Preparing Your Body for IVF-20260824_223012UTC-Meeting Recording

August 24, 2026, 10:30PM

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Ligia Popescu 0:05

Good evening, everyone. Thanks for joining us for another Positive Fertility Live webinar on preparing your body for IVF.

Today we have a special guest, Dr. Jaye Adams, who is an REI with positive fertility. And before we get started, I just want to go over some audience tips on the next slide.

So please feel free to use the Q&A function or the chat function to ask questions anytime. You can also raise your hand. There's a function up there at the top of the screen that you can also use. Please continue to ask questions throughout the presentation. We will also have a dedicated time towards the end.

If you have questions about this webinar or positive fertility or anything at all about what you heard tonight, feel free to contact me directly. My e-mail is below. And with that, I'd like to turn it over to Dr. Jaye Adams. I would like to know before we get Started on this, if you could just share a little bit about yourself with our audience.

Jaye Adams 1:17

Oh, thank you so much, Ligia, and a warm welcome to everyone joining us live and on the replay. I am a reproductive endocrinology and fertility specialist here at Positive. I love what I do and helping couples build their family or individuals freeze eggs for the future or build their family as single individuals.

It's the dream. So, yeah, so thank you for hosting me tonight.

All right, today we're going to talk about preparing your body for IVF, a 90-day action plan.

So I think deciding to go through IVF is a profound step and we feel overwhelmed. Sometimes it's normal. There's so many things I need to do, so many things to think about. We want to empower you with some simple evidence-based guidelines on practical habits that you can adopt to try to optimize your body over the next 90 days.

One in six people face a fertility challenge and you are not alone on this journey. And while science can do a lot to help you, there's a lot we can do as individuals to help

ourselves.
Why 90 days? Well, we know that the last 90 days of egg division and, or I'm sorry, egg maturation is a very metabolically active time. Women have all the eggs they're ever going to have in their body in a fairly quiescent state.
And while damaged eggs is not reversible, the most metabolically active time for an egg is about 90 days before ovulation. And for men, it's about 70 to 80 days to build new sperm. So the idea is that building healthy habits can help our body be ready to produce the best quality eggs and sperm cells that we're able to make for ourselves. We're going to focus on lifestyle, nutrition, stress management, and also some other preparedness, clinical and financial preparations. Oh, I think I just talked about this slide. Inside the ovaries, eggs take about 90 days to grow. Yeah. So daily lifestyle choices that we make today directly protect ourselves while they also help us with IVF.
So what are some habits? A biological timeline puts things into perspective. We think about daily habits like eliminating environmental toxins, alcohol, and nicotine that definitely negatively affect gamete quality. Targeted nutrition and supplements, fueling mitochondrial energy, fueling our bodies to be healthy, to be the best prepared
for both fertility journey and for pregnancy is very important. Mental well-being. This is a stressful process. There's no way around it. But managing that stress is really important. Keeping our cortisols level in a sort of protective, proactive way, keeping them low and
managing that stress is very important. And also there's clinical and financial planning that we can do as we rev up for IVF. Let's break these down step by step. All right, pillar one. These are the easy ones. We all know this. Say no to alcohol and tobacco. Drinking alcohol is not good for eggs or sperm. Probably the safest thing is to not drink at all. It's certainly safest to not drink while you might be pregnant is the occasional celebratory glass of champagne or the once a month glass of
wine on a special evening out, going to derail your plans? No. But in general, drinking alcohol is not helpful for fertility. The other big one is smoking, vaping, and secondhand smoke. And there is very, very strong data to show that both egg quality and sperm quality, including
Chromosomal defects in embryos is much higher in couples who choose to smoke. IVF success rates are 30 to 50 percent lower in smoking couples. There's not as much data on vaping as there is on cigarettes, but there are a lot of toxic chemicals in

vaping, and the evidence that we do have is also heading the same direction.
Not good for eggs and sperm, not good for general health. And we advise to stop right away if you're able to. What about secondhand smoke? One person doesn't smoke, but the other one smokes A lot. And we think that secondhand exposure is also actually very negative on fertility efforts.
That being said, stopping smoking is very, very, very challenging. So anything you can do to begin this process is to your advantage. If chewing gum or getting a patch or doing some kind of medication to help you stop smoking helps that happen, then I think that's worth it based on the data for
smoking and vaping in regards to egg, embryo, and sperm quality.
Other things to think about which aren't as upfront on our list as alcohol and smoking is hidden chemicals, pesticides. Some of these pesticides and chemicals in our environment actually sort of act like hormones in our body and interfere with hormonal function. Natural cleaners that avoid harsh
toxic chemicals is probably a good idea. And also avoiding a lot of the microplastics in our environment and chemicals that are in some of the plastics, especially food containers that are heated up.
What about our daily Java? I myself can't do without my morning cup of coffee. Luckily, it's safe to have one or maybe two small cups of coffee every day. There is not as much evidence on coffee and fertility as there is on coffee and pregnancy, but levels over 300 milligrams a day of caffeine actually are negative on a
pregnancy outcome. It can be associated with miscarriages and potentially also possibly lower fertility outcomes. But a daily cup of coffee is safe. Keep in mind that caffeine is in other products too, energy drinks, sodas. Unfortunately, it's in dark chocolate. But probably you don't need enough dark chocolate to add up to much caffeine.
Think about nutrition. We all know this. It's easy to talk about. It's hard to do. We want to have healthy food. We want smart carbohydrates. So instead of simple sugars, whole grains, things like vegetables, things that don't spike our insulin. Antioxidant-rich produce, dark leafy greens and berries.
These antioxidants are good for eggs and sperm and for general health. Healthy monounsaturated and polyunsaturated fats, avocados, olive oil, walnuts, things other than red meat. And then lean proteins, fish, organic poultry, eggs, legumes. It sounds like the Mediterranean diet, right?
What do we want to avoid? Processed sugars, sugar-sweetened drinks, maybe even

artificial sweetened drinks, unpasteurized dairy and raw meat. Those things are probably not safe in early pregnancy. We worry about listeria and
in our unpasteurized dairy and also other bacteria and raw meats. And then high mercury fish. While fish is a very healthy choice and it actually has a lot of omega-3. Be careful about swordfish and king mackerel. Some of them have quite a bit of heavy metals in them. There actually are online modules about
the types of fish and how much you can eat per week when you're pregnant or considering a pregnancy.
What do we want to, what are the good things? Supplements are a huge topic in fertility health. And while every patient receives a personalized prescription, 3 baseline supplements stand out, folic acid or folate. Taking 800 to 1000 micrograms of folic acid daily is essential.
to prevent neural tube defects during early fetal growth, and also as an antioxidant very good for egg and sperm health. Most prenatals contain 400 micrograms, which is considered the minimum for preventing neural tube defects. But a lot of them will contain 800 to 1,000, which is reasonable. There's even some beneficial data on lowering miscarriage rates with folic acid.
or folate supplementation. CoQ10 is, think of this as a spark plug for cellular energy. It fuels egg and sperm mitochondria, possibly during chromosome division. It's a very powerful antioxidant. There is some good mice data about reproductive outcomes in mice with CoQ10. While we lack randomized human data on IVF outcomes, there's biologic
possibility that this would be a great supplement for egg and sperm health. We have no known negative effects from routine daily supplementation, and I think it's reasonable. And vitamin D, this is essential for immune function, also reproductive hormone generation in our bodies.
and supporting the uterine lining. Most of us are vitamin D deficient. We wear our sunblock and our hats and we stayed inside all day. So vitamin D supplementation is a general good idea for all of us. Yes. They're asking if there is a particular brand that we would recommend on the vitamins.
So good question. I get asked that almost every single day. In general, an expensive brand is not necessarily a lot better than a cheaper brand. You want to use a prenatal that you can afford to take every day that doesn't break the bank and ideally has 800 to 1000 micrograms of folic acid daily.
Prenatals with DHA are also a good idea, and that's in most of them at this time. That

being said, if the only prenatal you can take, that you can take every day because of nausea or your ability to swallow it, contains 400 micrograms and doesn't have iron in it, that's okay too, because that prenatal is better than no prenatal at all.
But most of the prenatals are going to contain their core, the core micronutrients in it and are fine to take.
Okay, let's see.

Ligia Popescu 11:42
I believe we have a question in the chat about the supplements. What about male supplements to help prepare the male partner?

Jaye Adams 11:44
Okay.
Yes.
Good question. So CoQ10 is good for men, as is folic acid and zinc, selenium, vitamin C. Actually, in general, antioxidants for male health and sperm health tend to be combinations, things that are bought in sort of a supplement combo vitamin. So You'll see like men's fertility health or fertile aid for men or conception XR or conception assistant. And most of them are combinations of antioxidants. There's actually some pretty good data about seminal parameters improving motility with some of these supplements, although they don't seem to improve sperm for all men. Live birth data is a little bit more difficult to come by because there's so many factors involved with couples and whether or not this type of supplement helps with live birth. But if a guy is picking one thing, I would say take a folic acid and CoQ10 like your wife or your female partner potentially, or a male multivitamin supplement.

Jaye Adams 13:02
Okay, let's see here.
What about weight, IVF outcomes, and getting moving safely? We know that for individuals who are overweight, losing even a small amount, just 5 or 10 percent, can help improve both ovulation regularity and ovarian response to stimulation medicine.
It doesn't take a lot of weight to make a good benefit in your metabolism and general health. For women with a BMI over 35, weight loss for them seems to be

particularly more helpful than a person who's just a little, just 5 pounds to lose. That being said, we all have room to optimize our health.
On that note, being underweight can also have a negative effect on your fertility, and the sweet spot is really in the normal range. So if you find that you're struggling to gain weight and your BMI is 18, sometimes talking to a nutritionist to get a few more nutrient-dense, calorie-dense foods in your diet to gain a little bit more can be helpful as well.
And then get moving safely. So 30 minutes, 5 * a week, 150 minutes a week, something enjoyable, walking, light swimming, yoga. These are also good for stress, for stress modulation too. But this type of gentle exercise is
a very good idea for both weight control and general health.
What about stress? IVF can feel like an emotional roller coaster. And let me validate that feeling stressed during IVF is 100% normal. You are not doing anything wrong by feeling anxious. Fact, patients sometimes worry that feeling anxious or stressed about
their fertility or their fertility journey or their IVF journey might even prevent them from getting pregnant. And there is actually a reassuring study that came out this year in the British Journal of Endocrinology that showed that feeling stressed about your fertility has never been shown.
to prevent you from getting pregnant. And I want to validate that for patients because if we try to decrease our stress and then we agonize and worry about things, we're going to start to feel guilty that that stress is going to harm our success rate. And that makes us more stressed, right? There's nothing more stressful than being told, hey, just calm down, don't be stressed.
So it is normal to feel stressed. That being said, chronic stress, which is managed in a maladaptive way, can also affect our health and our bodies. And learning to manage stress in a healthy way, to meet stress we face on and nurture yourself,
and manage that stress in a healthy way is very, very important. So things like breathing techniques, meditation, getting good sleep, exercise, gentle exercise, talking to supportive friends and family members, all of these things can help us modulate our stress and channel that energy into something productive.
and helpful instead of just causing our body to be basically burned out with chronic stress.
Also speaking to a counselor about how best to cope and how to address your anxiety can be really, really helpful. And we do have a counselor that we work with

here at Positive. But if you work with someone else or find someone else, I think that that can be very calming and useful.

Ligia Popescu 16:40
Dr. Jaye, we have a question in the chat. So what are your thoughts about taking a GLP-1 to lose weight and what is the highest BMI that you can safely be for IVF?

Jaye Adams 16:41
Other things? Yes.
Yes.
That is an excellent question. There is a lot of other fertility centers asking the same question. Hey, if we help people lose weight with GLP-1, is that going to be our ticket to success? We're going to get people down. They're 5 to 10 percent. They're going to be more successful in IVF. We get
We don't yet have good studies showing if we lose X amount of pounds right before IVF using that particular medication, that when that patient then goes through IVF, they're more likely to get pregnant. So that direct correlation has not yet been done, but people are looking at that. But we do know in general that
the BMI correlates very well with IVF success. So it makes sense to improve your BMI before IVF as long as it doesn't take too long. Keep in mind, losing weight takes time. And that time is also important for us as women. And so I would never want a patient to spend a year losing weight if she could move to IVF sooner because maybe that time is more important.
important. One thing about GLP-1 is you do need to stop it about a month before pregnancy and there is a lot of weight regain in that month. So those habits that you make when you lose that weight, we want you to focus on keeping them because it's not just about the number, it's about the change in lifestyle.
And then BMI for IVF, that will vary based on center, depending on whether the egg retrieval is done in an outpatient surgery center where you have airway control with an anesthesiologist or if it's done in the office. Our office uses a BMI cutoff of 40. Some offices use 35, some use 45. It depends a lot on the anesthesia support, but we do
Sporting.
Did that answer the question? There is a question of does myoinsocial help with ovulation? Myo-inositol, yeah. Myo-inositol is a supplement often prescribed or

recommended to women with PCOS or people with anovulation. It is an supplement in insulin regulation. So by potentially promoting metabolic improvement in insulin utilization, that could be helpful for those PCOS patients who are often insulin resistant and suffer from hyperinsulinemia. Insulin levels when elevated can interfere with
pituitary hormones and ovulation.
Additionally, taking something like metformin can help with lowering insulin levels, and that's a prescription medication, not a supplement. But as a supplement over the counter, inositol is often used. And also weight loss, right? The most effective way to lower insulin levels is to lose weight, but it's the hardest way. It's hard to. It's right up there under stopping smoking.
right? Losing weight is super hard, but it's worth it if you can put that into your plan.
All right, let's see, let's move on. Oops, here we go. All right, other ways to manage stress, and these are other options. These are not necessarily for everybody. Acupuncture is sometimes a nice adjunct for fertility treatments, therapeutic massage. There is some good data about acupuncture and endometrial receptivity. before and after a transfer. And probably the most powerful thing, and it's free, is getting enough sleep, having a regular sleep pattern, making ourselves go to bed at night and get 8 hours of sleep. And I find that this is
very hard to do. We steal those last couple of hours late at night to ourselves. We get one more thing done. We want to stay up and watch that show, read that book, do that last task now that, you know, the daily chores are done. But it's probably more helpful for us to go to bed.
to just make sure that we're going to bed on time. And that can make a lot of difference in our general health, especially when we're talking about oxidative stress and managing stress the next day.
All right, finding a support circle. Another way of managing stress is remembering you are not alone and not to feel isolated or embarrassed about this treatment. And not everybody's going to understand your journey. And there might be people that you talk to who might not be as empathetic as you think they may.
They might not actually support you and meet you where you need to be. So share your timeline, share your journey with trusted family members and empathetic friends. Find that one person that you can chat with about your journey, and that can be super helpful. A non-partner person, someone who's not in the journey with you right then and there.

So not your spouse or partner, but someone else, a close friend, someone you trust. And that can be really, really valuable. And other peer-led IVF support communities like Resolve or other groups that you might link up with that are going through the same journey are also a good support group for you. Talking to someone else who's going through the same thing is very helpful.
or stress.
All right, managing IVF costs and insurance. Financial transparency is a major commitment for us at Positive. Financial stress is real, and getting ahead of it helps you make a plan, creates peace of mind. So check with your health insurance, understand what the difference is with diagnostic testing and treatment procedures that might or might not be covered.
and budget for your out-of-pocket expenses. Make a savings plan, make a spending plan, make sure that you're aware of what things are going to cost so it doesn't feel overwhelming when you first learn the pricing. And then ask our clinic about transparent bundle packaging, multi-cycle discount plans, healthcare financing, and grants. There's a lot of grants out there and we've had several patients actually get grants to pay for their cycles. So don't knock it till you start looking.
This is also really important. Just getting healthy with your general primary doctor before you begin your IVF journey. So make sure your pap smear is up to date. If you have high blood pressure and you're not taking your medicine, restart a medicine. Make sure with your doctor it's a medicine that's safe to take in pregnancy. If you're over 40, check your mammogram.
Check if you're immune to German measles, which is rubella or chickenpox, varicella, so that you can get a booster before you go for a treatment that might result in a pregnancy. And then really important, review your prescription drugs and your over-the-counter products with me or with your prescribing physician and make sure that they're safe in pregnancy.
Even though you might not be pregnant quite yet, you could be pregnant at any day, and we don't want you to find out you're on a medication that's not safe to take in pregnancy. So please sort of check on that with your prescribing doctor. Most of the medicines can be continued in pregnancy, but there are some that really should be switched. Some blood pressure medicines, some seizure medicines that really do need to be switched.
And if you're not using contraception, we want to make sure that that plan's in place before you put yourself at risk for pregnancy or come ready to start IVF. On that

same note is if you are diabetic, making sure your glucose is in a good range for pregnancy is really important.
and it takes a while to get an A1C down and to get your glucose in a good range. Having elevated blood sugar as a diabetic can increase the risk for not only birth defects in the first trimester, but miscarriages. And it takes a while to get high glucose is under control. And that's another thing that we want to make sure our type 2 diabetics or type 1 diabetics are
are in a good place to conceive and have already started that hard job of optimizing their sugar management regimen before IVF.
All right, and diagnostic testing. So you can be working on all these healthy habits while you're getting things checked out. So you're all ready to go. So we want to check egg supply with an AMH or an antral follicle count, which is an ultrasound. And we do that here at positive at the same time as the saline, checking the uterine cavity. And also for the gentleman, checking a semen analysis. These are pretty easy tests. We like to do these before we see you for a consult to make sure there's anything that we can optimize or treat in a different way.
How about male preparation? So sperm supplies half or 50% of your embryo's genetic blueprint. So male preconception is equally vital for IVF success. And I think we kind of answered this, CoQ10, zinc, vitamin C, these are important antioxidant supplements for men. And then keeping the testicles cooler.
to avoiding hot tubs, saunas.
laptops in your lap. Probably most exercise for men is not an issue, but long distance biking can be an issue for testicular temperature and for sperm health. And then again, the antioxidants.
Okay, so in a perfect three-month IVF prep checklist, we'd eliminate toxins, stop smoking, limit our alcohol, stop vaping right away, and begin the daily prenatals, folic acid, CoQ10, thinking about as we move forward, having a diet of healthy fats, leafy greens, lean protein, working on weight management,
easy, regular exercise. Do things that you like doing that you can keep doing. And then looking into our insurance coverage, making a plan financially for our family and household to pay for IVF and to organize coverage. And then beginning testing towards the end of that.
you feel like you're ready to go, you've got a financial plan in place. We want to make sure that you come in, you get your AMH, your saline, semen analysis, you're checking with your PCM about your medications and any other health issues that

need to be optimized and sleeping 8 hours a night. And then finding your support. support network, finding that person you trust that you can talk to. You've got this progress over perfection. You do not need to execute every single detail perfectly every day, but small, consistent, healthy choices do make a difference. They build up over 90 days and they yield meaningful biologic improvements. Lean on your positive care team, your reproductive endocrinologist, your physicians, nurses, your coordinators, we're here to walk with you hand in hand every step of the way.
All right. And I think that might be the end of the prepared slides. Any other questions?

Ligia Popescu 27:41
Yes.
Yes, so we do have a question about GPL ones. This is from earlier. Can the guy take it as well or do they need to stop?

Jaye Adams 27:54
Yes.
No, actually, if a man is doing well on that, he can continue that. And unlike the woman who's asked to stop a month or two months before pregnancy, it's not necessary for him to stop it. So I think it's okay for him to continue that. The other caveat with GLP-1s is
Let's say you're doing IVF to bang embryos, you're not ready for pregnancy yet. We do ask you to stop it two weeks before office anesthesia. And that's because it slows gastric emptying and we don't want to risk aspiration pneumonia if GI contents come back. Oh, that sounds terrible, right? GI contents come back up during anesthesia. But for anesthesia safety, stop it two weeks
There's a question here, two questions related to PCOS. One is I have PCOS and I am not having any periods. Do you, can we do IVF? And the second one is if I have PCOS,

Ligia Popescu 28:40
And.

Jaye Adams 28:59

how high are the chances of an IVF being successful? Okay, so number one, can you do IVF if you do have PCOS and are not having periods? Yes, absolutely. We can help you to get a period and we can overcome the issue of not ovulating by basically stimulating the ovaries and getting those eggs for you. We do worry if you're not cycling at all that your endometrial lining can get quite thickened and that can be a risk factor for endometrial hyperplasia. So we don't recommend that you go along never having cycles. So we often will give you progesterone to try to protect that lining and get it to shed for you. And the second question was, do you have a good chance of it? Yeah, most women who have PCOS actually, although they're not ovulating and it's challenging to get pregnant on their own sometimes, they actually usually have a good follicle count because they have quite a large number of small follicles in the ovary that's part of the physiology of
That and ovulation, so they tend to actually get quite a few eggs. In fact, sometimes they stimulate.
much more briskly than a patient without PCOS. So in a way, that's good and bad. We worry a little bit about hyperstimulation in the PCOS patient. However, we often get a lot of eggs, and for IVF, that's a wonderful thing. You know, getting more eggs in a cycle can often mean more embryos stored from that.
cycle, though not always, and more embryos is more chances for a baby. So women with PCOS often do very well with IVF in general.

Ligia Popescu 30:42
I have a question here. If there is going to be a months long pause between the retrieval and the transfer, are the vitamins still the same as what we should be taking before the retrieval in preparation for the transfer?

Jaye Adams 30:56
Yes, in general, I think the vitamins are going to stay about the same. We often don't recommend CoQ10 supplementation once a woman's actually had a transfer or while she is pregnant, but leading up to that time, yes, we would continue them.
Yeah, good question. Do you have to, this is another PCOS question. Do you prescribe medication to help prevent miscarriage with PCOS?

Ligia Popescu 31:14
Nate.

Jaye Adams 31:25
So...
That's not a straightforward answer because it depends a little bit on what the cause is for that patient's history of miscarriage. So there's not a simple one-size-fits-all prescription that will prevent a miscarriage for any woman, a woman with PCOS or a woman
without PCOS and miscarriages are devastating. And if there was a simple prescription, then yeah, I'd give it to everyone if that would prevent these losses that couples suffer. That being said, if there's a known cause for a loss that is amenable to a prescription,
For instance, a patient has known antiphospholipid antibody syndrome, she should have a lower rate of miscarriage if she is on heparin during the first trimester or low molecular weight heparin. So yes, we would prescribe that. But for the woman who doesn't have that syndrome, prescribing a blood thinner
like heparin actually has quite a few risks and no benefits in that population. So it would be a very specific.
be a very specific treatment for a specific problem.

Ligia Popescu 32:43
Another question, if I take Clomid, do I need to wait a cycle or two before starting IVF, specifically the medicine? I've taken it once and had side effects. I'm worried about mixing the medication.

Jaye Adams 32:56
Yeah, we actually use Clomid during IVF sometimes. But no, you don't need a washout. If you took Clomid, and let's say you took Clomid in June, and then you got your period in July and you're ready for IVF, we can go into IVF in July. It should, I mean, once you get your cycle and that treatment has
is done, we should be able to move forward without a washout interval. And side effects, a lot of side effects are common with both Clomid and letrozole, hot flashes, with Clomid sometimes, headaches, breast tenderness, nausea. The one side effect where we wouldn't want you to use Clomid again, if you're having blurry vision or flashing lights in your
we actually recommend not to use the Clomid again. So if you're having that as a

side effect, please tell whoever prescribed it to you right away and stop it and don't use it again.

Ligia Popescu 33:52
A question here, is it risky to take, I'm not sure how to say this word, exitoprim? During IVF and pregnancy.

Jaye Adams 34:03
Oh, that's an SSRI, but I'm trying to think of the trade name.
Can somebody Google Lexapro? Yeah. So most of the SSRIs can be continued during, well, certainly during IVF, for sure. I guess the issue is in pregnancy. There's some with a little more pregnancy data than others.

Ligia Popescu 34:13
Lexapro, Lexapro, I think, yeah.

Jaye Adams 34:32
And that's a little bit of a risk benefits counseling. So before you do an FET, you think about, again, the medications you're on and talk with the doctor who prescribed them. Things like Prozac and Zoloft have pretty good pregnancy safety data. Lexapro has some safety data, but maybe not as much.
And so if it's a medicine that you rely on, it's the only one that works for you, then maybe the benefits outweigh the risks. If you're feeling pretty good on it, you're not sure you even need it anymore, maybe weaning off of it in the first trimester to not be unnecessarily exposed to a medication that has some unknowns in pregnancy is reasonable too.
So, for most of the medications, there's going to be a risk-benefit discussion and sort of a qualitative assessment about your health and the other options and how much you need that medication.

Ligia Popescu 35:31
A couple questions here about grants, specifically one, I have a genetic condition, so IVF is a medical necessity for me. I, you know, can't really afford it. So where can we get more information on grants?

Jaye Adams 35:50
Do you have a whole page about all the different grants? Yes, we're going to produce that. So if the genetic condition is for PGTM, go and talk to the support groups with people with that can
condition. So if it's a monogenic condition, there are a lot of support groups that offer grants directly for that. Yes, thank you. Yeah. So, so Beto is our Chief Financial Officer and he. Hello, answering some questions over here. Yes, and so, yes, for instance, if
that if you have a fairly, like if it's a disease caused by a specific gene that's monogenic, like cystic fibrosis, I think there's a cystic fibrosis support foundation and other groups that often offer grants to help couples and to be able to screen embryos for the disease in question.
If you're military, there's some military grants. There actually, yeah, there's quite a few different sources, but specifically for PGTM, potentially looking for those support groups that help patients with those genetic conditions is going to
Be a first stop.

Ligia Popescu 37:15
Okay, another one. I have hereditary ******* paraplegia. I already reached out to the foundation, but I didn't get any help from them. Okay, so I guess that was somebody responding back. So another question. I did two cycles of IVF due to fallopian tubes blocked.
One at age 39 with no success, and at age 41 resulted in an eight-week miscarriage. I just turned 43. Do I still have a chance at an older age?

Jaye Adams 37:46
You always have a chance. I never say never. So never say never. There's always a chance. That being said, the statistical live birth rate is lower at 43 than at 41. And so, you know, meeting with us to talk about the realities of
managing expectations, having a realistic idea about success is good so that you go in with honest, open information. Donor egg is also an excellent option for women as they enter their mid 40s with a very high chance of success. But we know that's not the first go-to for most couples and
Statistically, looking at your age-related success is an important consideration before

you invest in IVF with your own eggs.
I was asked today actually by a couple, what's the oldest age you've had success with a couple doing IVF using their own eggs? And I had to think back and it was 44. So I have had success at age 44. I've had lots of pregnancies over 44 in which they used eggs or embryos.
from themselves that they stored when they were younger or potentially donor eggs or donor embryos.
And there was a case a couple of years ago of a woman who was 46 who conceived with her 46-year-old eggs in an IVF cycle. She made the national news, so it's rare, but it happened. So yeah, so I never say never.

Ligia Popescu 39:15
Yeah.
I had a question about Keppra. Is it safe during IVF and pregnancy?

Jaye Adams 39:25
Yeah, so Keppra is a medication that most people do continue in IVF and pregnancy, but again, it's worth a conversation with the prescribing Dr. It tends to be one of the ones with a little bit more safety data, and people tend to continue that. It depends what you're taking it for, and if you need it, you need it.
but it has risks and benefits. It's probably better than some of the alternatives in that category.

Ligia Popescu 39:54
And what I have a question here from someone that says I had my fallopian tubes removed. Will this make IVF harder?

Jaye Adams 40:03
No, it shouldn't, actually shouldn't have any impact on IVF, because we, actually IVF is a tubal bypass. We're removing the eggs from your body, inseminating them with sperm outside of the fallopian tube, and then transferring an embryo to the uterus through the cervix. So it's actually the perfect treatment for someone without fallopian tubes.
or with a tubal ligation.
Rowan is asking, can I continue taking Nexium after a transfer?

Yes, you can continue taking Nexium after a transfer.
You might need tongs too.

Ligia Popescu 40:46
Okay, I have a question here. If, why does it take 90 days to improve egg quality if I've had my eggs since birth?

Jaye Adams 40:58
Good question. I hinted a little bit at that. Our eggs have been in our body as women since we've been born. So damage to our eggs is not reversible, right? We don't get a new supply of eggs. So guys are lucky. They get a blank slate every 75 days. So if they stop smoking, then 90 days later, repeat a semen analysis.
They're analyzing sperm that has not been exposed to active tobacco smoke. As women, if we smoke in our younger years and stop smoking, we stop doing new damage to our eggs, but we really can't reverse some of that older damage. That being said, eggs are in a less metabolically active state.
for months and years, decades even, up until the time that they are awakened to be recruited to potentially become a primordial and then a secondary follicle, show up on ultrasound, and then potentially undergo all the metabolic activity of
maturing and releasing and ovulating. So there is a lot of egg metabolism that happens in the last 90 days. So that window is very, very important, although we can't negate the changes to our eggs from years and years ago. That's one of the reasons why if a patient's been on recent chemotherapy or an agent that's very, very toxic
to eggs, we do ask them to wait 90 days before pregnancy because some of those agents directly damage those eggs in the active metabolic state that are about to ovulate in the next month or two. Although we know that some of the damage done to our eggs in the resting state is not reversible, they're a little bit more resilient.
to some of the recent exposure than the metabolically activates that are going to be recruited to ovulate in the next few cycles. I have a question here. What are the common side effects of IVF medications? Common side effects. Well, since we're stimulating multiple follicles to grow and each follicle makes a little bit of estrogen, most of the side effects are
very similar to what happens in a natural cycle, but at several fold greater impact. So we grow a follicle, our ovary swells, we may feel a little full around mid-cycle, our

estrogen level goes up, which kind of causes maybe a little breast tenderness. In an IVF cycle, maybe there's 15 follicles growing, so our ovaries get quite large, so we feel pretty bloated.
and tight in the lower belly, we can get some more fluid shifts and bloating. Estrogen levels are many fold higher, so some people notice more nausea, breast tenderness, or headaches. Keep in mind that most women do very, very, very well with these side effects. And even if they're kind of uncomfortable for a week or so, once we've retrieved the eggs and they've recovered from the egg retrieval, they
they go back to their normal hormonal state within about 7 to 10 days. So it's not going to be like people worry sometimes that they're going to be on, you know, high level estrogen for months and months, or it's going to mess up their hormones for a long time. It is a fairly focused timeframe, but there are some discomforts associated with the increased estrogen levels.
There's another question here, if you, because I think they cut off, or they were here when you talked about women with PCOS and IVF. Like, what are the...
Okay. Yeah, we answered almost that exact question at the beginning, but in general, most women with PCOS do very, very well with IVF. They tend to have a lot of follicles and get a good number of eggs. They're at more risk for hyperstimulation, but they also tend to have a good yield.
from their cycle. So most women with PCOS do very well with IVF.
There's a patient with Nusi. He said, Dr. Adams, it's Nusark. We made it to 34 weeks. Thank you for everything. Yes. You're looking great, by the way. Oh, thank you. I'm so nervous. But thank you. And congrats to you. We can't wait to see you and the little one.
Oh.

Ligia Popescu 45:23
I have one more question here about what's the recommendation on water?

Jaye Adams 45:30
Drink some. Stay hydrated. Yeah. No, water is, you know, water is essential to life. We probably are all running around a little bit dehydrated most days. So 2 to 3 liters a day is probably a good idea. Drink enough that your urine looks...
fairly clear. That's a good clue. I know it sounds gross to look at your urine color, but when it's really, really dark, especially after mixing with a lot of toilet bowl water, then

that you're probably kind of dehydrated. The other thing about drinking water is if you're drinking lots of water, you're probably not drinking a lot of sugar-sweetened beverages.
And so that can also help again with avoiding excess simple sugars, managing weight, healthy diet choices. Filling up with water is much better than filling up with a soda or a sugary beverage.
Does BMI have a big impact on IVF success?
Yes and no. If you look at a graph of live birth rates with IVF, plotted along with BMI, you will see that again, the sweet spot for the highest live birth rates for any age group is the BMI of about 19 to 25. As BMI increases,
Slowly, the graph will slowly show lower success rates with each BMI point. We start to see...
Very big differences, usually over 40 and over 50 as BMIs. That being said, the difference between one or two BMI points anywhere on that graph is fairly low. So while the success rate at a BMI of 45 is very different from the success rate of a BMI of...
say 30, the difference between 30 and 31 or 32 and 33 is actually pretty low, about a percentage point. So we really don't want people to say, oh, I have to lose 100 pounds and it's going to take two years because time is probably
more important sometimes than that weight loss. But losing some weight and moving in a healthy direction, maybe in parallel with your journey and your testing and your preparations is going to be the win-win because time is important.
Okay, and they will have...

Ligia Popescu 47:54
I just wanted to let everyone know that we will be giving everyone a copy of this recording. And when I send that e-mail out saying, your recording is now available, I will include a link to where you can find more information about grants and funding. for this session, as well as a copy of the presentation as a PDF.

Jaye Adams 48:14
Thank you, Ligia.
Thank you, Lisa. That's really helpful.
But thank you everybody for joining us tonight and for your patience and letting me ramble on about these things. In fact, I want to make sure I go to bed on time and

get my 8 hours of sleep tonight. And I'm going to have some lean vegetables or lean proteins and veggies for dinner to hopefully not be a hypocrite, I'm all my advice.

Ligia Popescu 48:30
Ohh.

Jaye Adams 48:43
But thank you for your attention. I wish you all the best in your journeys. Please come see us and we'd love to help you. All right, and begin your 90 days yesterday.

Ligia Popescu 48:53
Yes, in the chat, I put the links to where you can get positive information on their transparent pricing, as well as where you can make a consult appointment. I just want to say we do have a 499 introductory, I guess it would be an initial fertility workup. So check it out. Come and see us. We'd love to see you. We have multiple locations in Texas. So thanks and come and register for our next webinar and we'll see you there.

Jaye Adams 49:23
All right. Thank you, everybody. Take care. Bye-bye.

Ligia Popescu 49:25
Thanks, everyone.