sperm would add to that for the sperm. I also like to see morphology because that's actually what's going to tell us, is it going to break through the barrier of the egg to be able to fertilize it?

So I feel like all three are ideal. Obviously the cost of keeps going up the more markers you want. So yeah, I mean, just the basic sperm test, you'd be surprised like, yeah, I've been trying for two years.

My great. What's your. Your partner sperm count going. Well, he's never been tested, Mike. All right, first thing you do. Okay, I'm tested. And then the other thing that people don't understand is sperm changes.

And so if your partner went out watching football, this buddy is and had a bunch of beers and then you test them

the next day, he might have a low count.

And that doesn't mean he always has a low count. You know, it's just like, you know, you might not ovulate one month, but you ovulate the next month. And so it's important to understand and track a few months, a few cycles, test him once or twice, at least twice to to understand, is it always low?

Is it always high? Did you just have an off day? Was he wearing his? Heidi, why is he is inside of his boxers? And so, you know, there's different different days of the week that can affect your fertility.

So not to take a single result as you know, this is it. I will never conceive. But to look at patterns and to look at things over time. A lot of times I see women get really discouraged about a single result, like you said.

FH Oh my gosh, my upper stage is 20. I will never be able to conceive. It's like, well, we know that if you just had COVID, your FH goes through the roof, but the next cycle it comes back down.

So you could have had a sickness or you could have had, you know, something happen in a stressful situation that had that, you know, that marker got transiently up.

So tracking these things over time are really essential to really understanding, you know, is a consistent issue or was it just kind of a fluke? You Yeah, really good point.

I think there is there is a little bit of like freak out mode on all of these things, right? You test once and you're like, Oh my God, oh my God, oh my God.

So definitely like taking a step back and being like, okay, what's the pattern here? And does it keep repeating? That tends to be really helpful, at least to alleviate that. Like stress mode that's created by some of these results.

And I think I don't know if you hear this, but a lot of people will say, Oh, no, I don't want to test because I don't want to know what's wrong with me.

Like, well, then how are we going to fix it? Yeah, yeah. I mean, there's like 99 different types of infertility and like, you know, some of them are really bad.

Like, if you don't have tubes or they are both blocked, damaged, you have to go do IVF. Right? That's a very hard diagnosis to get. Whereas if you just had a simple ovulation issue, you know, getting that information going to your OB and getting prescribe something like Clomid, which is a simple copay and a simple doctor's office visit that so that should be so empowering to say, okay, this is my issue, I'm going to go get this medication.

And it's a quote unquote simple fix. And so, you know, it shouldn't be nerve racking to get these kind of things. You know, they've done studies where the longer that you go without conceiving, the more expensive it is to be to to conceive.

What to Check Before IVF

Because I think health care is broken, where if women don't take it upon themselves to test themselves and to monitor what they can at home, and they go that 12 months without talking to a doctor.

And then finally they go, they're so broken and they're so like, you know, a pit of despair is what I call it, because negative tests are a negative test of negative tests.

Then their doctor sits there and goes, well, the, the best path to pregnancy is IVF. And then you feel so stuck like, I want to have a baby more than anything, and you're telling me it's a $20,000 procedure and you're just so conflicted, you're so stressed out where it's like if you had taken that opportunity in month, one a month to to do these simple screening things to see if everything looks okay and if something, you know is out of range or there's a red flag, take it to your O. B.

on month one and month to and say, hey, you know, maybe there's something here. And so, you know, the best care that women can can receive is when they have that active conversation where she knows her body, they know medicine, and then the provider and the patient can get together and talk about and personalize that treatment for that person. Mm Yeah, absolutely.

Like so many, it's so much more empowering to be proactive in this process rather than reactive and I like what you just said about the longer you wait, the more expensive the treatments, because there's so much truth to that.

It's like, yeah, it makes sense if if you have a heart issue and you let it go on for ten years, you're probably going to need surgery at some point. Whereas if you started doing stuff about that, you could have prevented that from happening.

So the. Mullally I think fertility, it's like a smaller period of time, but it's still a long period of time. So like we use it. Forever when you're in it like every single day is an eternity.

I've had seven miscarriages, three years of fertility. I have been there. It is horrible. But it's it's just. Yeah, it's just it's just the worst process that if there's anything you could do to, to spare yourself from that you know, I mean, and plus, infertility is so common now.

It used to be one out of ten couples. And now we have, you know, kind of a more toxic lifestyle. We're all living in big cities. We have more processed foods, more plastics, more pollution.

We're waiting longer. We're being responsible adults and waiting for our careers to be all nice and good jobs and good houses and all that stuff. And then we're too old and we have trouble conceiving.

And so, you know, it's just infertility rates are now like one in six couples. And so, you know, odds are you could have an issue. And so to try to be proactive about the journey is really, really important.

And yeah, you talked a little bit about IVF, so I'm curious if you have any ideas or tips on what women should consider doing before they get to that point of, Okay, well, maybe IVF is my only option.

Yeah. So, you know, the number one diagnosis for, for infertility is unexplained. Really? Yes, the number one diagnosis unexplained. That is insane to me.

I know. Like there's a there's a reason you're not conceiving. It's just somewhere along the way nobody found it. And so, you know, the way the health care is, is that you go to your OB, you're like, Oh, I'm having trouble.

They're like, Well, how long you've been trying and know? Like, Oh, eight months. You haven't been trying long enough. Go back and try again. And then you get in that pattern of like, oh my gosh, you know, it's horrible.

Then you go to the reproductive endocrinologist or you get refer to out and they're trying to consider if you are an IVF patient and they're assuming that you can't get pregnant, there's something wrong.

They'll maybe they'll look at your tubes, make sure those are open. Maybe they'll check her uterus, make sure there's no, like, growths or abnormalities or something like that.

They'll do a typical hormone panel. So it's like a day three hormone panel. And that looks for certain hormones that, you know, could be affecting your ability to hold a pregnancy.

Most of the time that comes back as as normal as you get put in this bucket of unexplained infertility. And so, you know, I would always say, okay, what are the things you need to conceive?

Check those first. Before. You consider IVF. And so those things are you need an egg, you need a. Sperm. You need them to meet. You need them to implant as you think about what is involved in that process, right?

So you need an egg. So you want to do ovarian reserve, whether that's an ultrasound at your doctor's office, whether it's a home test, a blood test, whatever you want to make sure you actually have eggs left.

And then you want to say, okay, you want to have a sperm. So we talked about sperm, sperm testing. You want them to meet. So are you timing intercourse correctly?

And so you want to make sure the sperm goes through the fallopian tube to meet the eggs. You'll make sure your tubes are open. You want to time that event?

So you want to do ovulation tests or you want to use cervical mucus tracking or. I do not recommend apps. They do not know your hormones. Do not use an app.

Please. And then you want to look for implantation, right? So implantation involves the uterus and then our lovely friend progesterone. And so you want to check your uterus.

There's a gross. Anything like that could be preventing implantation. And then you want to check your progesterone levels again. You don't want to just check them once.

You want to check them and make sure they remain high during that entire implantation period, that you have that highest chance of conception. And so if you go through that whole cycle, you check all these boxes, you know, then it's like, okay, maybe let's consider IVF.

But, you know, there's so many things that doctors don't do because they assume that you've already done it. And it's almost like I use this analogy a lot.

If you go to a surgeon, you're going to get surgery. If you go to a chiropractor, you're going to get chiropractic care. If you go to an IVF center, you're going to get. IVF.

Right? Like that's what they're trained on doing. That's what they have the highest success rates in doing. And so if you've been told by your OB, you know, I don't know much about fertility, refer to over one IVF clinic, they're screening you for IVF.

And so that's not what you want to do or you're not at that point yet. Find another practitioner now, trips are great at this.

Common Causes of Infertility

Some of these are really good at this. There's concierge medicine, there's online places. There's a lot of different places that are in that in-between stage between trying by myself and IVF.

Like there's this huge space where nobody is really talking to women and then they get stuck and they kind of like leap over it. You know, there's other things you can do.

Because by the time you end up at an IVF clinic, you're already like so frustrated and you're like, Just tell me what's going to work right now. Like I wanted to.

And when we have that perspective there, there is really only like the most obvious solution. And when that place that you're going to only has one, possibly two solutions, they're going to give you the one or two things that they have to offer.

So, yeah, I absolutely agree with that. I like how you broke this down with the things to check for. Egg, sperm, are they meeting and what's implantation looking like that makes it very simple to understand and visualize because those are the crucial pieces and quality sperm quality.

Nor are they connected. Are they are they able to be so. Yeah, I completely agree. There was something you said

a while ago that was there are 99 reasons for infertile lady.

I'm curious to hear some of those if you want to share. Yeah. I mean, there's male factor. It could be no sperm, low sperm not moving sperm not moving in the right direction.

Sperm. You said, you know, DNA fragmentation. There's another mutation now that they have a new test for where it actually can't like eat through the the egg lining to fertilize this.

There's a problem with, you know, methylation of the DNA or something. So it's like you can say sperm male factor or then you can say, okay, well, it's this male factor.

Maybe they're not making testosterone. They're not making enough testosterone. Maybe they have sperm. They just can't ejaculate. Right. There's like all these different reasons why, you know, something could be wrong, you know, on the on the female side, it could say, well, you don't have any eggs.

Well, you have eggs, but the DNA is bad or you have eggs. The DNA is good, but the follicle is poor follicle quality and you're not making enough progesterone or you know, you have PCOS and you're making eggs, but they're not actually releasing and ovulating.

And so you don't release the egg. It can't get fertilized. And implants, you have a blocked tube, you have sticky tubes that can help with ectopic. It can cause ectopic pregnancies.

There's so many different kinds of infertility that that's why, you know, doing the simple things where you just you just sperm egg meet implants. Okay, cool.

What do I have to do? I'm just to break it down into those four things, and we're going to do what I can to say, yes, I have this. Yes, I have this is the end all be all know.

But if you can check those four boxes, that's 87% of the most common causes of infertility. And you're, you know, that much closer. And then there's things that we don't know about.

But unexplained infertility should be like 5% of cases, not 34% of cases of infertility. But it was that high. I knew that it was high for us because that tends to be like I've tried everything, people I've already done the IVF, now what?

And then people will come to us. 34% unexplained infertility, 30% Ovulatory issues, and then 25% male factor. Wow. What about where you from and where are they putting like PCOS and endometriosis?

That's that's in the ovulatory dysfunction category. Obligatory issues and controls is a different category and that's about ten or 11. Two factors is somewhere between ten and 12, depending on what study you look at.

But it's crazy to me like you go into the office like we're going to check your tubes. And that's like a very small subsection of infertility. Not a single person actually tested to see if I was actually ovulating, this entire process, and that was my problem.

So I went all the way through to IVF when I just wasn't ovulating. It's just so. Simple. And then IVF worked because you were getting pregnant, but then it didn't stick.

Yeah.

How IVF Can Be Hacked Strategically

So my issue was I was producing the egg and it was getting fertilized, but I didn't. My progesterone would drop too soon. And so by the time that embryo got down to down the flopping tube in the uterus, my uterus was already starting to slip off.

So I would get, you know, maybe one or two days of a of a positive pregnancy test. And then I would lose that pregnancy. And then I was never heard by my doctor because it wasn't a documented pregnancy.

And it just. It drove me up a wall. They were like, Well, you haven't had enough losses, Mike. I'm sorry. Do I have to have cancer five times before you give me something? No.

Like, I don't understand how miscarriage is so, so ignored and pushed off as it's so common. Well, it's common, but it doesn't mean that it's good or we should, you know, it's normal and we should ignore it.

Forget about it. I mean, there's another amazing stat. 30% of miscarriages are preventable. With one. Of them is progesterone. So some of them are hormonal.

You doing enough hormones to support the pregnancy? Another one is folic acid or folate, so you don't metabolize. So this is that image. I always say that, yeah, image.

TR Yeah, that one. I can never say the right letters to. Mother fucker is not that's what I always want to. Say. I'm like, yeah, yeah. But like if you have that mutation, then you should be taking, you know, a different type of bullet, right?

And so a lot of the prenatal now have that. So there's not as big of an issue, you know, drinking too much, smoking too much, those kind of things like those are all preventable issues.

Another one is infection. So a lot of like these, you know, the vaginal microbiome is becoming kind of a hot topic. And there is a subset I would not say it's a huge but there's a subset of you know, you can have a bad vaginal microbiome that can make you your pelvic area inflamed and can cause miscarriage.

And so a lot of times part of IVF is giving antibiotics to like clear anything out. Right. And so, you know, 30% of miscarriages are preventable. And so I think it's a disservice to women to say, well, you've only had one, you've only had to go back, try again, and let them have it.

30% chance of having another miscarriage. It doesn't make any sense to me. No, no, absolutely not. I think. Yeah, I completely agree. I just miscarriages are subspecialties.

So I am very empathetic and like frustrated, just totally frustrated when people are told, oh, it's, it's fine, it's normal and let's wait till three til you have three miscarriages before we even start doing any workup.

I'm like, oh my God, just one is traumatic. Like, let's go through this three times, especially if it took you a year to get that one positive pregnancy test, like, oh my God, this is the dumbest thing I've ever heard.

Yeah, yeah. And another thing on IVF, it is a medical Band-Aid, right? So basically in the process of IVF is, okay, you have the sperm, the egg they must meet, you must implant like they take those four things and they're like, okay, what can we do in a lab or, you know, by ourselves or bypass certain systems to make it work the best?

Yeah. You have to spend a lot of money for them to do this. And so what I did a hacked it and I was like, Oh, you give progesterone as part of IVF. Why?

Oh, because progesterone is essential for getting pregnant and it's increases pregnancy rates 50%. If you put progesterone creeps. Let's skip IVF. Just give me luteal phase progesterone.

They're like, oh, we don't know if that works. You just told me 50% higher success rates when you added progesterone, right? He's like, Yeah, but that's the context of IVF.

I'm like, okay, I'm going to risk it. But my, my ten year old, it was just luteal phase progesterone, that's all it was. And so you can think of like ways of, okay, well, part of IVF is giving antibiotics.

All right. You know, maybe I have painful periods or maybe there's you know, I did one of those at home vaginal microbiome tests or something like that was another one you could do at home.

And it said, I had Candida or something like that. Can I just get a course of antibiotics? Right. So if you understand the IVF process and what they're doing, you can try to kind of hack the system and get some of those things without the context.

You can do ovulation induction without having IVF. Another one is they always try to push Iowa is unless you have a male factor issue, Iowa is no much more, not any not any more effective than just time to intercourse, but it's a couple thousand dollars more.

So yeah, like I feel like I'm the gravy raising when I saved about I mean I guess milk factor issue you do not need I, I you I basically get the sperm to move up closer to the fallopian tube to get the egg fertilized.

Outside of that, it doesn't do anything. Except cost you money. Yeah.

Supporting Implantation Naturally

And then if you're doing a medicated Iowa cycle, then it could help with the ovulation piece. So. So unless you have one of those two issues, Iowa is not a great solution.

And what if. You're a same sex couple and you don't have a male partner, you get a donor or something like that, then yes, you need an IUD, but like it doesn't go try by myself, do Iowa's and then IVF.

That's not how it goes. But people think, Oh, I'm going to do in Iowa because it's cheaper than IVF. I'm like, Well, you don't just do an Iowa. It's not like you must do this and then you must do this, and then you must do that.

Like you have to have some kind of reason to do it. Yeah, I like I like how you're it's like a logical way of thinking about it. And I feel like so many things in the fertility world are not logical.

Oh, great. Like, let's just use our common sense here. If you did nine IVF cycles and every time embryo production dropped off when the sperm was introduced, it's probably a sperm issue, right?

Like just thinking it through. And I've literally talked to women that are like, Oh no, I did nine IVF cycles. They've never tested his sperm. I'm like, What are you oh, you have to do better than that.

Like. You, I got a better one for you. I know somebody who went through IVF and her husband did not have sperm. They knew he did not have sperm. They wished that she went through IVF and it was they were going to biopsy and squeeze it out and see if there were any sperm in his scrotum.

She went through the entire IVF cycle for nothing. I'm like, that's like not that's not okay. Yeah. Okay. Yeah. It's I think at some point you're like, okay, is this just a money grab?

Because I don't see how this is possible right? So I had many miscarriages and many years of infertility. I sit down to my my infertility centers office and I said, all right, he okay, we're going to do these tests, check to of the uterus, all that stuff.

All right. Cool. Want to explain? No idea what's wrong with you. So what we can do is you can just continue trying on yourself, which is, you know, 15, 20%, which is. What.

It is every single cycle. It's 15, 20% no matter who you are. Or we can do this thing called IVF, which is like, you know, 65, 70% based off of your age, which is true.

It is. But like struggling and going through so much pain loss and being told you either have a ten, 15% or a 70%, the way that it's phrased makes you think you have to do IVF and.

You. Do because you're just emotionally so distraught and then you feel like you're just banging your head against, you know, 15%, 15%. Like it's is never going to work.

It's never going to work. But that that's biology, right? And so it's just the wave of your your mindset and what you've been through and your history.

And then when you come in, like, it's just it's so much it's so overwhelming. And so the the best thing that I can say to to women that are going through it is if you do not want IVF, don't go to an IVF clinic.

There are other places that you can go to. There's what's called a natural physician, which a natural procreative. They don't believe in IVF and so they use medications to help fix ovulation.

There's functional medicine people, naturopaths that use diet, exercise lifestyle to fix hormone issues. And it works really well, right. And so, you know, acupuncture is another one.

It works works really well. So to know kind of what you want and how to get there and to educate and to not be fearful of spending money, that's another one they go from like, I'm never spending money.

Never spending money. Okay, take all of it. Yeah. Like, well, if you spend a couple hundred dollars on some testing. Yeah, yeah I yeah that's another one that I haven't really figured out how that makes sense.

I feel like and I think the other piece is, I guess if you're, if you're phrased this idea of like you're going from 15% to 70% chances, then you're like, Yeah, it totally makes sense for me to spend $20,000.

But there's a few things that I think people don't understand, which is most success rates for clinics are based on six consecutive IVF cycles, not one.

So you've just signed up $120,000, not $20,000. And then you add on the medications, which are about 7000 per cycle, and then the act what I what what's really interesting is there is a mismatch between what clinics say that their success rate is for a certain group or age versus what gets reported to what's our with the book or something.

Right. There's a body of I'm going to think of it too late, but there's a no answer. But it's like, sorry. Sorry. I say yes, that that every year you have to report the success rates of IVF cycles and those success rates are actually way more accurate and tell a very different story.

So yeah, like really doing the research and taking a step back and not like making that decision out of emotion and instead out of like logic. And let me actually break down what part of this process is not working the way that it should.

Yeah, I mean, I will tell you, it is the entire process is illogical and it's so hard when you're a woman and you just want to be a mom and you feel like a failure and you don't want to talk to anybody because they all have kids or they're all pregnant or something like that.

It's so, so, so, so difficult. And so I'm and I'm thankful for, you know, summits like this where we can get that education. They have community and people to talk to because I went through it, I dealt with it.

And after that I went on social media and I said, here's, here's my story. And the number of people that came to me privately that Amy and I have the same thing.

Why did you do what you do? And I would talk to them about what you should talk to your doctor about what kind of test you should ask for things to look for.

And they all, you know, started getting pregnant. And so it's like nobody wants to talk about it, but so many people are struggling like it's way more than you would think.

Right. Is probably way more than is like said in the in the stats. Yeah. Nobody reporting that they're quote unquote infertile. I'm not saying infertility, quote unquote.

Is there anything that people could be doing to support their chances for implantation? Yeah. I mean, you want to have a healthy, balanced hormones. I mean, I think you hear this phrase a lot with like there's, you know, supplements that, you know, balance hormones and hormone imbalances and all that stuff.

Really, this is really important for implantation because the first hormone that is produced that matures that egg is estrogen. What that does is that thickens.

The lining makes it really squishy, like a nice comfy bed and then comes across progesterone, which transforms it into receptive. And think of it like something sticky, like a peanut butter sandwich and sticky.

It sticks there. So you have to have a healthy estrogen and then a healthy progesterone level to support that implantation process.

Vaginal Microbiome and Home Testing

And so anything you can do to support that healthy lifestyle, that healthy hormones, know, you don't necessarily have to do supplements, something that I talk about a lot is seed cycling.

And so it's eating nutrients that support the hormones in the first half of your cycle. It's flax seed and pumpkin seed, preferably raw organic. And then after to support progesterone, it is sunflower and sesame seeds again, preferably organic and raw.

The other thing is a mediterranean diet has been shown to improve fertility diets high in vitamin C, vitamin D helps get pregnant, lower miscarriage risk by V by a, b, b, not b b is really good for hormone production, specifically progesterone.

And so getting a really high quality prenatal starting that a good six nine months before you're trying to conceive. A lot of people don't realize that hormonal birth controls can actually deplete a lot of the nutrients.

So trying to get off that hormonal birth control for a good six months or so and get a good, healthy, you know, prenatal, healthy diet, exercise, you know, all these things that we all know we should be doing.

We don't necessarily always do. But yeah, that's a good thing for for implantation, you know, monitoring hormones to make sure you're making enough estrogen, you're making enough progesterone.

And if you're not either talking to your doctor about medications that can do that, supporting a healthy lifestyle, talking to a nutritionist, fertility dietitian, purchasing books, I actually just got the new edition of It Starts With an Egg, so I'm excited to read that one.

But yeah, I mean, do you have any other tips on supporting implantation? What are my tips? I outside of what you said, I love to get women like doing some hip circles to help blood flow and circulation to the uterus.

So that's that's one of my favorites. And then like we're thinking about what comes prior to that egg being released. So things that actually will support and quality will help to make sure that that estrogen and progesterone are released, that the right time and support the implantation when it's time.

So I've not heard of this hip circles, but I like it that's another thing I think acupuncture is really good with increasing the the blood flow that's been I mean I've tried it a few times, didn't didn't particularly work for me, but I've heard a lot of people have really good success with it.

And I think so I'll just say like, acupuncture is awesome. And if you have one of these underlying things like your nutrition nutrient deficient or calorie deficient, so many people calorie deficiency is a real thing these days.

Or your hormones are dis harmonious. They're releasing all kinds of weird things at the wrong time, then acupuncture isn't going to fix it. So a lot of people will come and say, I've been doing acupuncture for three years.

What the heck, it's not working. And I'm like, Yeah, but you have all these underlying things that are that were never addressed. So unless you're dealing with all of those things, doing all the acupuncture in the world is not going to fix the problem.

So I'm a believer in acupuncture and do all the other things. And then you talked about it a little bit. I'm I have been knee deep in vaginal microbiome research because it is the cutting edge.

And there's actually a lot of research on which microbes are pro or anti fertility. So we test everyone just because we want to not take any chances and have really good success rates because of it.

But the number of women with hidden vaginal infections that don't have any symptoms, so they're like, no, I've never had a vaginal infection. And I'm like, Yeah.

So this is another one. Imagine you have a hidden infection and you did IVF because you couldn't get pregnant and they gave you just a prophylactic antibiotic treatment and then IVF worked.

Then you're you're telling everybody IVF worked and it was amazing. And they're going to do IVF for all your kids when really all you need was an antibiotic.

And if you'd started by just doing the simple testing, that's another really good example of like it got fixed during IVF, but can you try not to do IVF by that first?

Yeah. And, and like very few doctors are actually doing the vaginal microbiome testing. There's a lot of different layers. So some there are some at home companies that are like they're testing maybe my five microbes, right.

Versus some of the other ones that are still at home.

Final Advice and Closing Thoughts

Like you're still doing your own swab, but they're testing like 50,000 microbes. So the difference between the two is really big because you're not going to find everything if you only test four or five things.

Yeah. Yeah. Because it is another thing with like with home testing, you know. So if you go into your doctor and you say, hey, this home test showed me I had this or that or whatever, and they go, Oh, that, you shouldn't listen to that, don't worry about that.

And then they try to push IVF on you. You should question that as well. I think if you go into a physician's office, someone, some health care provider and you bring them some type of results, it should be up to them to confirm that with another test.

If those are totally dismissed, like you need to walk out the door and be like, See, because they're not listening to you. They're not listening to what you have to say.

I'm not saying the doctors have to trust all home tests. I'm saying they should listen to you and say, oh, it showed that you weren't ovulating. All right, cool.

Let's do some more blood work or let's do some ultrasounds and let's figure this out. Sure enough, you're not ovulating. Cool. Here's some clomid instead of IVF.

Yeah, absolutely. I think that's again, like the logic of it is just so clear. But thank you for sharing all of that because I think that hearing it from someone who's been through the journey and I feel like you taken all of your experiences and turned it into this like beautiful process that people can reflect on and say, Oh, this is maybe where my problem

is.

How do I work on that? Like, I don't need to work on everything. If this is where my problem is, it really helps to simplify and and take some of the pressure and burden off of all of the things that you could be doing.

Because the number of people in my office like here's my garbage bag full of supplements, like, oh, please, no, don't do that to yourself. Yeah. So yeah, I appreciate your perspective.

This is really awesome. Thank you for being with me today and sharing all of your wisdom. And yeah, we we love having you. Thanks for having me.