Introduction to IVF Support

Hey. Welcome to the Beyond Infertility Summit. I'm your host, Dr. Aumatma. And I am so excited to introduce my friend and colleague, Dr. Leah Gordon. She is a licensed naturopathic and functional medicine doctor who specializes in supporting women on the fertility to mother, on the journey to motherhood.

Through her online platform, Womanhood Wellness, she provides guidance for women who are wanting to break up with birth control, balance their hormones, prepare for a pregnancy and conceive naturally or navigate infertility today.

What I'm really excited to talk to her about is a she has personal experience going through male factor infertility, needing IVF, being a natural plastic doctor and taking six years to prepare for her IVF cycle.

And she breaks down all of the ways that you can actually get your IVF cycle supported so that it works maybe the first time around media second time around, but definitely not six, seven, ten cycles of IVF before having it work for you.

So let's get into it. I think you're going to love this conversation. I think that we don't have these conversations enough because a lot of times people think, oh, integrative, functional, natural, holistic, they're anti for IVF treatments.

And that's actually not the case. I personally believe IVF is amazing, but if you are going through cycle after cycle and not having it work, it's really important to break down why it's not working and what you can do differently. Right?

So let's get into this conversation. Enjoy. Sit back. Take some notes, because Dr. Gordon drops some super gems that you're going to love. Welcome, Dr. Gordon.

I am so happy that you are here today and we are diving into IVF. What is IVF Yes, why should we consider it? And how do we optimize the process? Because if you're anything like me, you've probably heard lots of patients come in and say, Oh, the first cycle of IVF is just really an experiment.

We don't know what's going to happen. And the average success rates of IVF cycles are based on six cycles. So we're really like, I think about this as like how do we crunch time?

How do we make this happen faster for you?

How IVF Works and Where It Can Go Wrong

And I know that you're going to have lots of amazing things to share because you have been kind of at the forefront of the IVF, IVF support journey as far as natural medicine and holistic stuff goes.

Yeah, I'm excited to have you here. Oh, thank you so much. And yes, so this is a passion of mine. I am a naturopathic doctor, first and foremost, and so I am huge.

On supporting the root cause of why people can't get pregnant and helping them hopefully conceive without needing assistance like IVF. However, in certain circumstances, IVF is maybe the best choice or the only choice that was the case for my husband and I, who had severe male factor infertility where there was no sperm getting out of his body.

We were never going to be able to have a baby and actually be tried for six years to do so. And when you have to

go down the route or you choose to go down the route of IVF, there are, in my experience, a huge lack of support to actually improve outcomes with IVF.

And I was shocked actually in my journey going through that process at how little support there really was, because we know from our fields understanding whole body health and mitochondrial health and nutrition, health and optimizing egg and sperm and all the things that we know how much we actually could improve outcomes for people where they don't have to go through six rounds potentially and they would have better embryo quality at the end of a retrieval and maybe a better transfer rate and all of these things.

And so it breaks my heart and it's a big passion of mine to show up and be a voice, because I think sometimes in the integrative medicine world, we just want everyone to avoid IVF, like let's not do IVF, let's figure out how not to.

And that's noble. And I do think that we push way too many couples into IVF in our country and our world who don't need it and who shouldn't be going down that path necessarily, because they could be helped in other ways.

However, there are a subset of people who really need IVF and need that support. Like I said, we were one of them and so how do we support them? And for anyone who doesn't know, IVF is the process of basically creating an embryo outside of the body.

And there are a few unique phases to the IVF process and I'm going to kind of briefly talk through them, because when I talk about the things that I want to share today, it's going to matter that process so people understand it.

So essentially in a natural cycle of a woman, in our reproductive years, we naturally have a group of follicles that start the maturation process in preparation for ovulation.

And in the two weeks or so of the follicular phase 1 to 2 ish weeks, eventually one of those follicles becomes dominant and the rest of the group sort of gets left behind that dominant follicle starts to take the majority of the nutrients and the hormones to grow bigger and start to prepare to be the one eggs.

So the follicles hold the eggs starts to become the one egg that becomes ovulated, which would be potentially half of a genetic, you know, day of your future baby in IVF.

We're actually turning that whole group or attempting to turn that whole group of follicles that would normally just resorption to the body and basically die and go away into potentially viable eggs.

And so the first stage of IVF is retrieving eggs from the body. And I'm going to talk more about that and a future segment. But the first step is egg retrieval.

And then we have to get sperm from the man or the partner of sperm and in a typical IVF situation, he just ejaculates into a cup and they get his sperm.

You know, it's pretty simple for the most part for him in my husband and I situation, we actually had to do what's called testicular retrieval because we had to go into the testicles because there was no sperm in his ejaculate.

And regardless of how you got the sperm, the next stage after retrieving the eggs from the female is to put them together. Right. Conception has been spare me it's egg.

I know that's the name of your podcast, which is so cute. And that can happen sometimes. Just naturally involves. It's not natural. It's more natural, I guess where you put the sperm and egg together in essentially a petri dish and the sperm still finds the egg and there's still a somewhat sort of form of natural selection.

That's kind of the traditional way of doing IVF and then there's something called ICSI. ICSI stands for inter cytoplasmic sperm injection, and this is where they actually take the sperm.

I mean, this is very rudimentary, but with tweezers essentially and stick it in the egg. So they're helping that

process. This is typically done when there's severe male factor issues like no swimming, sperm or poor quality.

And I have a lot of thoughts to say about ICSI in and of itself, but that is those are the two most common roots of how conception occurs. And this is done outside of the body right now.

And then once the egg and sperm meet and fertilization occurs, then the embryos are allowed to divide and grow. And this is a stage for anyone who's gone through IVF that's very nerve wracking because you're just like, what is going to happen?

Am I going to have any healthy embryos after this? And most clinics grow the cells for about 5 to 6 days to a blastocyst stage. Some clinics will transfer earlier than that, but the typical is to get to about 5 to 6 days post fertilization.

And at this point in a natural pregnancy, the body has the egg has been obviated, the sperm has met in a woman's body, and then it kind of circulates around the fallopian tube, the uterus, for about five or six days until it's a blastocyst.

And that's at the time when it implants into the uterus. The thing is, when you get pregnant, naturally, you're not really aware of this and you're not really doing much to make it happen.

It just happens on its own. And IVF, you're doing everything micro-managed. So by the time that you have a blastocyst, if hopefully you have a healthy one, then you can choose to do a fresh transfer where they just take that embryo right there and you know, and insert it essentially into the woman or the person's uterus or you can freeze them a cryopreserved process where you can basically take a breather and take time to kind of rebalance and wait to transfer the frozen embryo at a later date.

Why IVF Needs More Holistic Support

And that second stage of basically implanting or having the uterus inserted into here, they're having the embryo inserted into your uterus. Uterus, excuse me, is the second kind of big part of IVF.

And then we hope that the transfer takes that it actually sticks and stays and that the embryo is healthy enough that you can take the baby to term and that you don't have a miscarriage.

So there's a lot of places where things can go wrong in this process. At the end of the day, you know, it's. Just like conception in our bodies. It's interesting.

It all goes as planned and. Then, oh, my gosh. So so we take that and then we're like basically connecting that in the proper idea because there's more things that can go wrong.

There are so many more nuanced factors that play a role in whether or not this baby will carry to term. Yeah, yeah, yeah. It's crazy. So there's a lot of places for it to go wrong and there's a lot of places we can improve this process that in my opinion, there are probably some really cool, awesome, you know, up and coming clinics and doctors who are doing a great job.

But in my experience I didn't experience it as much and I was shocked at how little there was. Question Did you get a list of supplements to take as part of your IVF journey?

You know, I interviewed for clinics before choosing my doctor, and only one of the four even discussed supplements. And and of those, most of the supplements they recommended, I was like, okay, we know you guys like this.

What do you like, folic acid? You know, just like take folic acid and you know. So, yes, I want to list some supplements. It was just I mean, honestly, in my opinion, in my experience, ours was mostly male factor.

And I asked two of the top reproductive urologist that we went to, is there anything that they didn't know? What I did, you know, they didn't care to know.

They didn't know. I just wanted to know what they would say. I said, is there anything that guys can do to just improve their sperm? I just want to know what they say.

And they said no. And that's why he's like, no. I mean, you could take a Centrum vitamin, but all the supplements are kind of, you know, crap anyways.

And I was just like, Oh my gosh, first of all, I would never even recommended Centrum Vitamin. I would say, don't take anything if you're going to take that.

And second of all, I'm like, you're clearly not reading your own literature. This is crazy. Like I had a stat because, you know, at that time I was deep into male factor infertility reading every study, everything.

And I mean, I could have presented to have like a three inch thick stack of literature that's incorrect like that. He's incorrect. And what makes me sad is that they could be helping these couples and either they don't know or they don't care to.

And I and I get it. It's like it takes time to improve the body. And when someone's there and they want to be pregnant yesterday and, you know, they're just working within their tools and what they have.

And but what's sad is I wish that there was more collaboration between naturopathy functional medicine doctors to improve outcomes and, you know, there's two different ways like clinics want to have success rates.

So you would think that they would implement some of this. However, when you have to do six rounds per couple, that's a much more moneymaking than optimizing a person and only needing one round like my husband and I so far have had to do.

Like we definitely don't make as much money, so not that everybody who's in that space is just money hungry, but it's the system, right? It's the system just like the medical system.

Is the people in it necessarily aren't the sinister ones that it's just a nothing is set up really for the person in the couple to win and that really upsets me.

So yeah, I have kind of five considerations that I feel maybe, you know, people listening say, Oh, that, of course, like I know that that makes sense, but I was kind of shocked at how little support and things that we can do during the process.

And so that's what I really want to share today. Absolutely. So what are the five factors that we should be paying attention to? Yeah. So there they're five considerations because they're not necessarily tips.

It's it's more complex than that. There's tips of them. But for whether a person who's going through IVF is listening or a practitioner who supports women and couples is it's important to identify the the unique phases that we can support outside of the actual IVF process.

In a natural fertility situation, we have one preconception phase. It's the, you know, 3 to 6 months before conception. And this is the time we want to optimize egg and sperm quality, optimize the woman's body, the microbiome, her stress, like all of these things.

Because when you conceive unassisted or naturally, you conceive and then you were immediately pregnant. So you just go into it right then and there. There's one season in IVF we have two unique preconception seasons, a detox and support season, and then an adjunctive care during early pregnancy season.

So let's talk about the first season of preconception. This is the time before egg retrieval, before you make

embryos. And I'm sure to some people this is very obvious.

But I remember even as a doctor when I had this understanding, like for me, I was just like, what? That's crazy. Like I mentioned, because we as women have a group of follicles every month that starts the maturation process that results in one dominant follicle or two.

If you have fraternal twins but one dominant follicle, that is like having a child that you are in charge of feeding and nourishing because they have this really important job that they have to do.

You're the sole caretaker of your one child and you have an apple. This is analogous to your diet, your supplement routine, your sleep, all of the things that you, you know, consume and have in your space on a daily basis.

So you have one apple every day to give to your child and they are well nourished and they're happy. And that's amazing. In IVF, that's like someone saying, Oh, you don't have one child anymore, you have 12, and they all need to be fed and well-nourished.

And if you don't change anything about your life, if you still just have the one apple, you now have 12 children who are getting a 12th of an apple and they're all suboptimal and they're all hungry.

And that's why there's so many failed results, in my opinion, with IVF, because not only are the people meeting IVF, typically coming in with more struggle and those departments because they already aren't getting pregnant naturally.

Optimizing Egg Quality Before Retrieval

So maybe they have more of a toxic load or they have nutrient issues or mitochondrial problems or whatever that's leading to their issue. Getting pregnant in the first place.

Or even if you're like me, where it was male factor. Regardless, people going through IVF need to have even more super charged eggs. They need even more nutrition support, even more sleep, even more rest, even more mitochondrial support, even more detox support because they're no longer in charge of making one healthy egg or one healthy child.

They now need to make 12. They now need to feed 12. And the reason why IVF is such a numbers game is that they just they just try so much to get as many eggs and just do it as many times as we can so that they hope, based on statistics, that eventually, you know, you'll pool it down to have enough healthy stuff, enough healthy eggs verses.

What if we had a radical shift in our our mindset of, okay, what if we focus on having more healthy eggs and less? Because, for example, I did a mini IVF stimulation, meaning I took less medications, I had almost a polycystic ovary type situation.

I wouldn't be diagnosed with PCOS based on other criteria, but I had many, many follicles and a lot of women, especially who have male factor infertility or who have PCOS when they go through the traditional IVF stimulation, they can get 25 to 35 eggs.

That's crazy. Okay, so that's like taking your apple and dividing it above 35 children. Imagine how suboptimal every single egg is versus if we changed things up and said, You know what, we only want 12, 12 is a way better number than 30. No.

And you can take that nutrient support and spread it around to a smaller group so that each one is healthier and more potently healthy. And I wish that that was a mindset shift that would happen in the industry.

The doctor I chose to see Dr. Cheng at Hanabusa IVF in San Diego. He very much has that mentality. He's a very much a pioneer in many IVF and he was the first person who kind of introduced this idea to me about having a

smaller amount of eggs that are each more healthier, healthier eggs.

And so that's one consideration of just as you're going through this pre-conception phase, really think about, okay, what am I able to do in my diet, my lifestyle, my supplement routine, my stress support, all of the things to as much as I can optimally nourish more than one child and is there an approach that I could take that results in?

Yes, less eggs, which in the traditional sense people wouldn't be excited about, but healthier eggs, so that hopefully you don't have to do six rounds.

So that's the first kind of consideration is supercharging your eggs because it's a different pathway in natural conception and this. Okay, sorry. So question for that is there are we talking like things that support egg quality?

Are we talking things that are like, hey, eat, eat more? Yeah, all of it. All of the above. So egg quality. So making sure that you have the proper nutrients, all of the different, you know, vitamins and minerals that support a quality, even more mitochondrial support because the mitochondria are a big player in air quality.

So whether that's diet, nutrition type practices is making sure you're sleeping extra. You know, I see so much of the infertility and IVF space of people who are very stressed out.

They often are working. I mean, I've had patients have to take on a second job just to pay for IVF. So then they're even more stressed. It honestly just breaks my heart and it's like, I wish I could just put you in a bubble and take that away from you because so it's, it's, it's everything to to optimize egg quality but supercharged. So eating more, you know, I see women in particular chronically undernourished and kind of barely getting by.

And yes, you need to take coke you ten and yes, these nutrients are important but also working on your actual diet, your actual nourishment, you know, how often are you eating real food and tons of antioxidants and tons of animal products if you do that and healthy fat and just nourishing yourself a ton.

And I think women, once they become pregnant, have this switch where they're like, oh, I'm like, there's a baby inside of me. I need to eat better and eat more.

And I just think it's hard for some people to connect that in the preconception time that they are eating not only for themselves and giving themselves nutrients and support and resting and sleeping and moving their body and reducing their stress not only for themselves and their hormonal system, but in IVF, it's not as much about your hormones as it's about nourishing those those little eggs.

And so the mindset I want people to imagine is, is literally that you're eating to feed these children. It doesn't mean you go eat a bunch of donuts and unhealthy things because you're like, I need more calories.

It's not that it's nutrient dense foods and good supplementation practices. You know, if if the literature says, you know, you could have anywhere between 106 hundred milligrams of coke, you tend to help with fertility in IVF.

You probably want to be at like 600 because you're trying to, you know, support 6 to 12 eggs or more. So just anything that you learn, anything that you do, you want to make sure that you're supercharging it.

But it's more the energetic mindset around imagining that you're optimizing and nourishing all of those little eggs. Yeah. And then the second. Yeah, the second or the third consideration.

My third consideration is. Sperm. Matter and IVF. And this is my biggest beef. Well, I have a lot of beefs with the IBS model because I see this in my clients and patients.

I saw it with my own husband. I had one IVF doctor that I interviewed.

Why Sperm Health Still Matters in IVF

Their only job is to help people get pregnant, and I asked her again the question about sperm, and she said, I don't know anything about sperm. That's not my job.

And I'm like, You're literally a reproductive endocrinologist and IVF. All you need to know about eggs and sperm. I'm not asking you about. You know, the solar system like this is so bizarre to me that you don't know or care. And in their mindset and many doctors paradigm IVF gets around sperm problems and I understand what they mean because if you have or morphology, which is the shape of the sperm hormone utility, which is how they swim and a low count.

Yes, doing IVF definitely gets around the count problem. If you use ICSI, remember the tweezers into the egg. That can definitely get it around the the thought that if the sperm can't swim on their own will just help them out, however. Yeah.

And the morphology is helping the sperm get into the egg. It's like it has to do with the connective barriers. So it's exactly. Like these are all important parts of a sperm and they are signs that there's something wrong with the DNA of the sperm, the integrity of the sperm.

And yes, we can get around these problems with IVF. However, what that does is let's say you have a poor morphology, poor motility, sperm, and you inserted into the egg through XY.

Clearly there was a sign and a symptom that that sperm wasn't optimal and ideal. And so it's not a huge surprise that that embryo maybe is poor quality or is an appointee or has other chromosomal issues that then results in either an unhealthy embryo or a failed transfer or a miscarriage.

Because what people forget is that sperm matter 50%. It's not just eggs, miscarriage is are not just a woman's body. And they're not just equality issues.

They can be sperm quality issues to embryo quality is not just females. And I see this over and over again in the fertility space that so much attention and information is put on egg quality and women.

And when you aren't a person or a woman going through male factor infertility, you might not realize how much the industry just neglects men in general.

And you know, even me, through our infertility, I would tell people, you know, we're going through IVF, like, oh, my gosh, like, what's wrong with you?

People would say that all the time. And I would have to be like, Actually, nothing's wrong with me. I'm very fertile. My husband, you know, doesn't have a lot of sperm like no one ever thinks it's him. And with this whole mentality of doing things to get around sperm quality issues, we just need to remember.

Yes, sometimes we can't always change every outcome with sperm, but we should try as much as we can in that pre-conception window to optimize a man's sperm as much as possible so that he has the best shot of having at least a few healthy sperm to make these embryos with.

If we just completely neglect him, don't worry about his diet, his supplementation routine, his stress levels, his sleep, any of the things that impact sperm, his toxin exposure, oh, my gosh.

Toxins are like the huge factor. Then we're just setting up a couple for poor quality embryos, failed transfers, and potentially poor pregnancy and birth and child outcomes.

Because the epigenetic expression of eggs in the sperm, which is basically the environment that they're bathed in when they're maturing, it dictates how other genes are expressed in that egg and sperm.

We know very clearly now that those epigenetic changes impact their children long into their adult life. So the health of the man before conception, naturally or via IVF can actually impact their children's health and their adult

life.

And so why are we not optimizing them? Why do we not care about them? Yes, I understand. He gets around problems we had to do because my husband, we had to retrieve sperm out of his testicles that were immature, that couldn't even swim anyways because they were babies.

However, we spent years actually optimizing my husband's sperm on a cellular, mitochondrial and DNA level so that even though we needed IVF to get around these issues, we weren't getting around poor quality sperm issues.

We spent years detoxing and, you know, getting the chemicals out of his life and reducing his stress and optimizing his hormone levels and his nutrient nutrition and diet.

And I just think we need to remember the men optimize the men, even if we are using IVF to get around a male factor issue. And a lot of times people are both factors female and male factor.

And let's say the woman has endometriosis or a blocked fallopian tube and that's why they're doing IVF. And maybe the man has suboptimal sperm. It's not great in IVF. They won't care.

They'll be like, Oh, you're fine, we just need one. And it's like, No, in that situation we should be optimizing him as much as possible because then they don't have to do this six times and they can have a better embryo and potentially a healthier child.

So that's my soapbox about sperm. I very passionate about it and I see it neglected on purpose in IVF because they're like, Well, ladies, we don't need it.

And so yes, we do. We still do. They still matter. And I think it's important to remember that we can take a step back and say if egg quality is a reflection of all of the hormones and things that happen in the female body, sperm production is a reflection of all of the consequence that's happening in the male body.

So to a certain extent, sperm is a predictor of overall health. Yeah, 100%. Choose with the sperm. There is definitely underlying issues that are contributing to that sperm not being as optimal as they should be.

Yeah, I know. I tell my my male patient, sorry to interrupt you, but you know, some of them are just like, oh, well, once we conceive like I'm off the hook, it doesn't matter.

And I, I get that. That is like the mindset and mentality of a lot of guys. However, what I try to encourage people to understand is if you have issues in the body that are leading to low sperm count, let's say it's low testosterone alone, it's going to affect your libido, it's going to affect your cardiovascular health.

If you have mitochondrial issues or DNA integrity issues due to toxins or other things that are showing up as well or sperm quality, those things are impacting other systems in your body to the sperm is just a part of that.

And although you might have done your job, you know, conceiving with your sperm, you want to be a healthy person for your children, right? Like you want to be alive when they are teenagers and getting married and be healthy for them.

And so I think some people that just think fertility is a separate thing that has nothing to do with the rest of the body. And you know, for us. My mantra is fertility is a side effects of a healthy system.

And there are sometimes consequences or things that are so complex and beyond the optimization time, like in my husband's situation. But still, when we found his toxins, we could have done IVF sooner along our six year journey.

We could have. But I was like, I'm not going to allow you as this person to go forward with all of these things, because regardless of whether we can conceive with IVF right now, you're not going to be optimal or healthy.

So we need to make sure that you're as healthy as you can be, not only for our children, but for you, for you as the person I love. So I think just these paradigm shifts need to happen.

Yeah. In a big way. I think if this if this is adding on to this conversation of the importance, I saw a paper recently that was basically tracking men with fertility issues like sperm factor fertility issues.

And they basically said that 52 or 56% of them had a likelier chance of getting cancer in. And I, like I all started crying because I'm like, this is like such an early predictor of what's happening with your health and will to transform it now and sustain that transformation.

We've literally just saved you from like, I'm okay with that. That's a pretty good outcome. Yeah. And it's because whatever affects the DNA of sperm infects the DNA of your body.

And, you know, the parallels between fertility issues and cancer are so paralleled, right? Especially with like toxin exposure. You know, we know that BPA and plastic causes fertility issues.

BPA in plastic causes breast cancer. I mean, it's like so obvious. And how cool for men like if we have this paradigm shift for men to just go check their sperm, which is the easiest thing to do ever and say, oh, hey, I'm good, I'm doing great, I'm tracking well or Wow, there's some stuff that I could improve whether you want a baby right now or not, you know, like, I just there's so many things we can do better in the world, but that's cool.

I would love to to know about that study. That's awesome.

Frozen Transfer and Uterine Preparation

So I don't want to take too much more time. So the second to considerations and my group of five can kind of be blended into one, but that is that after we've optimized egg and sperm, we've created embryos, we've done the best we can.

We have a unique window in IVF to then take a second pre-conception window. And this is more challenging to do if you do a fresh transfer. I recognize that some doctors feel that it's best for certain people, but my recommendation is always if you can freeze your embryos and take a step back and a break, I highly recommend that I went through the egg retrieval process and I opted to not have sedation medication.

So I was awake during that procedure and let me tell you, that is traumatic on your reproductive system. Oh, my gosh. They insert a needle into your vaginal canal up through your ovary and suck out every egg and every egg as a as a separate poke.

It is not like they go in there and go, you know, insert egg out, insert egg out. So I only had about 15 eggs, but some women have 30, 35. So much trauma that happens in the reproductive system, too.

Then four or five days later, go and try to insert a embryo into that uterus and be like, Hey, are you ready to take on a life after you've been injecting yourself with synthetic hormones?

You've taken antibiotics, some people benzos for stress, anesthetic medication, you know, for numbing during this procedure, have the physical trauma of that and then expect the body all of a sudden to receive an embryo and have a healthy pregnancy.

It's crazy. So anyone who can make a frozen embryo and delay, that's my recommendation. So that's consideration number four and consideration. Which I'm the outcomes of frozen embryo transfers are way better than. Mm.

Yeah exactly. And it's because the woman is able to take a break and rebalance because that leads me to consideration number five which is this unique window of time that we have before frozen embryo transfer where the preconception goal is no longer egg and sperm quality.

We are focusing on antioxidants and cooking tens and lots of nourishment. We're not feeding the 12 children. It's a different kind of approach. We now are trying to create this optimal vessel, the womb, to receive life, and that involves reducing inflammation, rebalancing the microbiome that got very disrupted from the IVF process.

Like every vaginal ultrasound has a loop that disrupts the vaginal microbiome, taking antibiotics during egg retrieval, having the process of egg retrieval, all of it disrupts the microbiome that impacts the inflammatory potential of your womb.

So we want to rebalance that as much as we can. We want to reduce stress because when everyone says stress affects fertility, it absolutely does. And I get it.

I've been a person going through infertility. I even told time and time again, just reduce your stress. So get pregnant. And I just on a roll, my eyes are people because I'm like, you don't even know it's my husband's sperm.

I understand, you know? But from a physiological level, your body needs to be in that parasympathetic receiving reduced stress. Like if you are in a state of stress and panic, the body is not going to allow life to happen.

It is evolutionarily beneficial. The body has to pick one, survive stress or become pregnant. And the process of IVF in and of itself is stressful. So a lot of people who go through IVF already probably have higher stress because they're struggling to conceive infertility is so stressful in and of itself.

The grief, all of it. I've been there. It's horrible. And then once you decide to do IVF, the financial stress, the fear of blood draws, injecting yourself with hormones.

For people like me, just the anxiety about taking synthetic drugs when I've worked my whole life, not to and now to get pregnant, I have to just take a cocktail of pharmaceuticals.

It's really distressing. And antibiotics and all of the things we need our nervous system to calm down before we get pregnant. So that's a big part of it.

Obviously working to nourish our body so that we give our hormones the signal that we're ready for life. You are well nourished. You have enough to give to another.

We're ready for this. And then the other thing I really speak about is the feminine, fertile energy that I think is completely neglected, both in natural conception and in IVF, where IVF is very masculine, essence and energy.

And for people who don't know about the feminine, masculine masculine is rigid structure control. You know, it's our schedule, it's our time frame. It's, you know, going into IVF and having this routine schedule, even if you don't necessarily feel like that's right to become pregnant and receive an embryo, we really need to be in our our feminine creation.

Life creation is a feminine energy practice. It involves surrender and flexibility and flow and trust and all of these things that are kind of opposite of IVF.

So, again, just like I said, the burden on someone going through IVF is even greater, in my opinion, than the burden of someone trying to conceive naturally, because all of these things are important for natural conception, yet you are up against an even bigger obstacle going through this process.

So even more attention needs to be placed on creating feminine energy, on, you know, practicing surrender, on practicing acceptance, on working in a flow within this masculine kind of framework.

So all of these things which I teach about in my course, but all of these things are, are very important for that. Before the embryo transfer preconception time and even with some of my patients, I'm like, these supplements aren't even needed at this time, really.

Like we need to focus more on the energetics, the stress. Like all of this stuff is much more important. There are certain key things that you can do to help build uterine lining and all of that. But yeah, it's all important.

And then, you know, the last little consideration is just continuing to support people once they become pregnant because your pregnancy is so micromanaged and everybody handles a little bit differently.

But IVF is just such a unique journey and that you're trying to do all of these things, trying to do the best you can. And I see women doing the best that they can.

I see the system failing them. And I just think we need a radical shift in how we support people who choose to go down this path or who must go down this path to have a baby.

I agree. I agree. I mean, I think that you have shared is literally like at the core there we are at this point where I think we can tip the scales towards awareness and to words just like, how do we approach this?

Because there are lots of get in idea, right? Like it's it's it's amazing. I really have had spiritual experiences watching IVF cycles happen, right? Like for happens like credible and combining it or having some awareness around what are the things that I can support my body with in being optimal through that entire process is going to improve outcomes.

And I'm I know that this sucks for all the IVF docs out there that are like, Oh, we're going to lose money on four cycles. But like when we disconnect from the money piece, we really are.

We're in a different place to now say, okay, if our priority isn't, how do we make more money? Our priority is? How do we transform people's lives? And how do you respond to the global thing that's happening with a declining utility?

It's happening on the male side. It's happening on the female side. Like, this is a global thing. It's not like, Oh, we're just fabricating all these people that need.

I just need to explode totally. It's happening everywhere. And like, we have this unique opportunity to, like, share and make a difference and see this going in a different direction.

So I'm grateful that you are doing the work that you're doing. This is actually why the fertility summit exists. It's like, how do we share this critical information so that people can be empowered to make better choices and I think be that the like, the thing that we can help with is like, how do you choice?

Yeah, like we're not saying don't do IVF, we're just saying differently. You have to do sex, do it. So honestly, I've talked to I talked to one woman who sticks with me.

She had done 11 IVF cycles. And so get the psychology of this. This IVF clinic told her that if after 12 cycles she doesn't conceive, they will refund her for all of the cycles.

So this woman has literally for nine years, just done cycle after cycle after cycle.

Stress, Feminine Energy, and Pregnancy Support

And she gave up like I kind of traced it back to like cycle three or four is where she gave up and every cycle after that was literally, well, I just need to do another cycle and see what happens.

And when I talked to her at 11, she was like, Well, I just have one more cycle and then I can get my money back. And it's like, Oh my God. Like, why would I would not put my body through one cycle if I wasn't going to work?

So you do this over and over and over again and like, what is this clinic that is saying, oh, through 12 cycle? Like it just like you could tell like.

Oh yeah, no, I feel you. And it's like, yeah, it just makes me sad because, you know, I've had patients that have just gone through fertility medications, not even IVF, just one round, and it can completely disrupt their entire system.

And so, you know, if IVF is necessary, like it took me six years to get to the point where I was finally accepting of the fact that we our only chance was IVF.

It took me that long to process, try every single thing possible, and it was still really nerve wracking for me to go in and do all of this and take these hormones and do all of the things.

And I know so much, right? I'm not just a person who like blindly went in there, had a hyperstimulation reaction, you know, feels terrible. But that happens every there is a cost benefit ratio of doing IVF and a lot of women have issues from all of the things that they're given and the stress and the trauma and stuff.

So it's like you don't want to do this more than you have to. And if we could make changes and shifts and, and do the minimum amount, the minimum amount of stimulation, the minimum amount of times possible, you know, from a financial perspective, if the fertility clinic listening.

Yeah. The the rates of infertility are rising so fast that you're going to have plenty of people coming to you don't spread out one individual's time.

Help everyone get as healthy as possible. Take you know, if someone comes in, say, you know what, we're going to take three months and you're going to work with this naturopathic doctor or this, you know, fertility coach to really optimize.

So that your outcomes are different. And we're going to do things a little differently. And, oh, here's your antibiotic for the procedure, but here's also your probiotic because we know how much.

So that just disrupted things. And you know, here's the recipe for sauerkraut that you should start eating because this is really important. You know, like there are things that we could do that are so easy so that a woman doesn't have to go through 12 rounds or have you know, I have a patient that had 35 eggs.

She made 20 something embryos. She's transferred three or four of them. They have all failed and resulted in a failed transfer or a miscarriage. And it's like, what are we doing that's crazy.

We make it. So we can do, oh, my. Gosh, I'm just on both sides. And, you know, her husband wasn't even brought into the conversation. I was like, has anyone checked him?

Because it's not just you, you know? And I just, you know, it just makes me I just have so much passion about it that we could be doing things differently and helping people and not go through that.

That trauma over and over again. So, yeah, that's my my message. Here so much. This was awesome. I really liked the way that you broke everything down and made it a lot more accessible to understand, like, where are the things that you want to think outside the box.

And I like I'm kind of happy that we didn't talk a lot about supplements because I think too many people are like, What can I take? Rather than What do I need to practice in my life to handle?

And yeah, I think taking stuff is part of that process. It's not make it or break it. And then I asked you about the list of fertility supplements. I have so many patients who have been through IVF cycles and they're like, Here's the list.

My doctor gave me everything that I need to add in and I'm looking at the list and I'm like, Did they test you on any of this? No. Oh, did they test your DHEA levels because you which DHEA will lower quality.

And they're like, what? You know, I've been taking this for three years. So just like kind of mind boggling. So it's not all about supplements for those of you listening like me, I hope you walk away with this with like a mindset and how

to ask the right questions rather than what is the supplement that I need to take to get a better IVF outcome.

Yeah, exactly. It's stepping into that feminine energy which sometimes having this routine and strict schedule of supplements puts you in the masculine.

So there's a healthy balance. I talk about this all the time in my course of finding this this healthy balance, happy medium and fertility, of knowing what to do and also practicing this this different way and energy of going about it. All things underlying thread.

Yeah. Thank you. Thank you so much for everyone listening and thank you for being with us today and we'll see you again soon on the Beyond Infertility Summit.