



Episode 136 Transcript

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Dr. Lucky Sekhon

I think the number one cause of people dropping out of this journey prematurely, whether they're trying on their own or going through treatments, is the mental health burden and psychologically just being burnt out.

00:00:12:13 - 00:00:37:22

Dr. Jaclyn Smeaton

Welcome to the DUTCH Podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:38:00 - 00:01:00:01

Dr. Jaclyn Smeaton

The contents of this Podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hello and welcome to this week's episode of the DUTCH Podcast. This week we're talking about something that's near and dear to my heart fertility. You guys know I've done a lot of work in fertility and I love talking about this topic.

00:01:00:06 - 00:01:21:10

Dr. Jaclyn Smeaton

Our guest today is a reproductive endocrinologist who just put out a new book called The Lucky Egg, which launched today, and I really love her approach to fertility care. Now she does traditional IVF. A lot of what she talks about, and that's her whole world. And I think we can all learn more about. Yeah, but she also really recognizes that there's a huge mental health toll and that there's a huge need for better education around these topics.

00:01:21:10 - 00:01:39:04

Dr. Jaclyn Smeaton

So we get to dive into that quite a lot today, not just the nitty gritty of the science of fertility, but also some of the things that really matter in her patients world, how they

can make the right choices around what lifestyle changes they make, how they can manage their mental health, how they can bring their own research and education to their providers more effectively.

00:01:39:08 - 00:01:58:12

Dr. Jaclyn Smeaton

Really, we get to talk about a lot of these topics and even more. My guest today is Doctor Lucky Sekhon. She grew up in Toronto and then earned her undergraduate degree from McGill before she completed medical training at the Royal College of Surgeons in Ireland. She then went on to complete her residency and fellowship at the Icahn School of Medicine in Mount Sinai.

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Dr. Jaclyn Smeaton

Now she's a double board certified reproductive endocrinologist based in New York City, and she's helped thousands of individuals and couples navigate their fertility journeys by pairing advanced science with deeply compassionate care. She also shares her own fertility journey, which I'm sure really colored her experience and really helped her to see just how much support this patient population needs.

00:02:19:17 - 00:02:26:06

Dr. Jaclyn Smeaton

Let's go ahead and dive into the episode. Well, doctor Lucky, we're so grateful to have you here on the Podcast with us today. Thanks for joining me.

00:02:26:08 - 00:02:29:00

Dr. Lucky Sekhon

Thank you for having me. I'm thrilled to be here.

00:02:29:02 - 00:02:43:03

Dr. Jaclyn Smeaton

So before we dive into the meat of what we're going to talk about today, I'd love it if you can share a little bit about what led you into reproductive endocrinology and, more importantly, what experiences you had with patients that really inspired you to write this book.

00:02:43:05 - 00:03:18:21

Dr. Lucky Sekhon

For sure. I mean, I think I just very organically ended up where I am today. I grew up

with my sisters very close, and my mom, you know, our household is very much a matriarchal household. And women's health came up a lot. And I feel like I've always been passionate about it. And I've seen through people that I'm close with, whether it be friends or family members, the many different things that people can encounter, whether it be problems with their periods or, you know, knowing how prevalent infertility is, miscarriages.

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Dr. Lucky Sekhon

It just was a topic of conversation growing up. And I also felt, culturally like there was such a shift in, you know, that the opportunities and the things that were available to my grandmother versus my mother versus me in my generation. And I found this field to be so empowering, especially the idea that technologies like egg freezing exist.

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Dr. Lucky Sekhon

I feel like science and, you know, our options just have expanded to a degree that we're so lucky we're in the best generation to be a woman in all aspects, whether it be the freedom to pursue higher education and do all the things. But then with that comes, you know, some, challenges and something that I navigated in my own life.

00:04:04:09 - 00:04:25:07

Dr. Lucky Sekhon

And I helped a lot of my patients navigate, like balancing all of their goals, personal and professional and contending with the biological clock. So it was always kind of a topic that was top of mind. And I think, you know, I went into OB gyn training with an open mind thinking, okay, I know I'm interested in the world of fertility medicine, but I'm also open to all the other things.

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Dr. Lucky Sekhon

And there are so many interesting things within the field. But I kept gravitating back towards, and I think I was really impressed by how quick the field has moved and the amount of advancements in a short period of time. When you think about one of the treatment options, IVF only being around since the 70s and how the success has really improved and the way we've changed our protocols to be more patient friendly.

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Dr. Lucky Sekhon

The ability to do things in the lab that we weren't able to do even ten years ago. It's really inspiring. And what led me to write my book was, you know, I've been in practice now for many, many years, and I keep seeing the same themes, and I got tired of it. I actually was kind of waiting around for someone else to write the book because I found, you know, when people ask, how can I best educate myself?

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Dr. Lucky Sekhon

How can I prepare? Yeah, it led me to write my blog and put together a blog that I've had now for the past five years, and start making content on Instagram. It was because I was trying to fill a need, because I didn't see enough good resources, and I didn't see, a lot of doctor written resources.

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Dr. Lucky Sekhon

And so I started small. Right, right. You don't start day one thing. I'm going to write this gargantuan book. I started with content creation, and then I made my blog. And I feel like those things have transformed my practice. And I know that they've helped people beyond the four walls of my clinic because patients are now coming in feeling more informed, and they're like, I read about, you know, all of what you said about IVF, and I understand the process a little bit so we can start here instead of starting with the foundation.

00:06:00:15 - 00:06:23:22

Dr. Lucky Sekhon

And, you know, I think we can have more sophisticated conversations with patients. They feel less anxious because they're coming into it already informed. And I think being informed before you run into problems is always the best, because it's always harder to learn when you're anxious or afraid or feeling stressed about something. So I hope people pick up my book in their 20s and say, this is like health class 2.0.

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Dr. Lucky Sekhon

I need to learn how my body works and how to recognize the early signs or symptoms that there could be an issue because fertility is so time sensitive. So I really did it for my patients, selfishly, because I want to live in a world and work in a world where my patients come in and they're more informed and they feel more in control and calm.

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Dr. Lucky Sekhon

And, you know, that's something that I just want to see. And that's really the goal and driving force behind this book.

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Dr. Jaclyn Smeaton

I really love that you say that and that you start there because there are so much uncertainty. And I think a lot of health care providers, especially now in the age where I think, like with doctors, with doctoring our roles, really changes because you can find any information online, like you can find an entire med school education online.

00:07:10:06 - 00:07:26:20

Dr. Jaclyn Smeaton

The role of a doctor is not to be the source of education anymore. And I think that's really hard of a shift for a lot of physicians who wanted to kind of own that information system. Patients can find everything online, which you have to find your new value in that, which I think is more helping with navigating that.

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Dr. Jaclyn Smeaton

But I love that you bring up that you like your patients coming in more informed because it saves you time, or it allows you to have higher level conversations versus the baseline learning. That's showing me like that's a shift to where doctoring needs to go. Because you're right. It's and I think I love that you embrace that because I learn from my patients every day, particularly like I'm in.

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Dr. Jaclyn Smeaton

And I've done a lot of, work in the fertility space. But a lot of times I'd learn about, like, new interventions and new protocols and IVF because I see it on a patient's chart, and then I'd be like, oh, this is so interesting. I'm because I'm not going to, you know, all of the, the same, you know, reproductive endo conferences that the reproductive vendors are going to.

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Dr. Jaclyn Smeaton

So it is it's like learning to have your patient as a resource, as a partner. Tell me a little

bit more about like how you view that relationship with patients. If information isn't the primary reason they see you.

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Dr. Lucky Sekhon

I mean, it's it's a two way street. I agree with you. I learn from my patients. I also learn from people who aren't my patients, but they're my followers in terms of where is the need, right? If I'm starting to get DMs with the same question over and over, people will often send me, you know, a Washington Post article or something that is trending that points me to, okay, well, what does my next post need to be about?

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Dr. Lucky Sekhon

What should I be writing about? One of the reasons I decided that I needed to write it as a book, because that was a huge project to take on, and I didn't know if I had it in me, or if I was able to take away the time from my children. I have an eight year old and a five year old, but I eventually I did decide because I found the right team to do it with, and I.

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Dr. Lucky Sekhon

I did decide to do it because one thing that I grew frustrated with, I think social media and all of that is great. The education we can provide in all different forms is great, but it feels really fragmented. And that's what's hard, is that a lot of times people are coming in and they're seeing one snippet of information, and I really feel like the reason why we always say trust the experts, rely on the experts is because they have the full context of everything.

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Dr. Lucky Sekhon

And I don't think that people get that from the late night Google search or watching an Instagram post or a TikTok here or there. And I think our role as doctors is really to help people cull through the information and pare what, pare away the things that are not necessary and not serving them are not helpful, and help them decipher fact from fiction and try to give them the context.

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Dr. Lucky Sekhon

Right? Because a lot of times they're just getting these small snippets and it doesn't

give all the necessary context. So I invite these conversations and people come in asking me questions all the time, and they're great conversation starters. And it's a great learning tool to start from. But the years of experience, the years of clinically treating patients and actually helping people get pregnant, the years of doing clinical research and publishing papers and all of that scientific knowledge, we still need to use that to help our patients.

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Dr. Lucky Sekhon

But I think we're going to need to be more open and have a two way conversation and not dismissive and not shut down conversations and say, stop googling because we can't see things like that. We live in a world where we preach and we recommend self-advocacy, and part of self-advocacy is being informed. And I don't think there's anything wrong with that.

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Dr. Lucky Sekhon

As long as you have a source of reliable information from your doctor to help fact check and navigate, because it's a lot to wade through on your own.

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Dr. Jaclyn Smeaton

Yeah. Another thing that you mentioned just in kind of your why behind what you do is that there's been no better time to be a woman and, you know, in so many different ways. And I love that you bring that up. One thing that it gets me thinking about is I remember when I started working with fertility clients, one thing that was really remarkable to me was how much shame there was around a for infertility diagnosis.

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Dr. Jaclyn Smeaton

And I remember when I learned, like the rate of infertility being about one and eight at that time, which was the same as breast cancer. And if you thought about like the two worlds of acknowledgment, research, awareness and support for breast cancer, this is like, you know, in the early or early 2000s maybe compared to infertility. They were worlds apart at that time.

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Dr. Jaclyn Smeaton

And I think that now the fertility community has changed so much. But I know you talk

a lot about kind of the shame of the diagnosis and like the myths around that, that seems to have really changed for the positive. Can you speak a little bit to, you know, why you think that came up in the first place, and how that narratives kind of shifted since you've been in practice?

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Dr. Lucky Sekhon

Well, I'm so grateful to say that the narrative is shifting, but it's still something that I see. I think there is a lot of stigma and shame associated with going through infertility. People feel like it's a feeling on their part that they could have eaten better, they could have exercised more. They feel guilty about their weight or how much they drank in college.

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Dr. Lucky Sekhon

I mean, I've heard it all, and I'm here to tell you that it is not your fault. This is not a moral failing. This is not always something that you can diet and exercise and supplement your way out of. There are things that are always going to be beyond our control. And so much of infertility that I see is not within a person's control.

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Dr. Lucky Sekhon

A lot of it can stem from age related changes. Some of it can be genetics. You know, just the cards you were dealt with that you were born with. You know, especially when you think about conditions like polycystic ovarian syndrome, I see so much lean PCOS where people are coming in, often with an incorrect diagnosis, because they saw someone that thought that PCOS should look like the textbook picture of being overweight and having metabolic problems.

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Dr. Lucky Sekhon

And you know, when they get the proper diagnosis, they're dumbfounded because they're always like, But I'm not overweight, but I didn't do it. And it's something that I have to explain to them. This is something how you are genetically wired. Or maybe it was early environmental influences. There's still a lot we don't know about PCOS, but there's a lot of theories as to how it can arise.

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Dr. Lucky Sekhon

And that's one of many examples of conditions that are not brought on because you didn't have an anti-inflammatory diet or you did something wrong. It's just how your body's wired. It's wired in such a way that the ovaries have a tendency to not listen to the signals that your brain are sending to it, and it's not a feeling to rely on modern medicine and need help to ovulate and to help you track your cycle.

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Dr. Lucky Sekhon

I mean, it's a source of frustration for so many people because I think everyone wants to have more control and they want to be able to fix their body and fix the issue at hand. And I think it's hard. I think it's hard on someone's ego to say, hey, I need help. And I think a lot of the responsibility is shouldered emotionally by women because they view it as a woman's problem.

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Dr. Lucky Sekhon

Because I think the emphasis is on who carries, right, who carries the pregnancy. But in reality, 50% of infertility has a male factor component in it. And so we really should be doing workup for both partners concurrently. We should be focusing pre-conception on optimizing lifestyle, whether that be through diet, exercise. You know, controlling chronic medical conditions.

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Dr. Lucky Sekhon

That needs to be a focus for both partners. Not smoking, not drinking because we want to all put our best foot forward and bring our A-game to the table. But at the end of the day, there's always going to be an element of things we cannot control or rectify. And that's when it's important to know when to seek help, where to seek help, and to make sure that you're being really mindful about your timeline.

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Dr. Jaclyn Smeaton

Yeah, there's so much to unpack around what you just said. I mean, I think one of the things I think about from a root cause perspective, because I completely agree with you, I mean, my focus has always been the natural approach, the diet, lifestyle optimization. And there's some things that you have to acknowledge are outside the realm of what can be fixed by those things.

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Dr. Jaclyn Smeaton

Yes. Or people come in there like I eat so clean, I sleep eight hours, I blah blah blah blah blah blah blah and still and I'm like, you're right, you are doing all those things like I ordered. I don't think you're lying about that. I know you're really doing all that. And, one of the things that I think about from a root cause perspective that I want to bring up and get your perspective is we know that environmental pollutants and toxic, like toxins harm fertility when they have direct exposure.

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Dr. Jaclyn Smeaton

Look at the studies on BPA, for example, in male, there's so many more studies on males and females, but there's female data now too. But what I think about for females in particular, like we are generational, like I, I lived inside of my grandmother's body and my mother's body. Right. Because the eggs that you create, you know, they're my daughters were the my eggs were created in my mother's womb.

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Dr. Jaclyn Smeaton

Right. So we are the XY effect of exposures of our grandmothers and our mothers and ourselves. And I think sometimes about and I share that with patients a lot because I think about that how dirty our environment was predominantly in the industrial age, like 60s and 70s. And the EPA didn't come around, didn't know we were dumping so much in the water that I think about the impact that has on our generations.

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Dr. Jaclyn Smeaton

Fertility. Yeah. On top of wanting to conceive later in life and all of the other things that come from women being in the world in a different way. So, you know, I think that there's so much to it. And I like to reassure patients, I completely agree with you that sometimes things are out of your control, and it doesn't make sense that it's probably nothing that you've done because you have made all great choices.

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Dr. Jaclyn Smeaton

I'm really glad that you speak that message, and I'll just be like an echo of you, because I think it's critical that women hear that.

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Dr. Lucky Sekhon

Yeah, yeah. And I think there is this tendency to want to live your life in a bubble. And this idea of, I need to live in a bubble for three months before I even get pregnant, because I need to give my future child all of the tools to be the healthiest version of themselves. And I applaud that sentiment of wanting to do everything you can and to do a good job.

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Dr. Lucky Sekhon

But I think it's an unrealistic expectation and pressure placed on on people. And it doesn't work in the world that we live in today. I think it's all about making small easy to manage changes and really sticking to common sense. Like it's easy to say, let's not drink our water out of plastic bottles, let's use glass. Let's not use nonstick pans.

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Dr. Lucky Sekhon

Let's, you know, use ceramic and things that aren't going to leach chemicals into the things that we're putting in and on our body. One thing that I gave up that was super easy, and I actually realized that I felt better even beyond having children. I continued to give it up, which was fragrance. I had fragrance in so many of my cosmetics, and I was wearing perfume, you know, in my 20s and early 30s.

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Dr. Lucky Sekhon

And I gave it up because we know that phthalates, there's so many hidden chemicals and things like that. And that's like one of those extraneous things that you don't really need it. You can still have a good deodorant that works well without having it heavily scented. And that was an easy way for me to kind of reduce my chemical load or exposure.

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Dr. Lucky Sekhon

But I don't stress about every ingredient in my toothpaste. And I think this fallacy of clean beauty, it's actually like a marketing ploy a lot of times when it says it's a clean beauty product, it's not. It has other, you know, chemicals in it, and some of the chemicals aren't necessarily bad. Sometimes it's not good to have certain cosmetics without preservatives in them, because then they could be growing mold and fungus and all sorts of things that you also don't want in your body.

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Dr. Lucky Sekhon

So I think it's about being really practical and saying what are the small changes that I can make? What are the easy chemical exposures? I can get rid of that collectively over time are reducing my chemical load, so to speak. And I think that's really the way that one should think about this, because, you know, plastics are everywhere.

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Dr. Lucky Sekhon

Everything that we, we do is wrapped in plastic or there's plastic devices, but there are easy ways to say, I don't need to choose plastics in this instance, but you're not going to be able to avoid it completely. And even all of the data, or studies that are being done on microplastics, the number one limitation is that it's impossible to find control subjects that haven't been exposed.

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Dr. Lucky Sekhon

Right? So there are certain things that are just everywhere. And we have to do our best. But don't drive yourself nuts, because something that I see in a huge perspective in my book that I think is very unique and has never before been written about from the fertility doctor's perspective, is a major push to talk about mental health.

00:19:50:03 - 00:20:12:23

Dr. Lucky Sekhon

And I think the number one cause of people dropping out of this journey prematurely, whether they're trying on their own or going through treatments, is the mental health burden. And psychologically just being burnt out. And what contributes to that burnout? Feeling like you have the weight of the world on your shoulders, and that you have to control everything, that you have to live in a bubble, that isn't one of the number one causes.

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Dr. Lucky Sekhon

And, you know, overthinking. Don't burn yourself out on the things that you can't necessarily control. That is my number one advice to people because the journey is long. It's often a marathon, not a sprint, and you want to do whatever you can to really protect your mental health and avoid burnout.

00:20:30:04 - 00:21:01:12

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00:21:09:11 - 00:21:12:11

DUTCH

Welcome back to the DUTCH Podcast.

00:21:12:12 - 00:21:29:04

Dr. Jaclyn Smeaton

I want to circle back and get into that, but I want to first circle back on the kind of the lifestyle choice element of it, because I think I share a little bit of a different perspective that I do think that it can be really empowering and wonderful for people to be focused on healthy lifestyle while they're trying to conceive.

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Dr. Jaclyn Smeaton

I really resonate with a lot of the things you talk about around the focusing on the things that are going to have a great impact with minimal, effort, let's call it like I like I love the idea of the pans. That's a great example where it's like, if you buy a new pan, a stainless steel pan, or a green pan, if you want a coating, you buy it once.

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Dr. Jaclyn Smeaton

That's a one time effort, and then all you do is cook exactly the same way in perpetuity with a cleaner option. Right? That I love that that type of example is a great one. Or using a stainless steel bottle instead of plastic. It's a one time shift that you then kind of get exponential benefit from. I do think that there's, you know, there is I've seen in patients, a lot of my patients are doing this natural approach that it can be

very empowering to learn how to make better choices.

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Dr. Jaclyn Smeaton

I think the way you frame it is critical, though, because what you're talking about, that feeling of the weight on the shoulders, some people absolutely feel that. And then you have to weigh the benefit of better nutrition to the decline of their mental health because they're so stressed about it. I can completely resonate with that. And some people, I think it's really empowering.

00:22:36:21 - 00:22:56:11

Dr. Jaclyn Smeaton

And I always think about it like, well, you're going to have to do these changes when you're pregnant or whatever you're going to be doing with cutting back your schedule, sleeping more, eating better. All the stuff you're going to do in pregnancy started early. You know, that's one way to think about it, versus feeling like every single meticulous decision needs to be right, and every decision is make or break on whether you're going to get pregnant or not.

00:22:56:12 - 00:23:01:13

Dr. Jaclyn Smeaton

That's where it becomes really unhealthy. And some patients really struggle with that. You know.

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Dr. Lucky Sekhon

It's this idea of magical thinking that every action is going to have a consequence. And it's like keeping a scorecard. And they don't think that that's a healthy way to live. But I also would not say, oh, it doesn't matter. I do think it matters, but it's about keeping it in perspective and being realistic that while we can put our best foot forward in the background, there is still the wear and tear of aging and the biological clock.

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Dr. Lucky Sekhon

And something that I see, which I find very heartbreakingly, is sometimes I'll see patients in their mid to late 40s who are just now considering, you know, they're in a relationship, they're ready and they're like, okay, I'm going to get off the pill and start trying. What do I need to know? And I'm giving them a realistic overview of what they can expect, whether that be trying on their own and ovulating, or if they decide to be

really proactive and move on to treatment fairly quickly, which would be, you know, the advice in most cases is like, don't wait longer than three months of trying on your own at that point.

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Dr. Lucky Sekhon

I think that it's hard for people that feel like they've done everything right. They go to the gym five days a week, they eat clean, they have a high antioxidant diet. You know, they're doing all the things. And that can be very frustrating and disheartening for them to realize, you know, it's not the case that I'm 45, but have the body or the age, the biological age of a 28 year old.

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Dr. Lucky Sekhon

That's just not how lifestyle changes work. It's really important to realize there are things that we cannot shift, but I think the way that it does make a difference just to get scientific for a moment is that I think it's about creating a healthier environment at the level of the ovaries, where the eggs are getting pushed through different developmental stages of maturity.

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Dr. Lucky Sekhon

During those pushes, through those different stages. What's actually happening on the molecular level is that chromosomes are being reorganized and rearranged. And if you have a healthy environment that's optimized, then at least you know you're not adding to the errors that are cropping up over time just because of the wear and tear of aging. And if you have things like insulin resistance that go unchecked.

00:25:06:21 - 00:25:28:10

Dr. Lucky Sekhon

Or smoking cigarettes or vaping, like we know that that can translate into worsened egg quality. And the reason we think that this happens is that it's creating an environment that's more error prone as those changes are happening when the egg is ovulating, and then even when the egg is being fertilized by the sperm. Those are the two points at which genetic reorganization is occurring.

00:25:28:12 - 00:25:41:00

Dr. Lucky Sekhon

And those errors lead to an embryo forming that has missing or extra DNA. And that's

responsible for 90% of first trimester miscarriages. And it's a major driver of female infertility.

00:25:41:02 - 00:25:50:04

Dr. Jaclyn Smeaton

Well can you talk a little bit more about that. Like what are the most impactful things for people to do to make sure their ovarian health is optimized?

00:25:50:06 - 00:26:19:23

Dr. Lucky Sekhon

Well, let's talk about exercise. Right. When we think about exercise I think taking care of your cardiovascular health, we normally say at least 150 minutes of cardiovascular exercise per week. Anything better for heart health tends to be better for fertility.

Think blood flow. Right. We think about things that can optimize our fertility. We think about what's going to improve blood flow to the ovaries, what's going to reduce my oxidant load.

00:26:19:23 - 00:26:43:02

Dr. Lucky Sekhon

And so an antioxidant rich diet, building muscle, going back to exercise can make you more sensitive to the effects of insulin, which means your body produces less insulin, which is pro-inflammatory. And that can lead to better quality eggs being ovulated and turning into healthier embryos. It can also lead to the uterine lining being more receptive to an embryo implanting.

00:26:43:04 - 00:27:21:00

Dr. Lucky Sekhon

I've seen it in my practice patients who come to me for a second opinion, and I'm reviewing their old records from their prior cycle that didn't work. They have better stimulation outcomes with IVF when we're controlling insulin resistance, whether that be through dietary changes like pairing fiber and protein with healthy forms of carbohydrates. I'm not saying you have to go on the Atkins diet or be extreme in any way, but you want to stabilize your blood sugar, and pairing carbs with protein is one way, exercising with weight training so that you're building muscle because that makes you more sensitive to insulin, losing weight.

00:27:21:00 - 00:27:41:09

Dr. Lucky Sekhon

You know, if that's something that can optimize your health and it needs to be done,

that especially weight around the midsection and combating that stubborn weight can also make you more receptive to the effective insulin. And sometimes it's like a vicious cycle. These are not, like I said, feelings on the part of someone not putting in enough effort.

00:27:41:11 - 00:28:04:01

Dr. Lucky Sekhon

Often there is a vicious cycle where when you do have excess adipose tissue or fat, especially around the midsection, because that tends to correlate with insulin resistance, it can be harder to lose weight, and it can be harder to do all the things that are going to contribute to fixing the problem. I have a lot of patients now, relying on medications like metformin, which can make their body more sensitive to insulin.

00:28:04:03 - 00:28:06:19

Dr. Lucky Sekhon

But also a big hot topic is GLP one agonist.

00:28:06:19 - 00:28:12:06

Dr. Jaclyn Smeaton

Yeah, I was going to ask naturally leading into that. I mean, I'm sure that people are asking you about that all the time.

00:28:12:08 - 00:28:33:05

Dr. Lucky Sekhon

Yeah. And some of my patients really benefit from it. It's not something that everyone needs to do, but it is also kind of tricky because the advice is to not conceive while you're on one of these drugs, whereas with metformin we're a little bit more lenient about that. People take it in pregnancy even to control prediabetes and diabetes and sometimes insulin resistance even before it gets to that point.

00:28:33:07 - 00:28:57:09

Dr. Lucky Sekhon

But GLP one agonists, there's some animal data that suggests that, there could be problems with growth and miscarriage. And so we don't have the safety data to yet say it's safe to continue that, even after you conceive. So the guidance is to ideally be off of the GLP one agonist for at least two months. Pre-conception. So that's really tough for someone who's trying on their own because they could get pregnant at any time, right?

00:28:57:11 - 00:29:14:19

Dr. Lucky Sekhon

Or someone who's even using treatment options like II. But I have had patients that took a break and really focused on their their health and lifestyle. And as part of that said, I'm going to take like three months, get on a GLP one with with the guidance of a doctor, and then I'm going to come back to this.

00:29:14:19 - 00:29:33:10

Dr. Lucky Sekhon

But I think it's even easier with IVF because I'll have patients continue their weekly shot of GLP one agonist up until when we start the shots for the egg retrieval process, because we don't want them on it close to the time of anesthesia during egg retrieval, because it slows gut motility and there can be some anesthetic complications or risks.

00:29:33:16 - 00:29:52:18

Dr. Lucky Sekhon

But as long as you're off of it for a full week beforehand, that that's a good rule of thumb. But you often don't know exactly when the egg retrieval will fall, because it's tailored according to when your body's ready and what your response looks like. So I usually say, once you start the shots for IVF, for stimulation and egg retrieval, just don't take any further doses of your GLP one agonist.

00:29:52:19 - 00:30:11:15

Dr. Lucky Sekhon

It takes about two weeks to get to the retrieval, and then it takes about another two weeks to get your period after the retrieval is over. Stay off of it. If your plan is to go straight into an embryo, transfer from the point that you get your period, which is two weeks later, like one month after stopping the GLP one, it's going to take like 3 or 4 weeks to prep for the transfer.

00:30:11:18 - 00:30:34:07

Dr. Lucky Sekhon

So naturally, by the time you're getting pregnant, you've already been off of it for about two months. And so that's usually how I navigate timing. But I've had patients, you know, once the embryos are frozen, there's less of a time sensitivity. And if they want to take 3 to 6 months to really focus on their health and optimize before getting pregnant and focus on weight loss, and whether that be with medication or just lifestyle interventions.

00:30:34:09 - 00:30:52:15

Dr. Lucky Sekhon

It can help the embryo have a better chance of implanting and it can reduce the risk of a miscarriage. So it makes me feel better in that scenario, because at least I know I'm not losing 3 to 6 months of egg quantity and quality, which could go towards a better IVF outcome if we frontload, you know, the issue of getting the embryos.

00:30:52:15 - 00:30:55:20

Dr. Lucky Sekhon

So that's something that I navigate with a lot of patients strategically.

00:30:55:22 - 00:31:14:06

Dr. Jaclyn Smeaton

Yeah. So I'd love to hear more about you, the approach that you take, because I think it'd be helpful to maybe a 50,000ft view. Describe the IVF process for anyone who maybe isn't so familiar with it like you have. The focus is kind of on egg preparation, egg retrieval. And then you have, you know, either egg freezing or embryo freezing.

00:31:14:06 - 00:31:29:06

Dr. Jaclyn Smeaton

Right. And then there's a second piece of the transfer side, which is really about readying the body for pregnancy, making sure the uterus as well. But when I think about that, it points to a couple of key elements that have to be in place in order for women to conceive, which would be egg health, uterine health. Yeah.

00:31:29:06 - 00:31:40:12

Dr. Jaclyn Smeaton

If you're trying to conceive naturally, you have hormonal health, but maybe speak to whether that's even as important in an IVF cycle since you're it's a medicated cycle anyway. Can you speak to that on health?

00:31:40:14 - 00:32:01:00

Dr. Lucky Sekhon

Yeah, I think hormone health still matters. When you think about, thyroid, you want your thyroid to be in the optimal range. If you're someone that has low or high function, that's something that I'm often going to work alongside a medical under chronologies that focuses on thyroid health. And maybe you need to be on certain medications to get you in the optimal zone.

00:32:01:00 - 00:32:26:04

Dr. Lucky Sekhon

And why that's important is that the fetal thyroid does not really form and function fully until the 12th week of pregnancy, the end of the first trimester. And it's so important. Thyroid affects everything your metabolism. It's important for normal brain function and development. And so you want to make sure that there is an abundance of thyroid hormone, that you don't have a relative deficiency or shortage that could become worse in pregnancy.

00:32:26:06 - 00:32:47:16

Dr. Lucky Sekhon

So it's something we keep our eye on. And that's why OBS will typically check the TSH thyroid stimulating hormone level at least once every trimester, right. And maybe more frequently for people that have known issues. And we definitely will check it. Pre-conception. And it's something that I would optimize other hormones that I care about. Like I said, you know, indirect markers of insulin resistance.

00:32:47:16 - 00:33:12:20

Dr. Lucky Sekhon

So elevated androgens like high Testosterone or DHEA. Yes. This is often something I see in women with PCOS, and it's something that I work to correct. And I try to set them up for a healthier pregnancy because we know that those patients can be more prone to developing gestational diabetes later in pregnancy, and that can also set you up for certain health issues in your future children.

00:33:12:20 - 00:33:23:19

Dr. Lucky Sekhon

Right? So whatever we can do to optimize you before you get pregnant not only is going to help you get pregnant and stay pregnant, but it may also set you up for a healthier child later down the line.

00:33:23:21 - 00:33:49:22

Dr. Jaclyn Smeaton

Great. As far as Testing goes, when it comes to getting Tested, let's look at egg quality. For example, looking at women's ability to conceive. Can you talk about how Tests like AMH, you know, FSH dial and these other fertility markers, how do they fit into a bigger picture of reproductive health, and how do you help a woman understand what our numbers mean without fear or confusion or misunderstanding?

00:33:50:00 - 00:34:12:02

Dr. Lucky Sekhon

Yeah. I mean, I spent a lot of time talking about this. So AMH anti-malaria hormone is a hormone that's produced by follicles. Right. So follicles are these bubbles of fluid. That's what you see on ultrasound when you're getting a follicle counter an egg count. And these don't represent all the exit you have in your body. You're born with about 1 to 2 million eggs.

00:34:12:02 - 00:34:30:02

Dr. Lucky Sekhon

And by the time we get into menopause, average age of menopause is 5051. That's when we have less than a thousand eggs. So we know that there's tons of eggs. But at any given time point when someone has an ultrasound, we're only seeing a very limited subset at the surface of the ovary. And we see them in these dark circles that look black, because that's how fluid shows up on an ultrasound.

00:34:30:02 - 00:34:51:13

Dr. Lucky Sekhon

And they're called follicles. Are these fluid filled spaces that each contain one microscopic egg. There are little cells that line the periphery of those bubbles, and those are called granulosa cells. And they produce anti-malaria hormone or AMH. So naturally, the higher your AMH level, the AMH that makes its way into your bloodstream, that's measured on a blood draw, the more follicles.

00:34:51:13 - 00:35:06:18

Dr. Lucky Sekhon

We're also going to be seeing on ultrasound and the more follicles we see on ultrasound. That means there's more in your stockpile. So it is a marker of ovarian reserve. How many eggs you have left. We're born with a certain number. We don't make new eggs and we don't repair our eggs over time. And why does that matter?

00:35:06:18 - 00:35:27:09

Dr. Lucky Sekhon

It only matters if for any reason, you need an egg retrieval, whether you're doing it proactively to freeze eggs or embryos, or you're relying on IVF to help you get pregnant, then the first step is involving trying to, salvage and take advantage of the fact that we have access to all these other eggs, which, by the way, at the end of the cycle, they get thrown away.

00:35:27:10 - 00:35:52:10

Dr. Lucky Sekhon

They're always coming to the surface. And then normally your brain naturally is sending a signal to the ovary. And if you're over, you can listen to it. Sometimes that's a problem for women with PCOS, but if your ovary can receive that signal, it leads to one of those eggs maturing and then being ovulated. So AMH matters if you're intending to do an egg retrieval, whether it's to freeze eggs or embryos, or you need to go through IVF to help you build your family, it tells us how many we can access.

00:35:52:10 - 00:36:13:01

Dr. Lucky Sekhon

So how efficient and effective the treatment might be. But having said that, women with lower AMH is where we just get less eggs in each shot of IVF, they can still be successful, but sometimes it just means a higher likelihood or possible risk of needing multiple rounds to get the number of eggs that are required to get the number of embryos you need.

00:36:13:01 - 00:36:33:01

Dr. Lucky Sekhon

So that's why AMH matters. But I tell people all the time that, you know, they'll come in for reproductive checkups and maybe they have a low AMH. We don't know how many people outside on the sidewalk have a low AMH. I mean, we know what's kind of normal for each person's age group. But at the end of the day, every month you ovulate one egg and everyone's on a level playing field.

00:36:33:01 - 00:36:51:23

Dr. Lucky Sekhon

So how many eggs you have recruited that are going to get thrown out anyway doesn't really translate into telling you anything about your chance of getting pregnant on your own, or even with treatments like IUI. We published data from our clinic that showed that AMH does not predict success of IUI, and that makes sense because intrauterine insemination is unlike IVF.

00:36:51:23 - 00:37:23:10

Dr. Lucky Sekhon

You're not trying to get all the eggs to be ovulated. You're only working with one, maybe 2 or 3 eggs if you're taking medications. So I always try to balance, you know, being appropriately cautious and conservative when someone has a low AMH and maybe being more proactive about things just in case they need IVF, because that's

when it matters, with also trying to make sure that they don't feel like something's wrong with them, or they're definitely going to have fertility issues, because I've seen women with images of 0.05 who are still able to ovulate eggs and able to have a regular cycle, have no issues conceiving.

00:37:23:12 - 00:37:41:21

Dr. Jaclyn Smeaton

Yeah, it's a it's wild. Sometimes when you see the AMH so low and you get a woman who got successful pregnancy, it's awesome. Well, your new book, The Lucky Egg is being released today, so we're really excited to have you, to be able to talk about it a little bit. What do you hope readers feel differently or they understand differently about their own fertility journey?

00:37:41:21 - 00:37:43:16

Dr. Jaclyn Smeaton

After reading it.

00:37:43:18 - 00:38:01:13

Dr. Lucky Sekhon

I hope people feel common in control after they put the book down. I hope they feel like you know what? Actually, it's not as complicated as I thought it would be because I know myself, even as a medical student who was interested in this field, I remember looking online and seeing what people were talking about, and there were so many acronyms.

00:38:01:13 - 00:38:23:00

Dr. Lucky Sekhon

I hadn't gotten into the field yet. We're talking like decades ago, and I remember thinking, there must be like 50 different treatment options and approaches. And I think one thing that my book does really well is makes it less overwhelming. Because I think you come into this and I even have a glossary at the end to break down those acronyms, because I was going back in my mind to those early years where I was like, oh my God, there's so much to know.

00:38:23:00 - 00:38:45:06

Dr. Lucky Sekhon

This is like learning a new language. And if I felt like that as a medically trained student, how do patients feel, especially in the context of feeling overwhelmed, scared and anxious about why they haven't been able to get pregnant? So I'm hopeful

that this is a guide that people can read. Ideally, everyone should read this in their 20s and treat it like health class 2.0.

00:38:45:08 - 00:39:11:13

Dr. Lucky Sekhon

I hope that it is the great equalizer and gives people an evidence based guide to everything they need to know about their body, and it helps people figure out when there's problems earlier, earlier than they otherwise would have. When you think about things like endometriosis so prevalent, definitely 10% or more of women in our population have it, but so many people are waiting like 8 to 10 years to get diagnosed and they're feeling gaslit and dismissed.

00:39:11:13 - 00:39:19:07

Dr. Lucky Sekhon

And I think we need to give people the tools to advocate for themselves. And the first step to that is filling the knowledge gap.

00:39:19:09 - 00:39:41:13

Dr. Jaclyn Smeaton

I love that, and I love that suggestion. I would totally echo it. I think you're not too young to start to learn what options are out there and learn more about your own fertility. You also do a really beautiful job in your book, balancing evidence based Medicine and kind of the Science of fertility with more of that personal approach that really helps people kind of stay calm through that process.

00:39:41:15 - 00:39:50:22

Dr. Jaclyn Smeaton

What advice, if you were speaking to someone who was maybe a reader of your book right now, what advice would you give them for their journey?

00:39:51:00 - 00:40:18:14

Dr. Lucky Sekhon

I would say educate yourself as much as you can. Overestimate the toll that this could take on you from a mental health standpoint, because I'd rather you be overprepared and it ends up being a cakewalk versus the opposite situation. I think I see a lot of people and I'm talking about myself included as a fertility specialist who as a practicing fertility specialist who went through IVF for secondary infertility.

00:40:18:16 - 00:40:35:23

Dr. Lucky Sekhon

I actually proactively froze embryos with my husband because I've seen so much and I know so much, and I knew the age I would likely be when I was ready to start trying for baby number two. And when I went into that process of saying, okay, well, this is not even like I have infertility right now. Like I'm doing this proactively, so this will be fine.

00:40:36:01 - 00:40:54:18

Dr. Lucky Sekhon

I was blindsided that I had a cycle that was canceled because of lack of response. I was blindsided that I had a cycle where I only got two eggs, and then the call a few days later that none of them turned into embryos. Passed day three, and that affecting me like it did emotionally and hitting me like a ton of bricks.

00:40:54:18 - 00:41:34:22

Dr. Lucky Sekhon

Coming off of the hormones and getting this bad news gave me a new perspective that really was the push behind why I laced mental health discussions throughout the book, because something I've recognized from years of treating patients with so many different types of challenges is that the challenge of Do are diminished ovarian reserve and lack of response, or a canceled cycle is very unique and different to what someone experiences from a mental health standpoint when they're dealing with multiple miscarriages or being, you know, confronted with the idea that maybe the best path forward is going to be through surrogacy, because they have fibroids that can't be fixed surgically.

00:41:34:22 - 00:42:01:07

Dr. Lucky Sekhon

Or, you know, there are certain things that people come up against. And I think that the mental health approach needs to be very nuanced and very tailored towards the situation at hand. And a mental health toolkit at the end of the book, because I think that it's not even just about how do you support yourself and arm yourself with all of, all of the tools to be as resilient and stick with it until you get to your desired end outcome?

00:42:01:09 - 00:42:20:08

Dr. Lucky Sekhon

But how do you manage life? How do you maintain a good relationship with a partner? How do you keep the lines of communication open? How do you set

boundaries and make sure you're not isolating yourself and just avoiding everyone, but actually communicating openly and giving people the tools to help support you and be helpful and show up for you.

00:42:20:08 - 00:42:44:06

Dr. Lucky Sekhon

Because people often don't know what to say. And I think the onus of educating everyone on how to behave and how to best, you know, be a support system shouldn't fall on the person who's going through the infertility. And so I'm hopeful that this is not just a resource for the people in the thick of it, but for their support system and circle around them so that they can pick up the book and read it and learn a thing or two about what their friend or family member is going through.

00:42:44:08 - 00:42:53:02

Dr. Jaclyn Smeaton

I love that. Well, thank you so much for joining us today. It's been great to have you on. And if listeners want to learn more about you, what are their best places to find you?

00:42:53:04 - 00:43:15:15

Dr. Lucky Sekhon

Well, I have a website, The Lucky Egg dot com. I've had that now for over five years, where I put a lot of long form content in the form of, like, blog posts and articles. But I also have some really great tools. You know, we talked about AMH and there's like an image plotter that puts your image on a graph, and it's all data driven from, you know, a study that looked at 17,000 women from different ages.

00:43:15:20 - 00:43:39:13

Dr. Lucky Sekhon

And it allows you to kind of get more context that we were talking about earlier. There's an egg freezing calculator just trying to give people tools so that they understand, just trying to give people tools so that they understand, you know, where they stand and how to interpret their results. It's not to replace medical advice, but it's to really supplement everything that you're learning from your doctor in your clinic.

00:43:39:15 - 00:43:56:17

Dr. Lucky Sekhon

And then obviously my book is out now, and I hope that that is a valuable resource for all. And I'm on Instagram and TikTok. You can always find me online. I'll never stop



creating content. Because I think that that's a really great way to react to fertility in the headlines and new advancements as they come out.

00:43:56:17 - 00:44:10:05

Dr. Lucky Sekhon

But my hope for the future is that I'm tasked with updating my book because things keep improving and changing, and the technology keeps getting better and better. So hopefully there'll be the Lucky Egg addition to three and beyond.

00:44:10:07 - 00:44:31:05

Dr. Jaclyn Smeaton

I hope that for you and for patients as well. So thank you so much again for joining us, and to all of you for listening today. And be sure to follow us anywhere you listen. If you'd like to conversations like this and you want to hear more, you can follow us at DUTCH Test Online. And also, listen to us release a new pod every week, every Tuesday, and we'll see you next week.

00:44:31:07 - 00:44:44:00

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