Introduction: Why Getting Pregnant Can Be Difficult

Hi there. We're back for our next mini talk. So the question that we are asking ourselves in this mini talk is, why can't I get pregnant? I've been trying.

Trying? I'm dilation or I'm just having intercourse frequently and it's not happening. What's going on? So I want to share with you five buckets that account for the vast majority of difficulty getting pregnant in the first place.

So I want to I'm going to I'm going to outline these for you. And then I'm going to tell you a little bit about each one. So the first one is what I call type S which is stress emergency and anxiety.

The second one is type H which is hormonal imbalance. Problems with ovulation, problems with periods, the menstrual cycle more broadly. The third one is what I call type A.

Type S: Stress, Emergency, and Anxiety

So this has to do with age and increased risk for a number of underlying issues, including chromosomal abnormality, neural tube defect, other types of defects and abnormalities, as well as autism and autism spectrum disorders and other health problems.

The fourth one is type D, which is a specific type of disease and infertility. Diagnosis A structural problem like endometrium says fibroids, pelvic inflammatory disease, or even unexplained infertility.

And then the fifth category is type R. This has to do with the relationship or the partner. Okay. So let's talk about each one of these in a little bit more detail.

So type at S is stress emergency and anxiety. And this is almost always relevant. And virtually every case I've ever seen it is relevant even if there are another one of the other categories present.

This category is playing a role. And the key to unlocking your own innate fertility is always going to reside in this category, even if you're also addressing other categories.

So you might be worried about your age for example, and everything that comes with that. A higher risk of chromosomal abnormality, higher risk of autism in children.

And you're under a lot of stress. You're very worried. You're living in a state of constant emergency over the worry and fear that you're running out of time.

You're running out of eggs, that your eggs aren't healthy enough, and that something will be wrong with the baby if you have one. All right, so stress, emergency and anxiety almost always plays a role.

This category almost always plays a role. And it's not just a stress emergency an anxiety specifically related to fertility but life in general. So if you if you have a very stressful, stress oriented personality, like a type A personality, if you have a very stress oriented work environment, we find that doctors and lawyers are examples of professions where and academia, where there is constant high stress, the bar is very high, and it's always moving and getting set higher and higher.

So and actually we see that that people in these professions have a higher risk of fertility challenges and pregnancy complications. So it can be stress, anxiety and emergency related specifically to fertility and pregnancy and motherhood.

Or it can be broader professional, your your personality characteristics, your thought patterns, your mental health

tendencies currently and or historically.

And it could also be things about your your childhood. So people who experienced high adversity in childhood tend to have a higher likelihood of fertility challenges and menstrual problems, for example.

All right. So that's one bucket. The second bucket is to type each hormonal imbalances ovulation periods. So this is people who have PCOS long cycles irregular cycles short cycles short luteal phase have hormonal imbalances including insulin resistance.

problems with problems related to blood sugar regulation are related to this category as well. Also, problems with sex hormones and stress hormones. Usually adrenal function is involved in this.

Thyroid function is involved in this okay.

Type H: Hormonal Imbalance and Ovulation Issues

And when there are problems with the adrenals in the thyroid, then there are often problems with the gut as well in the liver. So the gut and the liver are almost always involved in this category as well.

And you've probably heard me say that we consider digestion to be the mother of our fertility. It really is the mother of the body, it's the mother of the immune system and so much more.

Okay, so type A for age. Now almost everyone listening to me is going to be worried to some degree about their age. We have a mom who just came to us recently who is 34, soon will be turning 35 and has a partner who's in his 40s.

And have they've been told that they're too old because she's turning 35 soon and he's already in his 40s? That they're too old. There's so much hysteria around age, and age is important.

I'm not saying age isn't important. It's the strongest predictor of fertility outcomes. However, the impact of age is, first of all, inflated based on other factors, which I've talked about in the first mini talk and other of the others of the mini talks, but is also not differentiated in a way that it needs to be, which is the difference between chronological age and biological age.

So we have no control over our age in years, but we do have control over our biological, reproductive, epigenetic age. Are we aging more slowly than our aging years?

Are we aging more rapidly than our aging years in our aging years? Or are we biologically about the same as our chronological age? That is where we have all the leverage and risk for chromosomal abnormal maladies and autism.

Type A: Age and Biological Fertility Risk

And a number of other health problems in children increase with age because of the biological aging impact on eggs and sperm, and that egg and that sperm are what create the embryo, what create your future baby and create your future baby's brain neural tube, which becomes that the spinal cord and the brain.

And so it's really critical that we're addressing our age and the increased risk for abnormality that age brings through addressing our biological epigenetic age before conception occurs because once again is released and sperm is released and they meet, we can never go back.

We can't change the quality of that egg and that sperm. So whatever is going to happen is set in motion. If there's going to be chromosomal abnormalities, if there's going to be Down's syndrome, there's going to be a neurocognitive deficit or disorder like autism, that this is already set in motion.

There's nothing that we can do once the one good, once they're released and they meet and conception occurs, all of our power is in the Prime master well before 120 days before ovulation occurs.

And sperm are released. Okay. So then type D disease, infertility, diagnosis, structural problems and even unexplained infertility. So about a third of fertility challenges are considered unexplained fertility challenges.

And most of them should not be called unexplained. It's just that the way the fertility diagnosis is being looked at is very narrow, so it's not taking into account all of these underlying root causes, which we talk about here at the Fertility and Pregnancy Institute that we addressed in the Prime Esther protocol that we address with our super baby nutraceuticals, and that we've talked about to varying degrees.

And each of the summit interviews. So in many ways, an unexplained infertility diagnosis is it's almost like a lazy diagnosis. And I don't say that as a judgment, but it's it's not looking broadly enough and it's not looking deep enough.

Then, other specific diagnoses like fibroids, like endometriosis, these, a thyroid condition, for example, these are all related to this category as well, also an autoimmune disorder.

And by the way, autoimmune disorders have at their root. Digestive problems and specifically leaky gut as well as inflammation that has gone awry. that the burden of inflammation is high.

And so it's highly aging at a biological reproductive level. And many of the reproductive health disorders that account for an increased risk for fertility challenges have this shared.

These same root causes. So that includes polycystic ovarian syndrome. That includes endometriosis, that includes fibroids for example, Hashimoto's and other autoimmune disorders.

So this is really, really important to see address and get under control. And by the way, as a side note, the Prime Minister protocol, we see clinically significant levels of improvement in a long list of health problems and disorders, including depression, anxiety, autoimmune disorders, thyroid disorder, other stress sensitive inflammatory disorders like ulcerative colitis and Crohn's disease.

Type D: Disease, Diagnosis, and Structural Problems

I mean, just a really broad range because the, the multi-pronged, multi-level approach that we take to restoring the fertility and pregnancy system, tuning it up, igniting it really affects the of every system, every organ, every tissue, every part of the brain in the body.

All right. And let's talk about type R which is relationship and partner. So in a very straightforward manner this could be your partner's fertility your partner's sperm if your part let's say your partner is male or the other person providing DNA for your baby.

you're that person's sperm count and sperm quality. And you know this from a traditional sperm and semen analysis. And then there are some additional indices like DNA fragmentation, which aren't included in a traditional sperm and semen analysis, but are critical for understanding the state of your partner's fertility.

And remember, your partner's age affects their fertility as well, especially the DNA fragments in part. Now, another part of this type R bucket is less obvious to most people, but it's about the characteristics of the relationship itself.

And specifically, do you feel safe in your relationship? Do you feel safe at home? Do you feel emotionally safe? Physically safe? Financially safe? Does this feel like a safe container within which to conceive, to be pregnant, to give birth, to breastfeed, and to grow and care for and raise a human together?

Does it feel safe to be intimately tied to this person for the rest of your life? Because if you have children with somebody, you're tied to that person for the rest of your life and it's really interesting.

But a lot of the time there is a lack of safety at play. When a woman is experiencing difficulty getting and or staying pregnant and having a healthy baby.

And that makes sense, because the central nervous system registers that lack of safety and says this isn't a safe time to get pregnant there. There are threats to our safety, there are threats to our survival.

And we see that this is a very common issue in the families that we serve. A lack of safety somewhere in critical areas of life, including the relationship.

Sometimes in the workplace, the profession, sometimes in the family of origin, the partner's family of origin. But a lot of times at home. And so it's really critical to interrogate your level of safety and what you might need to see and know here.

All right. So recap. These are five main buckets that account for the majority of difficulty getting pregnant. Let me say one last thing about type A, which is the age bucket and how age is related to underlying abnormality, which increases risk of chromosomal abnormalities and other types of defects and disorders.

This is relevant to both females and males. All genders, and it's even more relevant to females than it is to males. But it is still relevant to both.

And one thing that's really important to know is that this risk of abnormality and chromosomal abnormalities that grows as someone gets older accounts for both difficulty getting pregnant and staying pregnant.

We're going to talk about staying pregnant in more detail in the next mini talk.

Type R: Relationship Safety and Partner Fertility

So I'm going to put a pin in that, and I want you to meet me there so we can discuss this further. And before I do, let me just say one more thing about the type D category, because I didn't emphasize disease in the male partner as well.

If your partner is male, there's a study that showed that health problems in men. Leading up to conception. So if those health problems are not addressed in and through the Prime Minister, that those couples are up to 19% more likely to experience pregnancy loss of all kinds.

So come with me to the next mini talk, and I'm going to give you, a higher level explanation of what accounts for the majority of pregnancy losses. And then I want to teach you more about this age component and this health and disease component in both moms and dads and parents of all genders.

So meet me there so we can tackle this together. All right. I will see you there. Now, wait. Before we close. What's the answer here? I think it's obvious through talking through each of the categories.

But again, it all comes down to mastering because that's how you address type S stress, emergency and anxiety, type H, hormonal imbalances, ovulation problems, period problems, menstrual cycle problems.

That's how you address type A, which is age, not the chronological age part because we can't change that. Just like we can't change our genes. But the biological age part and the underlying abnormality and the risk for chromosomal abnormalities, neural tube defects and other types of defects as well as neurocognitive disorders, autism, autism spectrum spectrum disorders, ADHD, and a whole host of other problems in children.

Recap: The Five Buckets and Next Steps

And then that's also how you address type D disease diagnoses, structural problems, and unexplained fertility challenges as well as type. Are both your partners fertility directly sperm count, sperm quality, DNA fragmentation and sperm the broader fertility system of your partner, but also the safety and the quality of your relationship and

feeling safe at home.

All right, so that's a recap. Now come with me to the next one so we can dive in deeper to the question of how do I stay pregnant now that I know what I do to get pregnant?

How do I stay pregnant? So I'll see you there.