Understand Miscarriage: Prevention And Care Transcript

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Introduction and miscarriage reassurance

Hello there. Welcome back. We are talking in this Mini Talk about why you can't stay pregnant. Why did you lose the baby? Why did you miscarry? Why did you experience pregnancy loss?

So I want to make something really clear and explicit before we begin. Which is that if you did experience a pregnancy loss, it is not your fault. When we discuss strategies for prevention, it doesn't imply that it was your fault that you experienced this in the first place.

It simply provides strategies that can help to reduce the likelihood that it will happen in the future. So I want to make sure that that's clear. If you experienced a miscarriage, it is not your fault.

I want to say that again. And in fact, let me give you. a healing prayer or mantra that we do in the Primemester Protocol that we recommend for a number of scenarios, including if somebody has experienced pregnancy loss.

It goes like this. And actually, my daughter, Sultana Bliss was named after this prayer, and it's a prayer that I've used so many times in my life when I've been trying to find my way through something difficult, or when I'm celebrating something amazing.

Equally, it goes like this I am the light of my soul, I am Bountiful, I am beautiful, I am bliss, I am, I am, I am, and actually Sultana Bliss for short.

Miscarriage as a common reproductive outcome

We call her soul, S O U L So let's talk about why pregnancy loss occurs and what we can do to reduce the risk of pregnancy loss. So first thing I want to say is that more recent research is teaching us that miscarriage or early pregnancy loss is the predominant outcome of fertilization.

What does that statement means? It means that when an egg is fertilized by sperm and sperm, the it's more likely to result in miscarriage than it is to result in pregnancy.

And this newer research shows us that there are at least as many miscarriages every year as there are babies born. And if I have that number correctly off, that's correct.

Off the top of my head, I believe there are 140 million babies born worldwide each year. So that means that there are likely to be more than at least as many, if not more than 140 million miscarriages each year.

Now, there was a Lancet study that documented that there are 23 million miscarriages each year, which is obviously a lot fewer than 140 million miscarriages each.

There's still a lot, but but much fewer than are what are, hypothesized and predicted. And that discrepancy is probably like is is probably largely accounted for by the fact that many people miscarry without knowing that they were pregnant in the first place.

So they don't realize they had a miscarriage, and they think that they are simply having their period. So. I want so I want to share I'm sharing that piece of data because I want to share that miscarriage while it's still very stigmatized, it's not talked about enough is a very normal part of reproductive life.

Chromosomal abnormalities and age-related risk

It's a hard part of reproductive life, but it's a very common part of reproductive life. Let me say it that way instead of

normal, it's a very common part of reproductive life.

Now, there are. Specific root causes that account for nearly all pregnancy losses. So I'm going to talk to you about the top three today. And the number one root cause by far is abnormality.

And I promise you we were going to talk more about the role of age and abnormality in this mini talk. So we'll definitely do that. The second one is hormonal imbalances.

And the third one is the immune system. And really the gut brain axis because it involves the gut in this immune system picture. So let's talk about these. All right.

So the first one abnormality abnormality in terms of chromosomal abnormality neural tube and other defects account for at least 60% of miscarriages. And if you are somebody who's experienced an early miscarriage and what I mean by early, I mean week six, week seven, week eight, that's a very strong indication that there was a chromosomal or other abnormality.

Doesn't always mean that, but it's a strong indication. Now, as we know, the risk of abnormality increases with age, both maternal and paternal age. Age of egg. Age of sperm.

So what we need to do in order to give ourselves the best odds of reducing risk of miscarriage of abnormality, and therefore miscarriage, is to reduce our biological age as much as possible, thereby reducing the age of egg, reducing the age of sperm, and increasing odds of having healthy raw material that come together, combine and divide and create a healthy new human.

Okay, so what's really important to know is that by Primemestering gives us the very best odds of this biological epigenetic age reduction, and that remastering is not just the work of mamas, it's the work of dadas or the other person providing DNA for your baby as well.

So as much as possible, you want to take that 120 days to Primemester before you conceive and you want your partner or the person providing sperm for your baby to contribute and participate as much as possible.

I also told you that I would explain more about the role of the dad's health, or the sperm providers contributors health in miscarriage, and whether the pregnancy sticks and you get to have a healthy baby.

Partner health and sperm-related factors

So there was a really important study that showed that men who have health problems leading up to conception and don't address them during and through the semester are up to 19% more likely to have pregnancies that result in loss, both early losses and late losses.

Really devasted waiting losses. I mean, loss is always devastating and there is something. I mean, I don't even like talking about it because I don't even want you to think about it.

But there's something even more devastating about losses that happen later. I mean, they're all devastating. I mean, I don't know if we're not comparing here, but it's all devastating.

So I'm talking about early loss. I'm talking about a topic pregnancy. I'm talking about stillbirth. Each of these outcomes is increased when the dad has a health a chronic mental or physical health condition, including depression, diabetes, hypertension, which is high blood pressure and obesity.

Now I specify these conditions that we're looked at specifically because they are incredibly common in the human population, especially the western population, but throughout the world.

So if you have a partner who is male, who has any one or more of these conditions, you've got to implore him, will him let me do so? I have I give you all kinds of materials that let me do the work of talking to your partner for you on

your behalf, so that there's no friction caused for you to Primemester with you, to get as healthy and biologically youthful as he can so that you get to get pregnant, stay pregnant, and have a healthy baby.

And this another study showed that men who are on metformin leading up to conception are more likely to have children with birth defects. Now, this is a correlational study, so we don't know if it's the metformin that increased the risk.

Or and this is probably more than likely, although we don't know for sure it's that the men had more than likely diabetes and probably other comorbid mental and physical health problems, meaning that it's not common that people have just one chronic health condition.

Hormonal imbalances and pregnancy support

Usually people have multiple and they they're happening at the same time because they share underlying root causes. So more than likely it's the the health conditions that were increasing the risk because interestingly enough, they used to be very common to prescribe metformin for females, not so much for males to improve fertility, to improve egg quality, especially when PCOS and other forms of blood sugar dysregulation and insulin resistance known or suspected, were present.

So maybe people with higher BMI for example. So okay, so that's the first cause that accounts for a majority of miscarriages. Then let's talk about hormonal imbalances.

So in your prime, Esther, as soon as you get your positive pregnancy test, we will give you a new pregnancy list of reminders, including a set of lab tests that we would like for you to request from your doctor, as well as a script for how to request them.

One of the primary roles of this set of text is to ensure that hormonal imbalances that can result in the loss of the pregnancy are not present and being overlooked or undiagnosed.

So it's really, really important that you are looking at your hormones and that you know that your hormones are reaching a level that can sustain the pregnancy.

And, usually when if you you're if you're seeing a pregnancy loss in week 10, 11, 12, the second trimester, then you really need to be looking at hormonal imbalances.

Because as one example, the placenta should have taken over production of progesterone, which has to be high to sustain the pregnancy. But in many women that the placenta isn't producing enough progesterone and they need gestation supplementation, for example.

So that's just one small example. The thyroid hormone is another critical example, both for sustaining the pregnancy and for proper neurocognitive development in the baby.

But just looking at the TSH level is a big mistake. So we educate you about all these things in the Primemester Protocol.

Immune system, inflammation, and gut health

If I didn't say it explicitly, we also educate you about all the things that you need to to do to reduce the risk of age related abnormalities, chromosomal abnormalities, and reduce your biological age, both as the person providing egg and the person providing sperm, so that that first category which accounts for the majority of miscarriages.

Also, we've reduced the risk of now let's talk about the, the the third category root cause, which is immune system, immune factors. And as I said, the gut is related to this and the gut brain axis.

So auto immune disorders and over activation of the immune system are also important contributors to pregnancy

loss. And when the uterine lining is not supporting the pregnancy, there are either hormonal factors at play or immune factors at play.

So the second or third category. But systemic inflammation, which is another part of the immune response, is also a critical factor and has a number of adverse impacts on the pregnancy, including risk of loss, but also other adverse pregnancy outcomes and adverse programing of the future health of the baby.

So that is something that we're also addressing in the Primemester Protocol. The immune system, regular immunity, as well as auto immunity, inflammatory status, systemic inflammation and the gut brain axis and communication, bidirectional communication between the gut and the brain, as well as the tight junctions in the lining of the gut, which become loose.

And that's what's considered leaky gut and so many other aspects of gut health and function. The microbiome, the, the richness, and diversity of the microbiome, etc..

Okay, so those are the three top contributors to why someone will have a higher risk of miscarriage and the areas to target to reduce risk of miscarriage.

And you can do that through your prime master and through your targeted nutrition and your super baby nutraceuticals. Lush multi super and and the, the other supplements that you may need from our super baby line, come with me to the next Mini Talk.

We are going to be talking about how we know if we're running out of time to have a baby, and then in the next one, we're going to talk about whether it's really possible to improve the quality of our eggs for either natural conception or IVF.

So I'll see you in the next two and we'll keep going from there.