



## Cultivating the Mindset of Fertility

**Guest: Dr. Marc Sklar**

**Alex Howard:** So welcome, everyone to this session where I am really happy to be talking with Dr. Marc Sklar. Welcome Marc. Thank you for joining me.

**Dr. Marc Sklar:** Thanks for having me. I'm excited to be here.

**Alex Howard:** Yeah, I'm excited to get into this. We're going to be talking about fertility, which for people that have had fertility challenges can be an enormously difficult experience to go through. But as we were just chatting about before we started recording, I think it's also a really good microcosm within which to understand a lot of the principles that we're touching on in other interviews through this conference.

Just to give people Marc's background, Dr. Marc Sklar is a recognized leader in the field of fertility and reproductive health. The fertility expert is the creator of [marcsklar.com](http://marcsklar.com) and [reproductivewellness.com](http://reproductivewellness.com), the co-author of *The Secret to Conception* and the current president of the American Board of Oriental Reproductive Medicine and Medical Advisor for Natural Health International.

So I think Marc perhaps a good starting point for this is, there are people that have been through years of struggles to get pregnant. In fact, I was thinking in prepping for this interview about a former colleague of mine who I don't think I'm exaggerating when I say that she and her husband went through about seven rounds of IVF. To the point that I think there were even consultants who were saying, you know, you guys probably need to stop. And long story cut short, they ended up getting pregnant with twins and having twins. That's kind of an amazing story of what everyone else says, you should stop sometimes you just have to keep on going.

But these kinds of experiences can really lead to sets of beliefs around, "I can't get pregnant" or perhaps some people can get pregnant, but they can't stay pregnant. So, perhaps say a little bit about the impacts upon beliefs of these experiences people have.

**Dr. Marc Sklar:** Yeah. I think when we start getting into fertility, well actually any health condition can probably be viewed the same way, but our topics on fertility today. When we start getting into the fertility world.

One of the things that really I find with patients is this repeated, let's think of it as a boxing match right. They're in rounds of a match to be successful in each round and often they find themselves being punched down and hitting the mat at each round. And so imagine if you were a boxer and you go in and in that first round you feel confident you're going in and

boom, boom, boom, you hit the mat. The next round before the bell rings, you're going to have some second thoughts. You are going to be like, well with that last round, they got me good, I don't know if I'm going to be able to stick with it. But I'm going to go in and you get that pep talk from somebody, so okay I'm ready to go and this happens repeatedly in the IVF world.

The biggest difference that I find with not just the IVF world I should say the fertility world actually. The biggest difference is that between this and other health conditions is that fertility patients have this reminder on a monthly basis. They get reminded at the end of every menstrual cycle when a woman's menstruation starts every month, they get reminded that this was a failure. This is their knockdown to the mat and so they start their next cycle. They grieve a little bit, which is very common in those days of menstruation.

Then they have to pick themselves back up and give themselves a pep talk, or their partner together they're doing it or their team, whoever that is part of that, give them a pep talk. You can do this. I do believe in you. You can do this. And then the next cycle goes through. They menstruate again and it's this repeated ongoing trauma of let down, of I can't do it, my body can't do it, it's not working properly. So that's one aspect of it. Certainly if they have a certain mindset when they go into it and they know, okay this can take a little bit of time so we're going to give ourselves a little bit of space to breathe.

A husband and wife or a married couple together, partners get together and they say, okay, we want to start to have children, but we're going to give ourselves a little bit of time, six months, twelve months, whatever it is, no pressure. At some point, that pressure does mount. That pressure does build up. Even if they gave themselves six months, it might happen sooner than that six months. Because they weren't ready for that constant shift from month to month. It might happen after that time frame that they gave themselves. So okay we've given ourselves six months or twelve months, now where do we go and why weren't we pregnant over this time period? Where do we go from here? So that's one aspect of this constant hitting the mat and being reminded like, I don't know if I can do this.

And certainly that other aspect is what you were mentioning, those couples like that friend or a colleague of yours who had seven cycles of IVF. Then couples will go into, they go to their ob-gyn and maybe do a little bit of testing or depending on the circumstances, they're sent to a fertility specialist. And they say, okay well, let's start with insemination and most times they say we're only going to do three or, some sort of series. Some countries are a little bit more flexible with that. They start with three IUI inseminations and those are unsuccessful and then they go into IVFs and if those are unsuccessful, all these repeated failures mount up and build up. And one aspect of it is it's building up stress because of that constant hamster wheel that someone's in or what it feels like.

The other aspect is they have been repeatedly let down and also told at this point when they've gone through IVF cycles. Like your friends had said, they were told by multiple specialists that this is not going to work, you should stop. So now you have all these people in the white coats telling you things and your brain, which is such a powerful muscle and organ, it starts to believe all these things. We start to tell ourselves that we can't do it, it didn't work, why is it going to be different the next time? So and so Dr. So-and-so said, I'm not going to be successful, I can't do it without a donor or my ovaries don't function or

whatever words and phrases have been repeatedly told to you this becomes your mantra. And this is what you hear, this is what you tell yourself.

And I'm such a big believer of our ability to control and create our world and our environment and the life that we live. And if we're constantly telling ourselves we can't, we won't, we need help in other ways, then we're always telling ourselves that we're not going to be successful. Someone else has to do it for us, whatever it is. And these are things that we believe here, and then it gets translated and then we believe here. And these cells start to follow through with what gets told up here.

**Alex Howard:** And of course, it's not just something that someone's going through by themselves. They're also going through it in the relationship. And I think that that can lead, particularly if there becomes clarity, that there's one particular party in the relationship where the core issue is, that can cause a lot of issues as well right?

**Dr. Marc Sklar:** One hundred percent, about forty five to fifty percent of all fertility related issues are, can be either male or female. Which tells you first and foremost that it can be either side can be an issue. And often there's multiple factors, at least a factor on each side, so then it's both parties.

But yes, let's just say it is the issues are primarily on the male or female side of things, that can also mount pressure on ourselves. And then there's another dynamic between you and your partner that relationship shifts because there's a lot of burden or blame being placed.

Trauma can happen in so many ways in this situation. One, the ones that we impart on ourselves because of the ongoing process. And then one that's put on us potentially by our partner, because if that burden is primarily held by one partner, one side. That becomes very difficult for relationships.

**Alex Howard:** Because I think there can be a real sense of failure, like "I can't give you this thing that we want" in a sense. And that can be a very difficult burden and thing for one to overcome.

**Dr. Marc Sklar:** Absolutely. And we're not even accounting for the potential traumas that a person has had leading up to this moment in time. Because we all bring our baggage to relationships and to every day that we live. And so hopefully we all haven't gone through stuff, but many of us have gone through things some bigger, some smaller.

So now we're bringing that trauma, that baggage with us to that experience and like, oh, I wasn't able to do X before and now I'm not able to do this for him or her now. And so all of that compounds and it makes it much more difficult to manage, to deal with and hopefully to conquer.

**Alex Howard:** Yeah. I think one of the other things that can also happen here is that, it's not just happening on a psycho emotional level. It's also, it's a very embodied experience in a sense that people start to lose hope and lose faith in their own body.

**Dr. Marc Sklar:** Yeah. And that is a huge point that I think we all need to digest and listen to for a moment. Our bodies are meant to do a lot of things and reproduction is one of those. As humans, are we the most efficient at it?

No, by no means if we start to compare ourselves to other animals, we're not. However, we were meant to reproduce. I mean, that's why we've got millions and millions and millions of people in this world. And so with that being said, we have to then remind ourselves that our bodies can do this, but the difficult pieces that we've been either, we've been telling ourselves that our bodies can't. And so we don't believe in our body's ability to do this or which I feel like is much, much more harmful and this is what I see all the time. Is that the physicians that you're working with have told you, you can't do it, your body won't do it, it's not healthy enough, or strong enough or whatever words that they are using to do it. And often in this case, I do like to use the example of IVF cycles, because I see this repeatedly and this breaks my heart all the time, is that we have a couple who goes through an IVF cycle and they start the process and the doctor lays out a protocol, a plan. They say, this is the process it's going to take, they can range anywhere from four to six weeks or even longer, depending on the protocol.

So they lay out the protocol. These are all the medications you need to take, and we can't minimize these medications. They are strong. They have huge impacts on the body and they are meant to perform a specific function. And these doctors are trying to really control your hormones and the way your ovaries and your bodies function. So when you go through that cycle, they give you all those meds. You're not feeling great on all those hormones anyway. And then at the end, things don't work out for whatever reason. Invariably, what I end up hearing is that the IVF doctor on the other side of the desk says to the patient, "you know what? Your ovaries just didn't respond the way we expected them to" or "because they're not," because we didn't get this response. "Your eggs are too old, your ovaries and eggs didn't do what we thought they were gonna do." And so maybe they try a different protocol and typically what happens when they do that is they increase the medication, not decrease the medication. They add more burden to the body. And so we continually hear this, your body is not X, your ovaries aren't whatever. And so we start to believe this, this becomes truth to us, this becomes reality to us.

I had a patient the other day who I've been working with for some time and she had been told by a previous IVF clinic, they had done three rounds of IVF, it didn't work out. They'd been told repeatedly, like "it's your eggs, your ovaries aren't working the way that we expected them to." So when I had my first consultation with her, I looked over her labs and I said, "look, your hormones look fine." They do not look like the way that they are describing them to you right now. They don't look like they're too old or not responding. They look healthy enough to me that they should be able to do the job.

So then we have to ask ourselves, why aren't they functioning the way we want them to? And I find it's really easy and unfortunately egotistical when the physician blames the patient's body or ovaries or uterus for things not working out when they're giving these really high doses of medication and pushing something to happen. And so I said to her and in her case, she's a bit older and so for her, I do believe that the main reason they said this was primarily because of her age. Which doesn't help the situation, but I think that's you know, it doesn't excuse the words that were used but that's why.

**Alex Howard:** Yes.

**Dr. Marc Sklar:** So she goes to another doctor to get a second opinion after talking to me and he says the same thing without looking at any of her labs, because it's an age factor. And so these patients are repeatedly beaten down in terms of a trauma perspective. Because they're told they can't but these medications are actually the ones causing the ovaries to respond in this manner.

So if they would just take a different approach and actually say to themselves, and put that burden on themselves and say, "what can I do differently as a physician to yield a different result here." Then I think we would start to have better communication and synergy with patients and physicians to make these things happen, versus this one sided blaming constantly.

**Alex Howard:** Yeah, I often think that when a therapeutic intervention is not effective, people are going to blame one of three things. Either going to blame the therapist, they're going to blame the therapy, the methodology, or they're going to blame themselves. And it's a tricky thing as practitioners, the temptation of course, is we don't want to feel like we failed. We take pride in our work and we work hard at what we do and we do it because we want to help people.

Yet if someone comes into a therapeutic intervention and they leave feeling that they failed. Then they're now worse off than they were at the start, because they haven't got the outcome they came for. But now they've got this new issue that it's their fault they haven't got.

**Dr. Marc Sklar:** Hundred percent. And I don't think any health care provider can think they could fix or improve or help a hundred percent of the patients that walk into their clinic, it's just not realistic. And that's something I discussed with patients all the time.

I'm not going to be able to help everybody. But I hope that I can know those I can help and those I can't, and at least if I make that mistake, be able to recognize that sooner in the process than later.

**Alex Howard:** Yeah. And I think what you're saying as well I think is really important that as practitioners being aware of the power of our words.

So it's just the way something explained can have an enormous impact on how someone's left feeling.

**Dr. Marc Sklar:** Yes, this is a big, big issue that I see in the fertility world, is the lack of proper communication and explanation and the lack of empathy. Because if we were to have an empathetic understanding for the patient on the other side of the desk and having this conversation, I think we would communicate very differently to them, even if we have to communicate bad news. And that is often the case, these things happen.

I think we are so used to being in our world, in our little silos of, in this case, the fertility world. That we take for granted that the person or the couple that we're talking to doesn't

do this every day and they're not in this world every day. So we're desensitized to it so we communicate in a very desensitized manner to patients, which is very traumatizing.

It beats them up, pushes them down and really more than anything, changes their beliefs and their feelings about what they can accomplish. So the power of words is so important when we communicate with patients.

**Alex Howard:** And I think that's also where in a sense, knowing that people are going to come across physicians that perhaps aren't going to be as elegant as they might be in the language that they use, even though that they're well intentioned in what they're doing. The mindset that a couple brings to the fertility journey to overcome previous failures and previous challenges, perhaps say a little bit about how important that can be.

**Dr. Marc Sklar:** Yeah, this is a time because, so we've dealt with this trauma, couples have gone through these failures and now they have a decision to make. Are we going to let these previous failures and traumas dictate our next steps, really dictate our future and what we want to create as a couple. Or are we going to take more control back into our own hands? And what can we do to make that shift?

And it's not one, just making that decision and having that conversation is not an easy one. But two, then that path is an uphill journey to break and conquer that is really challenging and difficult. I think it first starts with one, the couple being on the same team. Yes, we still want the same thing in the end. We're not going to blame each other for this, it's not about it's your fault or my fault, we're both in this together, and even though it might be primarily one side having the issues. It can still be a very supportive and nurturing process together to work together to make this thing happen.

So those two things for sure have to be on the same page, because I can't tell you how often one side still wants to go forward and the other side says, "I can't do this anymore. I need to bail out." And so this is either you see relationships break up at this point or one goes along with the other, even though they don't really want to, which also has its own issues and difficulties.

So those two things have to happen but then we have to retrain our mind. What practices are you going to do as an individual and as a couple? Because they do both have to be done to then break through the traumas and the beat down to conquer this and to restore the belief in your body. And so that's where we have to start to change our practices. So now you've both made that decision together. You are on the same page, hopefully both agreeing that, yes, that is what we want to do. And so where do we go and how do we restore our confidence in our self-esteem? So I do think meditation is a big piece of this, both individually and as a couple, I think would be very nice.

There's lots of different ways I think we've put a lot of stress on meditation because it has to be this whole, I've got to sit down for 30 minutes and not think about anything and so on. But it can be very simple and straightforward and I think the easiest piece of meditation for all those listening to do is to just focus on a mantra or a saying.

Your focus doesn't have to be about clearing your mind, it has to be about restoring faith in yourself and in your body as a couple. And so just five minutes, we take some nice deep breaths in and out and with each breath out, you're going to let go of all the negative beliefs. And with each breath in, you're going to repeat that mantra "I am fertile. I can have a child" or whatever mantra you want to start to restore for you. And then you can do that as a couple so we have to retrain our mind to start to believe that you can do what you've been told you can't.

**Alex Howard:** One of things that's coming up in my mind as you're talking about this, having not had fertility challenges. But my wife and I have an eight year old, a six year old and a three year old. So we certainly understand the kind of challenges of that chapter of children. That having children, of course, is enormously challenging. And there's something about working together as a team and being willing to own one's own stuff, and being willing to listen to the other party, and being willing to take on those challenges together, which I think is really important.

It just strikes me that there in a sense, if a relationship can't get through that fertility journey, that's probably an important thing to know. Because not that I can compare and contrast those two things. But raising children is also very challenging, and it's almost like part of that preparation for parenting, it's almost like the journey just starts a bit earlier.

**Dr. Marc Sklar:** Oh, absolutely. So when you were saying that it reminded me and that's what I was jotting down so I wouldn't forget, was. Periodically I survey my patients and ask them specific questions to get a better understanding for what they're going through, how they feel and how we can support them better. And when I did this previously, there was a series of couples that kept saying the same thing. And I had this group, they really had gone through their struggles, they had conceived and I was surveying them afterwards. And they all repeatedly said this one thing that "going through fertility issues was by far the hardest thing they had ever gone through as an individual, and as a couple. And now that they have children, they felt like they were stronger for it. And that they could conquer anything that they had to do, both together as parents. Anything their child threw at them in anything life threw at them."

This is often what happens when we go through a very difficult time. We are determined to make it through, we conquer it and we come out the other end. This sort of response is very, very common I find, and one that we have to remind ourselves of and it's difficult to see when you're in it. But absolutely being a parent is difficult.

That journey I often try to tell patients is starting now. It's starting before you become a parent so you can become a better and stronger parent afterwards. And they just felt like they were better prepared for it throughout the whole thing.

**Alex Howard:** So you mentioned meditation as being one of the practices that you recommend. What are some of the other tools that you will encourage couples to use to help support this part of the process?

**Dr. Marc Sklar:** So I think journaling is really important and I like to use this in two ways. One is just a journal to just dump down whatever is going on in your mind and I typically

like for patients to do this at the end of the day. So they have a moment, it could be ten minutes, then they're just gonna start a journal, this was difficult for whatever, these were the emotions that came up, this is how I felt. There's no attachment to those emotions and there's also no criticism, it is just what it is.

We just have to take them as fact because we all move through emotions consistently through the day and through our life. But the other aspect of journaling, this is what I like to do in the morning is a gratitude journal. What's the one thing that you are grateful for today? It does not have to be about fertility it can be anything because we all tend to, it's very easy to focus on the negative. And I want us to remind ourselves of all the amazing, beautiful things we have every day and what we're grateful for. And you just have to choose one day to be grateful for and acknowledge. And that starts to hopefully change our mindset when we start to do those practices.

The other thing is affirmations, positive affirmations. You can call them mantras. You can call them affirmations. They can be very similar. But I like for patients to write out a series of affirmations, seven, ten, whatever you are comfortable with. And in this day and age there are lots of apps that can help you come up with some of those. And so I'd like to have those written down so that you can visually see it, but I also like for you to record your voice saying it.

So that way when you're feeling down in the dumps and or you're going for a walk outside, you can put on your earbuds and you can just play those affirmations and hear them. There's something really, really valuable about the process about thinking about a specific phrase, writing it down and then hearing it, saying it out loud and hearing it. We all receive things in different ways and our body absorbs those in different ways. So I find that process is also really valuable and important.

**Alex Howard:** One of things that was in my mind when you mentioned the piece around gratitude. Which I imagine is also really important here, is that when we're going through something in life which is very all consuming, particularly something like going through cycles of IVF.

The importance of stabilizing and grounding oneself in the rest of life, that we can get blinkered vision that shuts off the rest of the world. But actually staying plugged in to hobbies and friends and family and all of that as a stabilizing force.

**Dr. Marc Sklar** A hundred percent, I do say those exact same things. I want you to find joy back in life. What happens that I hear is that patients lose themselves in the process of IVF and as such they lose their life, they lose their connection with reality. They distance themselves from friends and family, they don't do the things they love to do, they often put a lot of things on hold, for two reasons.

One is financially, if you're investing in IVF and fertility it can be costly, but two, also they don't want to lose around. Like, oh, if I go on vacation here or do these things, I might not be able to.... We might have to skip this cycle of trying or of IVF. And so they're scared to lose those cycles. And I'm a firm believer that we should not put life on hold, that you still have to live your life. And if that means you travel, maybe you travel a little less, but you're still



traveling because that's part of something you love to do, that shouldn't be taken away. And you should still connect with your friends and family. You should still connect with the things that bring you a lot of joy and love to your life, because that's what brings meaning to your life as well.

Now, do you have to talk about your fertility struggles with everybody? No, I'm not suggesting that. But I do think I mean, unless you're comfortable with it. But I do think we shouldn't isolate ourselves, which is what I tend to see. And then all you're always talking about is fertility or IVF or whatever process you're going through and life is made up of so much more than that, and we can't forget that.

So this part of being around friends, because that's really important and doing the hobbies, I always write that down in their treatment plans is what are the hobbies that bring you joy? And I want you to do that. If that's knitting, or reading, or biking, or whatever it is, you need to do that and not just let it go because you're focused just on fertility.

**Alex Howard:** Is there a danger as well because the focus of the relationship is to become pregnant. That suddenly sexual intimacy becomes very regimented and sort of over structured and sometimes perhaps people can feel like they only want to have sex with me now because we're trying.

Is there a risk that it takes the romance and the spontaneity, and how does one mitigate against that when there is a practical reality to it? But yeah, how do you steer people through that minefield?

**Dr. Marc Sklar:** Yeah, a hundred percent it's true and so that brings its own traumas with it. Sexual relationship and intimacy with your partner. I mean, there's nothing more important and valuable for a relationship than that intimacy, that touch and sexual intimacy with your partner. And so it does become exactly that, it's time, we're in our window, okay we've got to do this now. And then what happens typically is that they don't have intercourse outside of their fertile window and that ovulation time, and that's detrimental in of itself.

So one point of research for everyone listening is that actually we do know that there are higher fertility success rates in those couples who have sexual intimacy more than one to two times a week. Even if they're outside of the fertile window. So if you're just having regular intercourse, you have a higher likelihood of conception, period.

Even though we know that much of the time you're doing it you're not ovulating, which goes to show you how important that process is. But absolutely, I always encourage patients, you obviously you want to have sex during your ovulation period. But I ask them to also make it into their regular weeks as well. And one of the tips that I learned from a sex therapist a long time ago was that, as a couple they came up with an agreement that we're going to have sex twice a week. And between this day and this day, let's say Monday through Thursday or Monday through Wednesday, it's my responsibility as a partner to initiate. But if I initiate you as being my partner, can't deny me because you can't say no unless there's a really valid reason for it. Because then I'm turned away and then now I'm pushed down, there's other trauma involved with that. And then the other part of the week, it's up to you.

Now, we're not saying it's every Friday and Wednesday we're saying that you've got a window so there is some spontaneity. There is some flexibility with it and that burden shifts so it's not always one. Because usually in a relationship, it's typically one side who wants more than the other and they're the ones who are initiating more. And I love this tool because it does give a lot of flexibility, it gives a lot of communication and it gets you all working together. So I think that's really valuable for couples.

**Alex Howard:** I think that's great and I think it's also sometimes having a structure and a framework actually invites more spontaneity. Because it creates the safe container from within which that can then happen.

**Dr. Marc Sklar:** Hundred percent, hundred percent. I couldn't agree more. Yeah. It's funny because this goes back to communicating with your partner. Is that when patients ask me, how do I work my communication with my wife? And I say, "well, we schedule time for each other" and they look at me like schedule time? Don't get me wrong, my wife was not a fan of me scheduling appointments with her either. She's like, we're just married, we should just be able to talk and have dinner and have sex..... And I'm like, we should but that's not reality. You schedule everything else in your life and that's how you know what to do.

So we need to schedule time to meet and to talk so that we can feel connected. Now, some of those times that we schedule it's literally to go over life stuff, house stuff like finances and what's on our to do list, and what do we need to accomplish with the kids. And that relieves the burden and keeps us connected. Some of the other time is just us time like we have to schedule a date. So we're going to go out on a date so we can connect. There's nothing wrong with that, it might seem awkward in the beginning, but I promise it gives you structure to create spontaneity and flexibility within which you can be successful.

**Alex Howard:** For what it's worth, I can certainly say that from my wife's and my experience that it's the only way that you get quality time. If your diary is busy, you gotta put it in the diary. In terms of people that have been through multiple rounds, let's say, of IVF.

Because that obviously, as we've been talking about, can be enormously traumatic. And there's obviously a point where one is just perpetuating their cycle of trauma, in a sense that they're walking away from that so hard that it's almost safer to stay in the traumatic cycle than it is to walk away.

**Dr. Marc Sklar:** Yes.

**Alex Howard:** How do you help people know where that point is and help navigate that?

**Dr. Marc Sklar:** So what I find with most couples who have entered the IVF process is that they went into it without a lot of thought and without a plan. And there's a plan on two folds, one is a plan. So if you're going through any health struggle, there's a cause typically. Everything in life has a cause and effect. So I think we have to ask ourselves, why am I struggling? Why are we struggling as a couple? And start to look at root answers, true causes for why we're going through this so that we can create a proper plan to change that and yield different results moving forward.

What I find typically that happens is that that hasn't happened. They've been pushed. So whether it's age or some other factor, they've gone to their ob-gyn and their gynecologist says like, "Well, I can help you a little bit, but this is not really my world. You should go see a specialist." And so they send them to a reproductive endocrinologist, which is a fertility specialist. But what they typically do at fertility, at reproductive endocrinology offices and fertility specialty offices is they typically do IVF. So you go from this and I want answers, too. I can't give you those answers, you could get answers if you go to this office. And absolutely should clarify, I have nothing against IVF. I do think it serves a big need and there is a place for it, and the couples really need it and it has huge value, but I think there's a step missing. And so you go in there and they say, "okay well, you haven't been able to conceive for X amount of time. We should do IVF because that's what's going to get you pregnant." And they do truly believe that's what's going to get you pregnant because that's what they do.

But we've missed a step. We have not found out the cause for why. We're just saying we're going to force the pregnancy with IVF without really knowing the real reason why. And then people would say, "well, I do know why I've got PCOS or endometriosis" or whatever it is and yes that's a symptom, that's a disease it's not a cause for those things. So that might be a cause for fertility struggles, but it's not a cause for why you have those specific diseases or conditions, and so, again, we're not finding out the cause. And so I'm a huge proponent of taking a step back. You've gone through IVF, you've had repeated failures. I think we can't continue to do the same thing and expect a different result. We've got to take a step back, reevaluate the process. Where were you when you started? What's the root issue? Where are you now? Are there new things that we need to account for? Create a plan around that, and then hopefully have some difference in results in terms of physical symptoms and how we feel that will yield a different result, whether it's naturally or with IVF. You still might need IVF, but hopefully you're better prepared and stronger for it than when you do go through it, you're going to be successful the next time.

**Alex Howard:** I think often when people think about fertility, they think about the struggle of not being able to get pregnant. But of course, one of the biggest traumas in these cycles is people that are able to get pregnant, but they have a miscarriage after miscarriage after miscarriage. And that can obviously also be enormously difficult.

What are some of the things that you observe help people? Because each miscarry particularly if it's a bit more developed, each miscarriage is a whole grief. What do you know to support people through that process?

**Dr. Marc Sklar:** Yeah. So I do think in those situations, we do absolutely need to grieve. I actually in about 50 percent of my patients with miscarriage, they don't. They just say, "okay we're going to do this because the next time we're going to be successful." It's a loss, even if it was an early loss it's still a loss. So I do think we have to grieve in whatever fashion suits you and we have to recognize that.

Then I think, again, it's about finding out the cause of that. Often patients will say, "okay I'm going to go through IVF so that this doesn't happen again." And I have to tell you, I think, one, you have to recognize if you've had repeated failures, that the silver lining is that you can conceive. And so I do think we need to understand that. But then also say, well, what's not happening? What's going on that's not allowing us to hold the pregnancy?

So IVF doesn't do a great job on that aspect of things because it can help you get pregnant, but you can already get pregnant. So we have to make sure we can hold a pregnancy. Often patients feel like that's the solution. It may or may not be but I don't think that's the next logical step. I think the next logical step is to say, okay we've got to find out a cause, a real cause for this loss and treat that.

And then three, I do think this is where therapy comes in, especially with repeated losses. We need to reach out to a therapist, a counselor who can really help us work through and process those losses, that grieving and really move beyond it. And I don't see that enough either, I see so many patients who don't reach out for additional support on the emotional mental side of miscarriage.

**Alex Howard:** Yeah, I think it can be very easy for people to just get on the train of just going again and again and again and going through those repetitive cycles. You mentioned earlier some of the data that you have from studying people that have been successful in going through the fertility process.

And I'm just mindful of time, but I just find myself thinking, what are some of those other things that you noticed? If you compare those couples, that against all odds have managed to find their way to conceiving and having children, and those that sadly haven't. Are there some particular lessons or insights that we can draw from that group?

**Dr. Marc Sklar:** I think, two maybe three key things that stick out to me.

One is the strength of their relationship, it was such a big factor. The belief in each other and their support for one another was a huge and profound factor in patients' success.

Two, belief in ourselves and even though times are difficult, understanding that we can do this and knowing that we're strong enough to get through this as an individual and we will conquer it. Those who we're very consumed by it and let the stress consume them, were less likely to conceive for sure.

And those for sure who have a solid faith and belief in some sort of higher entity, power, universe, whatever you want to do. I'm not saying it has to be in a specific religion or God. But a belief that there's a process and an energy that can support them and they can work within it and with it in some way.

Those were really the three key big pieces that I found. Look, there is research from a psychological perspective that shows that couples who go through fertility struggles, their stress is the equivalent of an individual who goes through stroke, cardiovascular disease, cancer. So it's a big stress.

We need support and you need a support system. Both with your partner and from other people or other people to support you, to help you get through that. And those key pieces, I think are the ones that have stood out for me as those who have been able to conquer it and be successful.

**Alex Howard:** That's awesome. Marc, I'm mindful of time, but people that want to find out more about you and your work. What's the best way to do that?

**Dr. Marc Sklar:** So you could just go to my website [MarcSklar.com](http://MarcSklar.com) or on Instagram, [@the\\_fertility\\_expert](https://www.instagram.com/the_fertility_expert). I also have a YouTube channel where I usually put out a new video every week, and that's called [Dr. Marc Sklar - FertilityTV](https://www.youtube.com/channel/UC...) So any one of those areas is where you can find me.

**Alex Howard:** That's awesome. Dr. Marc Sklar, thank you so much in particular for handling such a delicate area so sensitively, I really appreciate it.

**Dr. Marc Sklar:** Thanks for having me.