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Intro: Hey friends! Welcome to Girls Night. I'm Stephanie May Wilson, and I am so happy that you're here. Each week I have a girlfriend over and we talk through one of the biggest questions we have about our lives as women.

We're talking about friendships and faith and relationships and self-confidence, about our calling in life, and how to live every bit of our lives to the full. Life is so much better and easier and absolutely more fun when we navigate it together as girlfriends. And I cannot wait to get started.

So, guys, I am so excited about today's episode. Today we're talking about how to get pregnant: everything you need to know when you're ready to start trying. I've been wanting to do this episode for years now because this is something my friends and I've been talking about at our real-life girls nights for a really long time.

If you're anything like me, the last time you got a full overview of your reproductive system was also the last time you took a health class. Which again, if you're anything like me was in high school, and you were too busy trying not to actually die of embarrassment to really pay attention to what was going on.

Also, for the longest time, I was mostly focused on how not to get pregnant. So when I actually wanted to get pregnant, I had no idea where to start. Okay, I knew where to start, but I didn't know much more than that. Really there's so much that goes into it.

And while yes, I have a great doctor and most of my friends do too, the really important how to get pregnant information is something we pass around to each other. It was my friend Hannah that told me that you can only get pregnant for a really short window of time each month, which is essential information. It was Kelsey who told me how long it typically takes to get pregnant. And each they talked me through how I might feel if it didn't happen right away, which of course it didn't.

My dear friend Anne was my practitioner actually for a while and so she was the one telling me which prenatal vitamins to take in. She was also the one who referred me to our fertility clinic when the time came. It is not an exaggeration to say that my friends directly contributed to the lives of my babies, whether through emotional support, encouragement, or sending me the link to an ovulation predictor kit on Amazon.

And I love that. That's exactly how it should be, right? So that's why it was so important to me to capture the conversations that we've been having over the past

few years and to share them with you. But because I didn't want to accidentally steer you wrong, I mean, we're not professionals, I wanted to make sure to bring a professional onto the show so that she can talk us through the details.

So today's guest is my new friend Rebecca Helie. Becca is a Certified Nurse-Midwife and provides full spectrum women's health care. In her spare time, she also runs a Women's Health account on Instagram where she provides free evidence-based information all about women's health. I've been following along with Becca for a while now and I love her content and her resources. I'm so excited for you to get to hear from her.

She's gonna bring us back to the basics and explain how our bodies work in a really practical way. She's also going to walk us through the steps we need to take when we're ready to start trying to have a baby. I am so honored to get to talk through this together.

But quick thing before we dive in. There's a resource I want to share with you. It's my newest prayer journal called *The Between Places: 100 Days to Trusting God When You Don't Know What's Next*. I actually wrote this book as my husband Carl and I were going through IVF in vitro. So this book is really, really close to my heart. It's for women who are in the thick of it written by a woman who was and in a lot of ways still totally is really in the thick of it.

I love this journal because it's a powerful practical way for us to connect with God and times when our future feels really uncertain. Through guided prayer prompts, *The Between Places* will help you trust God with the trickiest, most uncertain and most important parts of your life. It'll help you believe more fully than ever that God is good, that He loves you and that He's taking care of you.

It'll help you live today with more contentment, step into the future with more courage and faith and rest in God's peace knowing that He's with you every step of the way. Pick up a copy. All you have to do is head to my website. It's Stephaniemaywilson.com. Again, that's Stephaniemaywilson.com. That link will be in our show notes too.

Okay, you guys are ready? Let's jump into the episode with Becca.

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Stephanie: All right, friends! I'm so excited for who I get to introduce you to today. I'm sitting with my new friend Becca Helie. Becca, I have been following you on Instagram for a while now. And the thing that we're talking about here on the show is

something I've wanted to talk about for like a really long time now. So thanks for being on the show.

Rebecca: Of course. I'm excited to be here and thank you for the invitation.

Stephanie: Yeah, of course. So for women who haven't gotten to meet you yet, can you tell us who you are, what you do, and a fun fact about yourself?

Rebecca: Yes. So my name is Rebecca Helie. I'm a Certified Nurse-Midwife, which means I provide full spectrum women's health care from your very first period all the way through menopause. That includes your annual checkup, birth control, consultations, fertility, prenatal care, of course, labor, birth and delivering babies, and then postpartum care.

I am also a mom. I have a vibrant 3-year-old. And like Stephanie, I also struggled with infertility. So I do have some IVF babies waiting for me in the freezer. And then in my little spare time I do have I spent on Instagram. I run a Women's Health account on Instagram, where my goal is to provide free, high quality evidence-based information all about women's health.

The fun fact is I didn't always start in health care. I actually started as a music major. I played the cello, guitar, piano, and then I sang. And through all of that, I was able to produce a gospel music album, which is still being sold today. So there's a little fun.

Stephanie: Oh, my go... Okay, that is an epic fun fact. That is a really good fun fact. Did you do all of the above on the album or were you just...?

Rebecca: I did mostly singing, and then I had a friend play the piano. Then there's also a male voice on the album, who was one of my good friends at the time. He did a lot of the guitar. There's a cello song that I did. And then I did some of the guitar work on the album as well.

Stephanie: Oh, my gosh. Okay. That is very cool. I also need to ask, do you know how many babies you've delivered at this point?

Rebecca: How many have I delivered? Hundreds. Hundreds of babies. I don't have an exact number. I probably should keep track. But it's definitely in the hundreds. But it still feels like the first time every time still. You know, never gets old. It's never just another day for me. No, it's always exciting.

Stephanie: That is so cool. That is so cool. Well, I wanted to have you on today because I would love if you would teach us how babies are made. And I know that that

sounds crazy. When I sent you over the questions, I was like, "I know this sounds like a joke. I know this sounds crazy but I'm very serious."

Because at least for me, the last time I had health class, like a comprehensive "here's what's in your body, here's how your reproductive system works," I was a senior in high school. I think I was supposed to take it earlier but I pushed it off till senior year. And I remember just being wildly uncomfortable during it. Like just trying to not make eye contact with anyone and... I don't know.

I wasn't applying any of it to myself. I basically was just trying to get through it. That's the last time I've had any sort of health training. And then after that, I mean, we're concerned with our periods and more just for how they're disrupting our lives. You know, it's like life disruption management when it comes to your period. And then trying to not get pregnant. That's kind of the goal.

So when it came time for my husband and I to start talking about we actually want to have a baby, I honestly didn't know how anything in my body worked. And even after having two babies, going through all kinds of fertility treatments and operations and things, there are some things I think that you're going to tell me today that I'm like, "Oh, okay, yeah." So we just don't know this.

And really it was a girlfriend of mine that first told me that you can't get pregnant every day of the month. And then I told another friend that. So there are four babies that exist in this world because that information was passed on to me, and then I passed it on to someone else. So we could use some training in this area.

Rebecca: I definitely don't think you're alone in that. Patients, friends, I just think it's... One of the reasons I want to start my Instagram is women's health information is kind of taboo. And if you're not talking about it, then you're not going to learn the information. So you're definitely not alone in that. There is a lot to talk about, and we want to try and open the book on a lot of these things.

Stephanie: I love that. I'm so glad. It's good to know I'm not alone. It feels weird to have two babies and go, "How are babies made?" But just don't know. So can you tell us how babies are made 101? Like what is happening at each stage, what is in our bodies, what does that do. Teach us all the things we forgot from health class.

Rebecca: So it's gonna get a little technical but I think it's really important to understand your menstrual cycle, what happens on each day, and a lot about what goes on hormonally to really understand how we can get pregnant and how to make that be the quickest, easiest, most effective way to get pregnant.

So first things first, your first day of full flow bleeding during your period, not like light spotting, but actual full flow bleeding is going to be considered cycle day one. And your cycle continues for however many days until the day before your next bleeding. And the average menstrual cycle length for women is going to be anywhere from 28 to 35 days. So that's your cycle length.

The entire cycle is going to be divided into two parts. First half of your cycle, the second half of your cycle. The first half of the cycle is called the follicular phase. We'll talk about that. So follicular as in follicle. You may have heard or maybe you haven't heard that women are born with all of the eggs that they will ever have in their entire life. Have you ever heard of that before?

Stephanie: I have heard of that. That's intimidating-

Rebecca: Yeah. Very responsible to say.

Stephanie: Seriously.

Rebecca: But those eggs are stored inside the ovaries in little compartments or little cells called follicles. Now as the follicular phase starts, your body will select a few of those cells, a few of those little chambers to become candidates for ovulation. By the middle of your follicular phase, your brain is going to send hormones to your ovaries to send follicle-stimulating hormone and estrogen to kind of grow up and mature those few candidates that may or may not ovulate.

By the late part of the follicular phase, one of those candidates is going to be selected as the queen bee to grow and to thrive and hopefully eventually ovulate. So all of these hormones are circulating and the dominant hormone is going to be estrogen. Estrogen is going to plump up the inside of the uterus, the uterine lining, get it soft and plush so that it's an ideal landing spot for a pregnancy if that queen bee gets fertilized.

So once the follicle is big enough, your brain will tell the ovary to go ahead and release the egg. You know the culminating point of the cycle is ovulation. And this is done through a hormone called luteinizing hormone. Most women have heard of this, LH. It's the big ovulatory hormone. This is the signal that tells your body to release egg.

What a lot of women actually don't know is that it takes about 24 to 36 hours for the egg to be released from the ovary once that signal is sent. So the LH surge happens before ovulation actually occurs. So the release of the egg... ovulation happens 24 to 36 hours after the LH surge. And that's the climax, the culmination of the follicular phase.

And then that leads us to the second half of the menstrual cycle, which is called the luteal phase. So before I continue on with that, any questions? Anything that you want to know more about the follicular phase?

Stephanie: I almost feel like I have to say follicular phase. And then what was the second one?

Rebecca: The second one is luteal. So follicular is first, luteal is second. I remember follicular phase being like, you know, if I imagine the ovary, almost like a honeycomb and the follicles are all in the ovary. And then finally the one major follicle gets selected to be the queen bee and eventually ovulate. So follicular has to do with the follicles. And then the second half, we're going to talk about the luteal phase and why it's called that.

Stephanie: Okay, okay. I think yes. I think this all makes sense. Okay, I'm with you. I'm with you. Keep going.

Rebecca: Keep going. I told you it's gonna get a little dense here for a second. But it's important to understand this as we try to get pregnant. So the second half of the menstrual cycle, which is called the luteal phase, is called that because it all has to do with a little something called the corpus luteum.

So once the egg is released from the follicle, the shell of the egg, so to speak, is called the corpus luteum. So this shell, the corpus luteum, secretes the hormone progesterone which is the dominant hormone, the luteal phase.

Now, the egg will journey from the ovary into the fallopian to where hopefully it will meet its match and fertilization will occur. Now the egg can only survive in the fallopian tube for about 12 to 24 hours. So it's really important that there is some sperms waiting in there for the egg or that they quickly get there so that I can go ahead and be fertilized.

Now fun fact, sperm can live in the female reproductive tract for up to five days. So there should be plenty of opportunities. Even though we are only fertile, you know that I can only live for 12 to 24 hours, sperm can live for up to five days if they're lying in wait for the eggs. So that's when conception happens. So conception happens within 24 hours of ovulation. And therefore 60 hours or so after you get that LH surge.

And what's actually pretty cool is that human studies have actually shown that where it was previously thought that whichever sperm is the fastest, you know, reaches the egg and then that's how fertilization occurs. Actually, the egg has a

bigger part in fertilization than previously thought, meaning that the egg will choose which sperm she's going to allow inside. That's kind of a fun fact.

It's not all about the sperm just getting there haphazardly. But both egg and sperm have to accept each other on a molecular level for those two to match. I think that's important to understand when we talk about miscarriage and things like that. You know, why isn't it working out?

I always explain it to my patients, especially if it's their first miscarriage, sometimes egg and sperm they just don't match up every time and it doesn't work out. So I think it's important to understand that they're both trying to, on a molecular level, meet up, join, and make that conception.

So after that, so one egg and sperm have met, over the next few days your fallopian tubes will roll the egg down into the uterus. And that's where it's going to embed itself into that uterine lining that has been developing in the follicular phase. So on average, it takes about eight to nine days for this to happen after fertilization. So it takes about eight to nine days for that egg to slowly make its way all the way into the uterus.

So we're finally in the uterus now. We've come a long way from ovulation all the way until implantation into fetus. Once the egg has implanted, the egg and sperm are now considered an embryo. So that's the first stage of human life. And that embryo begins making the pregnancy hormone we all know as hCG. The long name is human chorionic gonadotropin, but we like to call it hCG.

Progesterone from the corpus luteum and hCG sustain the pregnancy and keep it going until your placenta will eventually develop. Placenta will start taking over a lot of the functions as early as eight weeks but it's fully capable of sustaining and pregnancy at 12 weeks. So as you start heading into your second trimester, it'll be fully placenta and progesterone isn't as important at that time.

So does that help kind of explain the menstrual cycle, how egg and sperm meet, and when that embryo kind of takes over?

Stephanie: Yes. If the egg isn't fertilized, then it just...?

Rebecca: If the egg is just chillin in the fallopian tube and there's no sperm to meet it and no sperm arrives within time for her life cycle, then she doesn't get fertilized. And your body kind of like waits for a little bit. But if the egg does not implant, the HCG does not sustain the progesterone from the corpus luteum. And if there's no HCG, then there's no progesterone, the progesterone levels will drop. And that signals

your uterus to shed that uterine lining because no baby, clear out the space, start over next cycle.

So that's what your period is, is you're shedding that inside of your uterine lining because no baby was there. And then you go ahead and get your period, and the entire cycle starts over. So it's a negative feedback loop. And I have graphics and stuff on my Instagram page that you can look at how the hormones wave.

But basically, we talked about how the first half of the cycle is follicular phase, high in estrogen, plumps up that lining and then progesterone comes once you ovulate. If you get fertilized and hCG rises, progesterone rises with it. If you don't, that progesterone plummets, the uterine lining sheds, and that signals the body to start the process all over again.

Stephanie: I do need some graphics. So we're gonna go to your Instagram because now I'm like, What does the fallopian tubes look like? How is everything connected? So I feel like you gotta see it.

Rebecca: You gotta see it, mm-hmm.

Stephanie: That's super, super helpful. This is sort of a tangent a little bit. But I know that there are people who talk about your cycle and the way that it impacts your life. Like all those hormones that you're talking about going up and down. And I think that there have been times in my life where I've felt very controlled by those things. Like I know when my period is coming because I feel it in every corner of my life.

And then there are times where I'm like, No, I'm not paying attention to that. I'm just living my life. Like I'm not allowing myself almost to be on kind of a constant roller coaster. How much do those hormones impact how we feel?

Rebecca: That's a great question, actually. And especially when I'm doing birth control consultations, we talk about the change in hormones, and how you can expect to feel on different hormones. Progesterone is typically known as a downer hormone, typically slows things down. That's why in the first trimester when you have such high levels of progesterone you're just feeling so exhausted, your GI tract is moving slower than normal.

I've actually seen women kind of struggle with depression or issues like that in the first trimester because of high levels of progesterone. Whereas estrogen is kind of known as the glowy pregnancy hormone or the happy hormone.

We see this also being manifest during menopause. In menopause, our estrogen levels drop off significantly, extremely low on estrogen. So one thing that a lot of

women don't consider with menopause is depression, mood disorders, and things like that.

So as the estrogen and progesterone levels are fluctuating in the small space of 28 to 35 days, it's normal to expect to see some mood swings. And then, of course, during your period, when that progesterone level drops off so suddenly, that's why we get PMS. That's why we're feeling all these things because it's a roller coaster. Literally in the graphics it looks like a roller coaster.

Stephanie: I think maybe I need to be a little bit kinder to myself about that. It's like this is a very real thing that's happening in our bodies. And it's not something we can talk ourselves out of. And so being just cognizant of it seems like a really much kinder way to go about it.

Rebecca: And I think with a lot of things, the more we know and the more we understand about our body and the more things make sense to us, the better we're able to cope with that information and feelings. Even with infertility, I felt like a way that I was able to cope is just like really getting down to the nitty-gritty details and understanding how amazing science is and how amazing the body is and how amazing we're created to be able to have the help of science, but then also incorporating what we know about our bodies. So it is kind of miraculous. And I think understanding sheds a light on a lot of things in life really.

Stephanie: Yeah. Yeah, I totally agree with that. I think too there have been times where I've marked the calendar... I mean, the whole time we were trying to get pregnant, I was watching my cycle really closely. So then you almost have a heads up that if you are starting to feel kind of funky there's a reason. Whereas I think for years, I was like, "I feel weird. What's wrong? Everything's wrong."

It's like, no, if you just wrote it down, you would see on the calendar. You might feel a little funky. And if you don't, that's great. But if you do, you at least know you're not crazy and you're not making it up and all kinds of things.

So what happens, if we are thinking about trying to get pregnant? One of the first things that I wondered was before we stopped taking our birth control or take out our IUD or whatever form of birth control you're using, stop using condoms, do we need a checkup? Is there some sort of... I don't know. It feels like someone should give you the go-ahead. Can my body do this? Is it ready to start trying? I don't know. Is there a pre-pregnancy checkup that you're supposed to do?

Rebecca: I think it depends on your own specific health history, what you have going on in your medical history. Whether or not to schedule a specific preconception visit largely depends on do you have risk factors like high blood pressure or do you have

pre-existing diabetes? Do you have like a family history of genetic conditions, history of sexually transmitted infections, all of these things.

But if you're just normal, healthy, you don't have any issues, you're young, it may not be 100% necessary to go in for someone to tell you what you already know. But at the same time it's good to always have your annual checkup.

Fifty percent of pregnancies in the United States are unplanned. And so really every time you see your primary care physician or your women's health provider, be that midwife, OBGYN, women's health nurse practitioner, whomever you see, they should always be doing some sort of preconception counseling and asking you, are you on birth control, are considering coming off of it, reviewing your medication list, and things like that.

So I guess "it just depends" is the answer. I mean, it's never a bad idea to go in and get a preconception visit. But don't panic if you happen to get pregnant, and you're like, "Oh, I didn't go see my doctor first." Because if you're just getting your general checkups from your women's health care provider, and you're a generally healthy person, it shouldn't be an issue.

That being said, if you do have an extensive medication list, you'll want to review that with your prescriber to make sure that they're going to be compatible with pregnancy. And then something that I talked about in my annual checkups with women, even if they're not planning pregnancy, you know, knowing what I know about, oops, pregnancies, I recommend all women in general take daily women's vitamin. Whether that's a prenatal or a women's vitamin, it doesn't matter. They're all going to have some sort of folic acid in there. So regardless of family plans, but especially if you're sexually active, I just recommend taking a daily vitamin. You never know.

Stephanie: Talk to us about folic acid and why that's important real quick.

Rebecca: So specifically for women who are planning to get pregnant, I recommend starting a prenatal vitamin about three months before you start trying. Some studies have shown that if you take your prenatal earlier you're increasing those micronutrients that maybe we're deficient on.

So when you get into your first trimester, and you're not really feeling like eating or doing anything healthy at that point, at least you've been prepared. And some studies have actually shown that it can decrease your risk for morning sickness and stuff like that. But the reason that folic acid is so important is that it's the only micronutrient that has been proven to decrease neural tube defects like spina bifida, and other developmental issues with the spine.

The most important time to start taking a prenatal is before you even know you're pregnant. Because the spine is one of the very first thing that develops. So if you're taking that folic acid, you have it on board, then you're going to be covered whether it was a planned pregnancy or an unplanned pregnancy. The most important part for fetal development, organ development is going to be in that very first trimester.

And along those lines, if you are consciously trying to get pregnant, I also recommend cutting off alcohol or other things that could affect organ development.

Stephanie: Okay, okay. Do you have a recommendation for prenatal?

Rebecca: Really anything with folic acid. The recommendation is 400 micrograms of folic acid daily. And if your prenatal has it... There's kind of hesitancy to talk about this because I don't want a can of worms. But there's a folate versus folic acid debate going out there. But I'll just say this. That folic acid is the only micronutrient that has been specifically studied and proven to prevent neural tube defects. So just check the ingredients on your prenatal and if it has at least 400 micrograms of folic acid, then you're probably good.

I have my favorites as far as taste goes, but really anything on the market is going to be enough. You know, whatever fits in your budget and whatever you have access to.

Stephanie: Okay, okay, we'll get your favorites later. We'll put this in the show notes.

Rebecca: Okay.

Stephanie: When we stopped taking birth control, and I think maybe the answer is different depending on what kind of preventative measures we've been taking, can we get pregnant right after we stop? Or is there sort of a transition time where your body has to recalibrate before it can get pregnant?

Rebecca: That's a good question. It totally depends on what birth control you're taking. Obviously, if you're using condoms or natural family planning, then there's going to be no change in the hormones of your cycle. So whenever you stop using those methods you could get pregnant. Same goes for the ParaGard Copper IUD, which is also non-hormonal. It shouldn't affect your cycle length or your ovulation. So you should be able to track that as you normally would.

Then, on the other hand, like totally opposite end of the spectrum, the Depo shot is a form of birth control, a form of progesterone-only birth control. It can take up to 18 months to get your full fertility back with a depo. So I always try and counsel

my patients on that if they are choosing the Depo. That if they're planning a pregnancy in the near future, maybe it's not the best choice for them.

That being said, the average return to fertility with the Depo is about 10 months. It's designed to work for about three months but we can never guarantee when your fertility is going to come back after the Depo because it's an injection and everyone is going to metabolize it a little differently. So that one is a little harder.

As far as the pill goes, which is the most popular form of birth control, return to fertility is going to be rapid. There's no need to wait to try to conceive. You don't need to do a birth control cleanse or anything like that. What I do recommend is stop your pill on your first day of scheduled bleeding. So cycle day one, just to make it easier for tracking your cycle. Because your full flow bleeding starts on cycle day one. And that way you can count and track and know when you're going to be ovulating and no one to anticipate your next period.

That being said it may take you about three cycles or so after coming off the pill to really understand your cycle if you've been on the pill for a while. Same thing goes for other combined methods like NuvaRing, the birth control patch, things like that.

Then as far as IUDs go, the hormonal IUDs which are again another super popular option, Mirena, Skyla, Kyleena, etc, the return to fertility could literally be immediate. Like you take it out and your body is like, "I'm gonna ovulate in three days," and then you can get pregnant right away. Or it can take about a month for your cycles to come back to normal.

But just like with the pill, it may take one to three months to kind of figure it out. The three-month rule is not evidence-based. There's no rules to any of this. Who knows what your body's gonna do? But based on what we do now, it should be back to normal within about a month or so.

Stephanie: That's super helpful.

[00:31:45] <music>

Sponsor: Hey friends! I wanted to take a quick pause from my conversation with Becca to thank our sponsor for today. Our sponsor for today's episode is an awesome company called [Prose](#). Now, most of you have heard me sing the praises of Prose, the world's most personalized haircare. But for those who haven't, I wanted to tell you about the incredible results I'm seeing since using my customized Prose products.

Prose has given over 1 million consultations with our hair quiz. And that's how the process started for me. The quiz was so much fun. It felt like one of those magazine quizzes I used to love. It was easy but also in-depth. They asked me so many questions that I wouldn't have thought to answer. Like, how much does your hair shed? Or is your hair oily, the ends are just near your scalp?

So I did the hair quiz and I placed my order. And just a few days later the package showed up on my doorstep. I have a pre-shampoo mask, shampoo, and conditioner. I've been using these products for a while now and it's made such a difference. My hair feels silky soft and looks even shinier.

And the other thing I love is that you can continuously customize your formula to help you tweak things depending on your lifestyle changes or even changes in the weather. Prose is also focused on providing clean and responsible products. Every product is free of parabens, sulfates, phthalates, mineral oils, GMOs and is always cruelty-free.

Also, if you're not 100% positive that Prose is the best haircare you've ever had, they will take the products back no questions asked. But I have a feeling that won't be an issue. Guys, Prose is the healthy hair regimen with your name all over it. You can take your free in-depth hair quiz and get 15% off your order today. Just go to prose.com/girlsnight. That's prose.com/girlsnight for your free in-depth hair quiz and 15% off. Prose thank you so much for sponsoring our girls night. We just love having you.

Sponsor: Hey friends! Our sponsor for today's episode is an amazing female-founded company called Olive & June. Now, I don't know about you but I love having my nails done. I just feel more put together when I have a fresh manicure. But to be honest, I rarely do it.

A few times a year I do treat myself to a salon mani-pedi. I always walk out of the salon having spent like \$100 and I usually end up chipping my newly painted nails as soon as I get in the car. So then I go through a period where I decide I'm just going to do my nails myself. But no matter how hard I try, my nails always end up looking like they were painted by a 6-year-old. That's why I'm so happy to have found Olive & June.

Olive & June founder spent a year doing and redoing and redoing and redoing her own nails, identifying all the reasons it is impossible to make them look good on your own, and then she fixed it. She created their Mani System that helps you achieve beautiful salon-quality nails for just \$2 a mani. And the polish truly doesn't check. It lasts for seven days or more.

The Mani System comes with all the tools you could possibly need for salon-quality nails, and they're all in one box. It includes the poppy which you put on top of the nail polish candle to make it easy to grip and to paint your nails on both of your hands. This is a game-changer. With a poppy I can finally keep the nail polish on my actual nails instead of getting it all over my fingers. Anyone else?

You could also customize Your Mani System box with your choice of six polishes. Recently I've been wearing their nail color called Pink Sands. It's this gorgeous white, pink neutral color that I love. You guys, I truly love this company so much. I actually enjoy painting my nails now and the end result is seriously so good.

Not only that. Their Mani System is going to be my new go-to gift for all of my closest people so that we can all use them together at our girls night. Friends painting your nails can actually be fun and affordable, all because of Olive & June.

Visit oliveandjune.com/girlsnight for 20% off your first Mani system. That's oliveandjune.com/girlsnight for 20% off your first Mani System. Olive & June thank you so much for sponsoring our Girls Night. We just love having you.

[00:35:51] <music>

Stephanie: You talked us through our cycle and the fact that we have our queen bee egg ready to go for like... you said 12 to 24 hours, right?

Rebecca: Of life?

Stephanie: Yeah.

Rebecca: Yeah.

Stephanie: So when it comes to trying to get pregnant, I think that, at least in my conversations with friends, there are people who are just doing the sort of we'll see what happens kind of method. So they aren't on birth control anymore or they're not preventing in any way but they're not timing anything. They're just kind of living life and seeing what happens.

But then I also have a lot of friends and I mean, this was what we did for a really long time, who were like, "I'm ready to get pregnant now." And knowing that we only have such a short window, I feel like it's so easy... If you only have one day, it's so easy to miss that day. So we were really trying to track. So how do you track? How do you know when you can get pregnant if you're really trying to be intentional about it?

Rebecca: This takes us back to the first question on really understanding the menstrual cycle, the hormones of the menstrual cycle and all of that dense information from the beginning. But the best way to pinpoint the easiest way to get pregnant, your chances of success is to know exactly when you're ovulating.

Now, there's a simple way and there's a less simple way to do that. The very very simplest way is to estimate when you ovulate retrospectively. So basically, that means you're going to look back at your last few cycles and understand that most women are going to ovulate 14 days prior to cycle day one because the luteal phase is more predictable than the follicular phase.

So for example, in a perfect world, if someone has a 28-day cycle, they count back 14 days, they will probably have ovulated on cycle day 14. If someone has a 35-day cycle, you count back 14 days, she probably ovulated on cycle day 21. Not everyone's going to ovulate on the same day but what we do know is that in healthy women, the luteal phase is typically about 14 days.

That's why if you're using the calendar method, you can only look back retrospectively after it's already happened. Whereas most women have been taught that like, "Oh, you ovulate on cycle day 14. Only if you have a 28-day cycle you do. But in some women who have like 32 days cycles, she's gonna be ovulating a few days after that. And that's when a lot of women miss their window and they come to me for like, "Oh, I can't get pregnant," and it turns out they've been tracking their cycles wrong all along.

The more foolproof way, which is a little more intensive, is going to be alleged monitoring. So we talked about the luteinizing hormone. We talked about that hormone will spike about 24 to 36 hours prior to ovulation. So there are easy at-home ways to track this spike and then you can estimate, okay, I know I'm going to drop an egg in 24 to 36 hours, so we better make sure there's some sperm waiting for it. So you can kind of do timed intercourse and plan for that.

That's going to be the most accurate because you're not guessing, you're not counting. It doesn't have to be retrospective. And you can just start that today. So the way to do this at home is you can get your own test strips, you can get them at any pharmacy, they're usually cheap in bulk on Amazon.

But I think it's also really important to know how to accurately check your LH. When you pee on the stick, it's just like a pregnancy test. You know, your pee on the stick and the LH test will always be a little bit positive. So you might be like, "Oh my gosh, I'm cycle day 10. Why am I ovulating already?" It's always gonna be a little bit positive because we're always going to have a little bit of that luteinizing

hormone. But we want to look for the test that is most positive. That is the darkest positive.

So what you'll do is you'll keep taking the test. I recommend taking pictures of the tests that you do so that you can put them side by side and kind of compare like, Oh, is this one darker? Or is it getting lighter? Eventually you'll have a really dark test and then after that one, your tests will progressively get lighter and lighter. And then you can pinpoint, yeah, I got my LH surge on cycle day 15 now I know I'm going to ovulate either cycle day 16 to cycle day 17 or something like that. So it's not just oh, I ovulated the day I got my positive LH. You're actually ovulating 24 to 36 hours after you get that positive test.

So LH fluctuates just like a bunch of other hormones in our body depending on what time of day it is. So I recommend checking your LH around noon, around lunchtime. That's when you're most likely to catch that surge. If you're really going to be obsessive, you could check twice a day. Like you can check first thing in the morning, first thing in the night to make sure you don't miss the peak surge and make sure... like if you've been doing this for a while, and you really want to pinpoint it, you could try doing it that way.

And then you can also tell from your body when you're gonna ovulate. Another sign of fertility you may have heard of is cervical mucus. So if you've been trying to conceive for any length of time, you've probably seen that on the internet, you've probably seen people talking about egg whites and stretchy and like what the heck does that mean.

This is because estrogen levels are going to be at their highest. We talked about how estrogen plumps up the uterine lining, gets it ready for as soon as it gets fertilized we're going to be prepared for it. So estrogen is going to be at the highest peak about one day before you ovulate so that once you ovulate, everything is set and ready to go. And that high level of estrogen is going to start to thin out the mucus that protects the inside of the cervix.

It's going to make it nice and stretchy, it's going to make it clear and it's going to make it permeable to sperm. If the mucus is permeable to sperm, then the sperm can swim up through the uterus and into the fallopian tube where they can meet the egg. If the cervical mucus is not thinned out, then sperm have a really really hard time actually getting inside the uterus.

So that's another thing women look for, you know, is my cervical mucus thin, stretchy, clear? Are the sperm going to be able to get in there? But again, very subjective, hard to monitor, kind of messy if you're not into that. And so, oh, no, I would go with the LH.

Stephanie: I never understood the cervical mucus thing. I researched it. I knew the things but that was never helpful to me. But the LH steps definitely were.

Rebecca: It's subjective, too.

Stephanie: What does stretchy mean? I don't know what stretchy means. I've never paid attention to this before. I don't know. I don't know. Okay, that's super helpful. We'll make sure to get a recommendation of some test strips. So we'll make sure to have those in the show notes, too.

That was another thing that... I mean, truly, babies have been made because of girlfriends passing on this information. Like my friend Hannah who's been on the show a bunch was like, "Okay, you can only get pregnant a day a month. And you figure out what that day is through these strips. Here's the ones I use. Buy them on Amazon."

I mean, truly it's like, I don't know... That's why I knew we had to do this episode because I'm like, "Where are people supposed to find out these things if they don't have a girlfriend telling them?" I mean, I have bought LH trips for people in my life that I really love, because no one told them either.

Rebecca: I do want to add that knowing when you're ovulating is only half the battle, right? Because we have to make sure that the other half of the equation is there. That there's sperm there to meet the egg. So when are we supposed to have sex? We know that the egg only survives for 12 to 24 hours, but we know that sperm can survive for up to five days.

So is there such thing as too much sex when trying to conceive? I recommend every other day. I don't want you having sex all day multiple times a day, wearing yourself out. Because it can sometimes do more harm than good. So what I typically advise my patients to do is to start actively trying five days before you think you're going to ovulate, because we know sperm can last for at least five days. So any sooner isn't going to be productive. Obviously, you can do it for fun.

If we're doing it just to try to conceive, five days before you think you're going to ovulate, start having sex every other day. If you do it any more often you run the risk of taking the fun out of it. Men can actually have decreased sperm count if they're having sex too often. So just to make sure that you have the best chance of every time you do have sex, every other day is going to be the key.

If you're only going to have like maybe are super busy or your husband's out of town or something and you're only going to have sex one day of the month, the best

day would be the day of the positive LH tests because you know you're going to drop an egg within the next 24 to 36 hours, and you know there's going to be some sperm in there waiting for it.

But otherwise, it's better to have sex before ovulation than obviously after because we do have such a short timeframe on that. So that's something to add. Why the LH strips are so, so important is so that you can know when to time intercourse.

Stephanie: Yeah, that makes sense. I mean, everything that you just said about timing, everything and all of it is bringing back so many memories, because we did this for so long. Do you have an app that you like to keep track of all of this?

Rebecca: So really any app is gonna work. There actually is an app. I have my phone right here, I'm gonna look at it. The reason I like this app... I think it's called Ovulation Tracker by Premom. I've recommended this to so many patients.

The reason I like this one is because you can actually take pictures of your LH test strips and it will organize them for you and tell you like, "Hey, this looks really dark." And then you don't have to be squinting at the tests and keep your pee sticks in your drawer. For me, that's what I like.

But really even your regular calendar, you can keep track of your period on it, you know, if you're going to do the calendar method or whatnot. But apps do make it a ton easier. The app is called Ovulation Tracker by Premom.

Stephanie: Okay, okay, that's awesome. I'm trying to remember which ones I use. I think I use Ovia.

Rebecca: Oh, yeah, I've used that. I've used all of them. We've tried everything. I've used Ovia, I've used Fertility Friend, I've used Period Tracker, I've used Glow. I used Premom.

Stephanie: Right there with you. One of the things, and I know you're going to understand this, but one of the things that I think was hardest about not getting pregnant every month is that on my apps, I would be reading all of the articles, and every month I would look up what are the symptoms of early pregnancy.

I remember one time in particular, it might have been the first time we really tried, there was... I almost said this is too much information. This is Girls Night. Welcome, everybody. If you're new to the show, this is Girls Night. One of the symptoms was like pre-implantation bleeding. So it was like, "You might just bleed a little." And Carl and we're going somewhere with some friends and I think it was before my period was supposed to start and I was bleeding a tiny bit.

And I came out of the bathroom freaking out and I was like, "Oh my gosh, Carl, I think that this is happening." So we went about that whole night feeling like we had this secret. But like we were pretty sure I was pregnant and I wasn't. I mean, they're like, "Your boobs are probably going to hurt." My boobs hurt every month. You might feel crampy or you might feel fatigued, you might feel a little nauseous or whatever. All of those things are also PMS symptoms.

So I guess talk us through what we should be doing as we're waiting to find out if we're pregnant and how do we know if it worked.

Rebecca: We've talked about implantation a little bit previously. See, we keep going back to that first part, you know. But typically implementation after the egg has rolled down the fallopian tube into the uterus it's going to implant about eight to nine days after fertilization. We know that fertilization happens a little bit after your positive LH tests. So if you're going off for the day you got your positive LH test, that's going to be nine to 10 days after your positive LH.

You should get your period, like we said, 14 days after ovulation. So it'll be about four to five days before your expected period. If you're going to see a little implantation spotting, that's what it would be. And the reason for implantation spotting is there's a lot of blood flow in that endometrial lining. It's plush, it's thick, lots of good blood flows to the embryo can thrive and survive. And so as it kind of buries itself in there, you know, a little spotting might slip out. Doesn't happen to everyone. And honestly if you were not waiting and looking for it, you probably wouldn't notice it.

But as far as when to take a pregnancy test, over-the-counter pregnancy tests that you're going to get at your pharmacy or Target or whatever, can pick up an hCG level as low as 25 which is really low. So they're great options. My preference is digital because I'm known to make something out of nothing, and just like squint and like, "Oh, I think it's positive. No, it's not positive." So I learned a while ago, and I recommend my friends just get a digital and save your brain some trauma.

But as far as when to take it, you can technically start taking a test as soon as you want. Like a week after ovulation. But I would recommend waiting until two days before your period, which is really hard to do, but I think it's gonna save you a lot of money and a lot of pressure.

Stephanie: They're really expensive.

Rebecca: They are. They're a lot of money. If you're testing every day, like a week after ovulation and baby doesn't even implant until like five days before your expected

period, don't even bother testing before then. So that's good to know. But we really want to make sure that those hCG levels get up to like at minimum 25 to even be detectable. So your best chance of getting a true positive, if you're gonna get a positive, would be at most two days before your expected period.

Stephanie: It is so long to wait.

Rebecca: I know. It's like eternal.

Stephanie: It really is. I'm trying to think. When we finally were pregnant after we did IVF, I remember them calling us and telling us that they... They were like, "Your hCG level was..." I can't remember what they said. But they were like, "we'd call it positive if it was this." And it was like-

Rebecca: Ten.

Stephanie: I don't know. Something like that. Is it 10? And they're like, "Yours is like 400 and I was like, "Whoa, okay." And then they were like, "We're gonna have you come back and test... we're gonna test your blood a couple days later just to make sure that it's gone up. We're hoping it's going to double." And then mine quadrupled and they were like, "So we just need to tell you, every once in a while this isn't an indication of multiples. Not necessarily. But sometimes." And it definitely, definitely was.

Rebecca: Brings back memories for me. I remember my fertility center telling me, "Don't take a home pregnancy test. You need to wait for your blood test and we'll trend your increasing levels, make sure they're doubling, blah, blah, blah." And I was like, "That's never gonna happen. I'm never going to wait. So I had all my pregnancy tests ready two days before the beta test. And I got my positive and I was so happy. And they're like, "Did you test?" And I was like, "No."

Stephanie: No, I didn't.

Rebecca: No. no, I didn't.

Stephanie: I didn't test because they're like, "You could get false positives because you're so jammed up on hormones."

Rebecca: I'm like, "Wait two days before your period." But then when it's me in that situation, I'm like, 30 tests later.

Stephanie: They're like, What is it? Like \$14 for two or something like that? They're not... At the time-

Rebecca: It's 25.

Stephanie: I didn't buy very many because I was convinced for the longest time that pregnancy tests didn't have two answers. They only had one. Like they are incapable of being positive so I'm not gonna waste my money and I'm not gonna take one. So I did take a pregnancy test after they called us to tell us we were pregnant. I wanted to see like, Do these actually ever say positive? They do, it turns out.

Rebecca: But to answer your initial question about the PMS symptoms and stuff like that-

Stephanie: Yes, we were way off track there. Sorry about that.

Rebecca: It's frustrating, yes. It's annoying. But you really do just have to wait and see because your mind is going to play tricks on you. You're going to be Googling every symptom that you see. Like, oh my gosh, is this this kind of pregnancy? And then you want to be pregnant so bad that you're going to start feeling what you believe you should be feeling. And we see that a lot. Like, "Oh, like, I never have breast tenderness. But now I do. I think I'm pregnant." And it's just because you're wanting and hoping so bad for that to be a symptom.

Like we said, your progesterone levels are the highest before you start your period. So you're still gonna get those signs of high progesterone, like the breast tenderness and the moodiness, the fatigue, all that kind of stuff. Those are also PMS symptoms.

But the difference between first trimester pregnancy symptoms is that progesterone will just continue to climb and climb and climb and the hCG levels will get higher and higher, higher, and those symptoms will typically get worse. Everyone experiences pregnancy a little bit differently versus PMS. By that time you will have gotten your period.

Stephanie: That makes sense. Like I told you, I think it was either the first or second month that happened that we were like, "Oh my gosh, we're pregnant." I had so many friends that go before me in this journey of becoming a mom. And they told me stuff like, it may not happen right away and that is very normal. I still was heartbroken when it didn't happen right away because it does sometimes.

And I think that that's one of the hardest things is that sometimes you go into trying to get pregnant and you think, Well, it's taken most of my friends like a year so I have some time and then it happens right away. And all of a sudden you're like, Well, I wasn't actually prepared for that. I mean, we really waited to start trying until we were like, if it happens today, like if I had a baby today, we would be

ready. And then couple years later we finally got there. So what is actually normal? What is normal when it comes to how long it takes to get pregnant?

Rebecca: So, I think a lot has to do with are we trying trying or are we not preventing? Like the conversation we just had. But about 80% of couples are going to be successful at achieving pregnancy within the first six months. When you push it to 12 months, it's about 85%. So it really doesn't increase much after the first six months, but it does increase. So that's why we say you've been trying for a year and you're still not pregnant, 85% of people should be pregnant after trying for a year. So if you're not, maybe you should talk to someone about that.

That being said, if you are over age 35 and so you're getting older and you've been tracking your ovulation, and you're doing everything right with trying to conceive, and you're still not pregnant after six months, I would recommend having that conversation sooner than someone who's like in their early 20s, and has been trying for six months. I would advise them to give it the full year. Versus the older we get, we do know that fertility does decline. So it may be necessary to get an evaluation sooner.

Stephanie: Talk to me about that really quick. Because I do remember seeing... People say the most horrible things to you when you're trying to get pregnant. I mean, things like you have geriatric eggs or things like that. That's a medical term, right, but it's horrible.

Rebecca: Yeah. Maternal age.

Stephanie: I do remember seeing a chart when we were going through an IVF class about your egg quality as you get older. And I remember feeling like just this whole wave of hope because it seems like your egg quality stayed pretty.. or didn't decline super rapidly until older than I thought you were.

Rebecca: As far as super rapidly, we do know that age is a factor when trying to conceive. You gotta think, you know, you've had these eggs since you were literally in your mother's womb. And so I think a lot has to depend on not only how have you taken care of yourself, but what other genetic and extrinsic factors in your life have contributed to your egg quality over time. There's things you can't control and they're things that you can.

But we do know that your best chance is always going to be in your 20s. Early 30s is going to be fine. But then after age 35, we do see a decline, and definitely after age 40, we see a very steep decline in fertility. The average age of menopause in women in the United States is 52. That being said, women can experience premenopausal symptoms as early as eight years prior to the onset of menopause.

So you can see that starting at age 40 you're going to see a very steep decline in your fertility as you start getting into pre-menopausal symptoms, low estrogen levels, stuff like that. As far as men goes, a lot of time we think, oh, men are fertile forever, their eggs never die. But well a) they don't have eggs. It's sperm. Yeah, did small detail. But we do know that men are also most fertile in their 20s. And that does stay steady up until around the 50s, then the sperm quality will start to drop off. So men do maintain their fertility a little longer. But peak fertility is always going to be the 20s.

Stephanie: That's stressful because peak readiness-

Rebecca: Is not in 20s.

Stephanie: Okay, so when it comes to getting pregnant, this is something I Googled so much, other than tracking, I guess, are there things that we can do to increase our chances of success that are proven? Like when we're talking about cervical mucus, I feel like somewhere I saw something about taking Mucinex or something like that. Or how long should you lay there after you have sex? So different things like that. I guess what are some suggestions that you've heard? Just because I mean, maybe people haven't done as much googling as I did. And then what is actually real?

Rebecca: There's a lot of health wise tails out there, and most of them don't have any evidence behind them. Half of that is because nobody's willing to study that, nobody's willing to put the research behind it. And half of it is research has been put behind it and then the evidence is just not there. So we do know the fastest ticket we already talked about tracking, pinpointing the ovulation, arranging that meeting, sex positions, standing on your head after sex, whether or not you orgasm, all of that stuff really doesn't make a difference. There's no evidence behind it.

As far as taking Mucinex, other supplements, stuff like that, I think that's definitely on a case by case basis. I wouldn't go off like prescribing that to myself. And what evidence we do have on Mucinex and stuff like that is going to be very, very minimal and kind of like a Hail Mary kind of situation. So that one's kind of muddy.

But as far as lube, a lot of people have questions about lube and conception. There's also really surprisingly no convincing evidence on whether or not lube affects conception rates. Studies show that there's really no difference in women who use lube and women who don't use lube on time to successful pregnancy.

So if you're a woman who likes to use lube and you're nervous about it, you can always use Pre-Seed, which has been proven not to decrease sperm motility. But

either way, it's probably not going to make much of a difference. And adding lube is not going to increase your chances either. And then we talked about age being a factor so that definitely affects your success rates.

And then lifestyle. Lifestyle is huge. Are you living a healthy lifestyle? Smoking tobacco, recreational drug use, like marijuana, obesity, extremely low weights, frequent, vigorous, like if you're a really intense athlete, high intensity workouts. These can actually all have negative effects on your fertility and sperm quality. Some of these effects are reversible and some of them may not be.

So healthy lifestyle habits are always going to have a positive effect on your fertility overall. There have been studies on activity level diet. There isn't one proven fertility diet, but there are certain things that we will recommend for improving your fertility.

So for me, I recommend 150 minutes of exercise a week for all women of childbearing age, but especially if you're trying to get pregnant. So you want to divide this evenly. This works out to about 30 minutes, five times a week, or about 45 minutes to an hour, three times a week. So just find it enjoyable way to move your body, get your blood flowing, increase pelvic blood flow, and things like that power walking, dancing, like it doesn't have to be anything crazy.

And as far as diet goes, I just recommend eating a colorful variety of nutrient rich foods when trying to conceive and or when little pregnant. So full fat dairy, so trying to avoid low fat yogurt or low fat milk, stuff like that. So if you're eating dairy, try and get full fats. Omega 3s, like fatty fish, fatty nuts like walnuts, flax seeds are also supposed to help with fertility. Iron rich foods. We see a lot of anemia in pregnancy. So it's good to work those into your diet when you're trying to conceive.

One study actually showed that plant-based proteins are better than animal proteins. And that probably has to do with animal proteins having high levels of trans fats and things like that. So decreasing trans fats like fried foods, animal fats, fast food, all the good stuff.

And then decreasing high glycemic foods, which means high and quick sugars. Like processed sugars, sweets and sodas, all of the stuff that you would typically think about, decreasing those can also have a positive effect on your fertility.

And then lastly, as far as supplements goes, I do have a list of supplements that I advice to couples who are trying to conceive to take. But I think it's important to talk to your provider before starting any supplements and it's definitely not a one size fits all. I am able to add like more disclaimers and stuff on my Instagram like,

Hey, you can take this one. I'm not telling you to take this but you could ask your doctor if you can take this.

So at the very minimum both partners should be taking a daily vitamin. Female partner should be taking her prenatal with at least 400 microgram folic acid. And then the male partner I always recommend taking a men's vitamin like zinc and magnesium to help with egg and sperm quality. Another good fertility supplement is CO Q10. Specifically found in the heart health aisle. I don't know. Did you ever take that when you're doing IVs, Stephanie?

Stephanie: Yeah.

Rebecca: You can just get it over the counter. But some studies have shown that increases having sperm quality once you've been taking it for about three months or so. So I'll advise my dosing and schedule recommendations for that with my patients. So it's definitely something to bring up with your provider. If you're thinking about getting pregnant, that's something you should take.

Stephanie: Okay, okay. So if we're doing all those things, I'm sitting here and I'm remembering all the things that I tried and no... Well, here's one question I want to ask before we move on. One of the things, and I know you know this, that people say all the time is that stress is bad or fertility. And then you go in and you go, "Hey, I'm not getting pregnant, and you're upset about it. And then someone tells you that if you just were less upset about it, that maybe you get pregnant. And it's like, huh, that is so infuriating and crazy. Talk to me about the actual relationship of stress to fertility.

Rebecca: There's really no convincing data on stress actually being a cause of infertility. Now, does high stress levels increase your cortisol level, put you into that fight or flight mode? Absolutely. But the type of stress were that we're talking about that would lead to fertility issues is not the type of stress that any of us here in the United States are really going to be experiencing on a day-to-day basis.

Now, we all have stress, we all have first world stress. And a lot of us are going through really tough things, really tough mental health things. But if stress were a form of birth control, then the unplanned pregnancy rate in the United States would not be 50%.

So there's not a lot of good data. You know, if you get a massage once a week that you're gonna get pregnant. And a lot of us who have gone through infertility have heard that a thousand times over. Like, "Well, maybe you should quit your job." And I'm like, "Well, maybe you should quit yours." I always take that with a grain of salt. And just understanding...

I think that also puts the blame on the person who's trying to conceive. Like, oh, well, if you just did this, then maybe you'd get pregnant. Like our mothers weren't stressed or our grandmothers weren't stressed. People haven't been stressed their whole life. But the type of stress we're talking about isn't going to be something that we have to really work.

And then of course we want to decrease our cortisol levels. But if you're moving your body 150 minutes a week, you're focusing on colorful, nutrient dense foods, trying to decrease your stress levels where you can, a lot of guys going to have positive effects on your cortisol levels, and any type of stress that would affect your fertility can be counteracted by that. So facials, massages, unfortunately, are not evidence-based.

Stephanie: I feel like we could maybe slide that one. Let's pretend you didn't say that last part, because I just couldn't help. That's so good to hear. It's the worst. Telling someone who's stressed, Don't be stressed, that gives you another thing to be stressed about. And really it does. It puts the blame on you. That if you just... I don't know, we're handling this better. And really you're handling everything as well as you possibly can that you'd be pregnant. So I'm glad to hear that.

So you said that if we've been trying for a year and we're below 35, I guess if we've been trying for longer than a year and we're below 35 and we haven't gotten pregnant, that's when we should reach out and talk to someone. And then if we're over 35, six months. So who do we talk to and what might be going wrong? What does that process even look like?

Rebecca: So as far as who to talk to you, I think both partners should have a workup. So according to the American Society for Reproductive Medicine, 35% of infertility is caused by female issues, 35 is going to be male factor issues. So male and female infertility is actually equal. And a lot of times we just blame everything on herself like, "Oh, we're not getting pregnant, it's my fault." But literally it's half female problems, half male problems. 20% of the time, it's going to be both, if you're unfortunate to have it be both.

And then 10% of the time is going to be unexplained infertility. So it's important for you both to get a workup. For men that's going to be starting... men is a lot easier. All they have to start with is a semen analysis, make sure that they're contributing.

For women, on the other hand, there's a lot of different things that we want to do. A basic infertility workup, someone comes to me and she's just like, "I'm not getting pregnant," first thing I'm gonna ask her, "Are you tracking your cycles?" "Yes, I'm doing my LH test strips, I know when I'm ovulating and we're still not pregnant."

We're going to do an ultrasound of the pelvis. We're gonna make sure all of the structures in there are healthy.

We may do an evaluation of fallopian tube and see, you know, the fallopian tubes are open for that egg to roll down, then the egg is getting lost, it's not able to even get into the fallopian tube. We're going to check progesterone levels in the luteal phase. We're going to make sure that the corpus luteum is secreting the progesterone as it should be in order to sustain the pregnancy until the placenta can develop.

We're going to check on your metabolism like your thyroid function. Your thyroid and your metabolism have a lot to do with this signal pathway between the brain and ovary and that feedback loop on if all the right messages are getting sent. And then we're also going to want to evaluate for PCOS, which is a leading cause of female infertility ovulation disorders, things like that.

So it's gonna be bloodwork. It's gonna be ultrasounds, it's gonna be a conversation on, like, what have you tried so far? What are you doing? And then taking that information, and you may get further workup after that. But that's your basic. You come in for your appointment, what are they going to receive from me?

Stephanie: Yeah, that makes sense. I know that I did all of those things. I don't remember most of them. I mean, I know I did so much blood work but I don't remember them coming back and saying, Well, this is what's happening. Because I think probably because everything looked fine. Because we were in the 10 persons that had unexplained infertility. They were never able to figure out what was going wrong.

Rebecca: And that's the most frustrating honestly, for me as a provider but then also for you as a patient because everything seems to be fine. But there's so much about infertility that we still don't even know. It's a miracle that anyone ever gets pregnant ever really with how many things go on in the body.

The largest cause of female infertility is going to be problems with ovulation and endometriosis. And then the largest problem for men is going to be low sperm count without identifiable cause. Like we don't know why you just have a low sperm count. And then the 10% is like we just don't know. And it's hard to call a patient and be like, "Everything's normal. I don't know why you're not pregnant."

Stephanie: Yeah, it is frustrating. I know that the path really goes in a whole bunch of different directions at this point based on what comes back. But for someone who's sitting here... I think a lot of the people in my life who don't have kids yet are feeling some anxiety about what if I can't get pregnant? Because they've seen people like me, and like you who've had a really hard road.

And so what... And I guess, kind of generally because, again, like it's, you know, there are all kinds of really specific paths you'd walk down. But what is possible? Like if something is wrong, what are some options? Is there anything that you can share that would maybe ease their minds a little bit.

Rebecca: So I always say, a good place to start is your regular women's health care provider, whether that be your midwife, your OB, your women's health nurse practitioner, someone who you already have a relationship with, kind of tell them what's been going on, they can conduct a preliminary evaluation. All those things we talked about.

And most of those providers are going to be able to offer you at least that. And they can either say, "Yeah, we don't know what's wrong" and send you to a specialist or they can be like, "Oh, your thyroid is off? Well, no wonder." And it can be as simple as a pill and you're good to go. It could be as simple as you're getting positive LH surges but you're not having high enough levels of progesterone, so you're not actually ovulating. You're getting the surge, but the ovulation never occurs. And it's like, Oh, well, no wonder. Sometimes you get answers right away.

So I would wait to see the infertility specialist if your normal provider doesn't have answers for you, because, as you know, a lot of infertility specialists aren't covered by insurance. They're very expensive, they're hard to get into. It's just like a whole road. But the providers that you already have a relationship with can at least get the ball rolling and get you started feel like you're not grasping at straws.

I will add that while we do say a year, people are coming to me, they've been trying for eight, nine months, and I'm not going to turn them away and be like, "Oh, three more months, then we can talk about this." I'll offer them a workup. I'll offer them like, Yeah, let's see if anything's going on and go from there.

I know in my own infertility journey it was a little before year when I knew that something was wrong. I have endometriosis, which again is a leading cause of female infertility. I kind of already knew that I was going to struggle. And I didn't find out about my endometriosis until I was kind of into my trying to conceive process. So I saw a provider and I was like, "I really feel like something's not right." And they were like, "Oh, just keep trying for the full year." And I was like, "Nothing."

At that point, you can shop around. If you're not feeling supported or answered by your provider, you can refer yourself to an infertility specialist. You don't have to have your OB or your midwife refer you to a specialist. So for me, it hadn't quite been a year, but I didn't feel good about it. I referred myself to the specialist. I told

them, "Hey, I talked to my OB, this is what they had to say to me. I didn't feel good about that. What do you think?" I got my full workup and here we are. It was a good thing.

So not every provider is going... whether they're an OB, midwife, whatever, they're not all going to have the same comfort level with treating fertility. Like me, as a midwife, I really enjoy treating infertility and stuff like that because I've been through that. But not every midwife that I work with is going to be an expert in that. And that's okay.

You know, not every general provider is going to be an expert. And that's why we have experts like reproductive endocrinologist who are infertility experts to refer to. So I think your primary care providers should be straight up with you like, "Fertility is really not my thing. I'm going to either a) refer you to my colleague who is good with fertility or I'm going to refer you to a specialist." So I think that is something to consider. Don't feel trapped in your options, I guess, is the bottom line.

Stephanie: Yeah, that makes sense. I think you mentioned this earlier, but really the more that I have gotten to learn about how babies are made, aside from the small holes in my knowledge, it really is amazing that anyone ever gets pregnant. Our bodies are just incredible. They're super complicated, but they're also usually really good at what they're doing.

But in the ways that things can get broken, or might not be working, I was so amazed and I'm forever grateful to the doctors that we got to work with and for all of the science and research that's been done, because the workarounds are just incredible. I think I've seen a lot of people get pregnant who didn't think that they were going to be able to, myself included. So I feel like there are a lot of options, right?

Rebecca: Yeah. You asked me what would I say to someone who is just trying or someone who's been trying for a while, like an encouragement I can give them. And it would be just that. That science and technology has come such a long way. Even from when our mothers were trying to conceive literally in the last few years, what we know about the human body has just expanded exponentially.

I'm sure you can echo these sentiments, but there is hope. There really is. You don't even know how much hope there is until you get into it and they start talking about your options. And after you've been beaten down so many times by negative tests, you kind of get discouraged and you're just like, "Whatever, I'm just throwing money in the trash."

But there really are so many people who care about you and who wants to see you be successful. So my biggest plea is just to hang on to that hope and to try and trust the process and remain steadfast through the process. And eventually, you'll definitely get that reward.

Now, it doesn't work for everyone. We all know people who've done every avenue, they've done IVF... And there's ways for those people to be parents as well. Nothing is perfect, but I never want anyone to give up before they are given a fighting chance.

Stephanie: I love that. I love that. Becca, thank you so much for the work that you do. I'm so grateful. I'm so grateful that you're talking about things that just don't get talked about enough. Because the fact that you're doing that means that we don't have to go through them alone. And these things are really hard, and they're scary and they're complicated. But to know that we don't have to go through them alone makes them feel more doable. So just thank you. And thanks for coming on the show.

Rebecca: I'm so happy to be here to hopefully help some girls in your community and have a girls night conversation. It was so funny when you were talking about like, oh, maybe this is TMI. But on my page really nothing is TMI. In my line of work, it's just like things I talk about at the dinner table that most people would be uncomfortable with. But that's why I'm here. It's a no-judgment zone. It's totally open. You can ask any questions. Oh, sounds like nap time is over.

Stephanie: I was gonna say I've heard mine wake up too. Okay. Well, I'm gonna link to all of your everything in the show notes so everyone can go follow along with you and connect with you. And just thanks again for coming on the show.

Rebecca: Of course. Thanks for having me.

[01:20:13] <music>

Outro: Guys, thank you so much for listening to that episode. I can't tell you how much it means to me to have you here at Girls Night.

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All right friends, that's all we have for today. But we'll be back next week with another episode of Girls Night. I'll see you then.