Dr. Asima Ahmad (00:03)
Think about your fertility plan or your reproductive plan in advance. Again, there's no pressure here. It's just more about like, do I wanna have a family if I do? Like how many kids might I wanna have? And what do my timelines look like?

Priya Bathija (00:19)
So you want to have a baby. Or maybe you don't want to have kids at all. Or perhaps you're sitting firmly on the fence. This specific will we, or won't we, or should I, or shouldn't I conversation can be a really stressful topic for many women in America. And everyone seems to have an opinion on what you should do.

Your mom is pressuring you for grandkids. Your friends are encouraging you to freeze your eggs. Even the government seems to want to say in and how big your family will be.

In most schools, of course, you learn about the birds and the bees. So you know something about how it works.

But no one's really ever stopped to ask you if you have questions. And no one has asked you what you want or how you're feeling about one of the biggest decisions you'll ever make.

Hi, I'm Priya Bathija, and this is the Women's Health Playbook.

I've spent over two decades working to help make healthcare in America better for women. I've heard from women all over the country about what they're grappling with when it comes to their health.

One thing I've heard consistently: women don't have enough information about fertility, pregnancy, or how to navigate the really hard conversations and life changes that come with both. We're going to change that with this play.

In our last season, or what we call a play, we walked through every step of a doctor's appointment. And now we're embarking on a similar step-by-step guide to pregnancy. We'll cut through the highlight reel to give you an unfiltered playbook covering everything from the decision to have children to delivery and beyond. We'll share the secret realities that no one has prepared you for and give you the strategies and tools you need to navigate this phase of life.

Our experts won't provide you with direct patient care and medical advice, but they'll arm you with the resources you need and the questions you can ask your healthcare providers so you have what you need when you need it.

And now, before we jump into pregnancy, we're going to spend some time talking about the big decision. Should I have kids or not?

Whether you decide to have children, preserve the option for the future, or commit to a child-free life, we're going to break down the social pressure, biological deadlines, healthcare costs, and the conversations you should be having with your doctor sooner rather than later. Our coach for today is Dr. Asima Ahmad.

Dr. Asima Ahmad (03:09)
I am a triple board-certified physician. I've done my training in obstetrics and gynecology, reproductive endocrinology and infertility, as well as obesity medicine.

Priya Bathija (03:20)
Dr. Ahmad's training in obesity might sound unrelated to what we're talking about today, but she says it's actually a really important piece of the puzzle when it comes to reproductive hormonal health.

Dr. Asima Ahmad (03:32)
I've spent I would say most of my career in women's health, whether that's doing research, working with different organizations on a global level, or seeing patients one on one and helping them build their families.

Priya Bathija (03:48)
She's also the chief medical officer of Carrot Fertility, a leading global fertility and family building platform. And this question of whether to grow your family and how is something she's really passionate about.

Dr. Asima Ahmad (04:01)
Not everyone knows when or even if they want to grow their family. But I think the biggest message that I've been trying to get out across is in the last few years, especially, is that when we think of our fertility, our hormonal health, our reproductive health, the way that I envision is that it's one continuous story and not these different siloed, fragmented portions of our health care. And all of that is tied into our overall health.

Priya Bathija (04:29)
Dr. Ahmad says when you're trying to make these decisions, you really can't pull apart all of these pieces. They are one holistic picture.

Dr. Asima Ahmad (04:39)
When people are thinking about building a family or not building a family, it's something that they should start thinking about years in advance, not the moment they're ready. Because for everybody, that moment comes at a different point in time. And then depending on where they're at with their personal health or with, you know, depending what age they're at, what other lifestyle or, you know, social factors may be playing a role their recommendations may be completely different when they have that conversation if that conversation's happening at 20, 35, 45.

So it doesn't mean that it's set in stone. It doesn't mean that you need to know every single thing about how you want to build your family and if you want to build it, but start thinking about it and maybe even start looking into it a little bit more in advance. So you know what your options may be at that point in time or if you end up delaying it further.

Priya Bathija (05:31)
In this conversation, Dr. Ahmad pulls on all the different threads you need to consider when making your decision. Like when to start talking about it and how your biological clock plays into it. She breaks down fertility preservation options and exactly how much each of your options is going to cost you. And she details the tests she thinks every woman thinking about getting pregnant should request right away.

So let's get into it.

It's so nice to see you. Thank you for doing this.

Dr. Asima Ahmad (06:07)
Thank you for having me. It's lovely to be able to be on again and and have another conversation.

Priya Bathija (06:13)
So let's walk through a couple of different scenarios. So if you had a patient who was on the fence or actively considering a child-free path, how would you counsel that patient?

Dr. Asima Ahmad (06:27)
Look, I feel a lot of us are in that place. Like the thought, like sometimes we're like, Yes, I would love to have a family. Like you're with these children and you're like, wow, this is amazing. I definitely want to have kids. And then sometimes you're like, I love my life. I don't know. I don't know if I want to have them. And I think that's okay. You don't need to have a plan. And even the plan that I had set for myself in my early twenties, it definitely didn't turn out exactly the way that I envisioned it. But it all you know, it all kind of turns out the way that it's meant to be.

But I do think it's important to just start thinking about it. You may not want to have children. You might change your mind later. Or it could be the opposite. You may want to have children. You might decide you don't want to have them later. But at least know where you're at, know a little bit about what your options are and kind of get a sense of what things are out there because that'll also help you realize if you do feel comfortable pursuing certain types of treatments, because they're not all met for everyone.

Priya Bathija (07:21)
What factors in general, both society and clinical, do you recommend that individuals and families consider when they're making this decision?

Dr. Asima Ahmad (07:30)

Well, when I think about family building and fertility, I always think about how everyone comes from a different background. Now, whether that's their religion, their cultural, their personal beliefs, where they live in the world and what types of treatments may be accessible, not accessible, and how they may play a role in their options, meaning like so, you know, some places you might not be able to work with a gestational carrier. Sometimes you might not be able to use an egg donor, sperm donor, or maybe even grow your family if you're a single intending parent based on where you're living.

So society definitely where you're where you're living and and you know, just laws, regulations, government, all those things play a role. And then the other thing is also just like coverage, right? I think there's a lot of people that actually do think about fertility preservation or do think about doing something in advance to try to increase the options that they might have at a later point in time, but they may not have the funds.

And so it's about knowing where your options are there. Like for example, we're sitting in the United States while we're taping this today. And depending on what state you're sitting in, there are different mandates in place when it comes to fertility coverage and even fertility preservation. Like there are some states that if you have a medical condition that you might have to do treatment for that may affect your fertility, that fertility preservation prior to starting that treatment might be covered.

And so I think it is important to know, you know, like I said, like what your options are overall, what your timelines are, but then also how where you live and then, you know, just like your lifestyle and all those things like smoking, not smoking, all those can play a role in what you may be able to pursue when it comes to different types of treatments when that time happens.

Priya Bathija (09:17)
There's also the clinical piece of it. So as individuals and families begin to prepare, what are some questions that, for example, a woman should be asking her OBGYN, or that either a woman or man could be asking their PCP in their wellness exams? And what diagnostic tests can they actually use that will be informative in long-term planning? How do you counsel families about that?

Dr. Asima Ahmad (09:45)
Well, in general, I just say it's never too early to have that conversation or learn about fertility. I actually think that even when you're learning about contraception and preventing pregnancy in junior high, like what are condoms? You know, what's birth control? You should also be learning, hey, age will affect your ability to get pregnant. There are going to be some people who might have difficulty getting pregnant, then also maybe even talk a little bit about perimenopause and menopause and all those things because I think a lot of women in our generation, right? And even generations before were blindsided with some of the impacts of age and what perimenopause and all those things actually feel like and how they may present and what our options may be. So I think just like when it comes to just overall fertility hormonal health, that conversation should be happening very early on.

In the clinical setting, when you're seeing your physician starting someplace is important. If you're a male, for example, you can say, is it okay if I get a semen analysis? I just want to know what my parameters look like right now. And again, lifestyle plays a huge role. If he's taking testosterone, the sperm counts are probably going to be very low, if any sperm at all. Or if he has other chronic medical conditions, like if he has obesity or very poorly controlled diabetes, those types of things might also affect what he sees on that semen analysis. And so, in a way, like, yes, it's telling him about his fertility, but we also say, like, a semen analysis, for example, is a biomarker of your health. It can sometimes tell people who aren't seeing a primary care doctor, and that's the first test that they do, that there's something else going on that they need to get evaluated to figure out why the semen parameters are looking abnormal.

On the female side, one of the easiest things to do, because it has nothing to do with the timing of your period, you can do it at any single time of your cycle and still get a pretty reliable result is your anti-mullerian hormonal blood test or AMH. And that gives you a sense of what your ovarian reserve is, meaning like your egg supply or quantity. Again, there are different things that will affect what that result looks like. For example, if women have been on continuous hormonal contraception for an extended period of time, it may suppress that number that comes back. So it may actually look like your AMH or egg quantity is lower than what it is.

So again, like it, it is important that the person who's ordering it understands a little bit of these nuances when it comes to the test. Now there's other things that they can look into, like maybe asking for pelvic imaging, like a transvaginal ultrasound to see if there's any fibroids that they have in their uterus. I also think for women, it's important to understand: do you have endometriosis? Are your cycles irregular or regular? Because those types of things may impact your ability to get pregnant. And also there are certain things, for example, if you've had surgery inside the uterus, and you suddenly notice that your cycles, which were completely normal, five days long every month, are very like they're just spotting and you're having extreme pain. Like you may have scarring of the uterus, right? So there's definitely more that you can do there from an imaging standpoint.

But I think at the very least, just to start off, it's good to talk to your doctor about your past medical history, including even things like sexually transmitted infections and then get an AMH and that'll give you a quantitative number. Now, the one thing that I do want to make very clear is these tests will not guarantee fertility for anybody because there are other unknown factors or things that you might not be able to test for that could play a role in your fertility later. For the female that AMH is going to give them that quantitative number. It's going to tell them what their egg supply is, but it's not going to diagnose them with being completely fertile, no issues whatsoever, or having infertility later.

There are people who have low AMHs for their age and have no difficulty getting pregnant. And there are people who have higher AMHs that might have difficulty getting pregnant. But at least that's a place to start so that if there is something that looks a little bit odd or, you know,

suspicious, that they can start talking, you know, having that conversation. And and I will say that I have a pretty good number of women who did end up doing

some fertility testing, like getting their AMH tested. And they found that it was quite low for their age. And so they came to me, we did additional testing to figure out why that may be the case and talk to them a little bit about the timing of things and their options moving forward. So sometimes it actually empowers you to be able to engage on a fertility journey sooner than you had initially anticipated.

Again, open up options down the road of what things that you can do to grow your family. Whereas if it was something that you hadn't acted on or knew about at that point in time, you may have very limited options five, ten years down the road.

Priya Bathija (14:14)
Yeah, and I love that because knowledge really is power, especially when it comes to our health and long term planning. And Asuma, is there a true biological clock? We talk about that a lot. But if someone's on the fence, like, is there a time frame that they need to align with to have the option in the future?

Dr. Asima Ahmad (14:38)
Yeah, there is a biological clock. I know that term has been used for a while. I don't know how I feel about it, but age, especially for the female, affects both the male and female, but especially for the female, does play a very important role. And that's because the eggs or oocytes we call them that they will be using to get pregnant in the future, if they do choose to use their own eggs, they have a finite number.

They actually have the most eggs halfway through their mom's pregnancy at about 20 weeks gestation, they have about six to seven million eggs. You start losing them even before birth. So by the time you're born, you probably have like one to two million. By the time you have your first period, about five hundred thousand. And by the time you get to menopause, a couple hundred. And so there's already a quantitative decline happening even before birth, and that continues on. And so there's that point.

The other thing is that there's that qualitative change that happens. So your eggs, and this is like going back to like high school science, like there's mitosis and there's meiosis. Your cells, when it comes to eggs and sperm, have to go through meiosis and as you get older, as it's going through those cell division processes, those cells, those eggs are more susceptible to genetic errors.

And so as you get older, you will have a higher percentage of eggs that are genetically abnormal. And so what that does is as you get older, you have a lower chance of pregnancy per cycle and a higher risk of miscarriage per cycle. So yes, that's something that we haven't quite figured out. Now, yeah, there's a lot of stuff going on in the longevity space. And look, I'm

hopeful that maybe we can do something maybe to slow things down a little bit. But until something like that becomes standard of care, in general, age is going to play a very large role.

And also one thing that I want to highlight is that your ovaries age differently than your uterus. So you will run out of eggs for most people. Again, there's always exceptions to everything, but for most people, they will stop ovulating. They will be unable to release those eggs and use them for pregnancy for that cycle before they will be unable to use your uterus to get pregnant.

So you could have a postmenopausal woman using eggs that she froze before or even donor eggs get pregnant because that uterus will still be able to carry a pregnancy. Now, age though, there's actually more recent data that says like because we used to like, yeah, like it's totally fine, like your uterus is like it's not going to make that much of a difference. There is some newer data that says, yes, as you get older, your chance of that embryo implanting and resulting in an ongoing pregnancy and live birth does decrease a little bit as you get older.

The other thing is like as we get older, we also have more health conditions and chronic conditions that develop. So you may end up having a higher risk pregnancy if not you have diabetes or heart disease and you know elevated blood pressure and stuff like that. But ovaries and uterus age differently. So if you were to have, you know, frozen your eggs like a decade ago and then you decide to get pregnant and you are no longer ovulating, you could use your eggs or donor eggs to get pregnant and carry that pregnancy.

Priya Bathija (17:52)
So Asima, the other scenario. So if you choose to wait, can you tell us a little bit about what fertility preservation is and what options are available to families?

Dr. Asima Ahmad (18:05)
So fertility preservation usually means that you're either freezing eggs or even ovarian tissue or sperm or embryos and then choosing to transfer them back to the uterus at a different point in time, like for the eggs after they've been fertilized and turned into embryos, or every one of those options, it depends a little bit on where that person's at, right?

So let's say it’s a teenage male who is now going to do some sort of chemotherapy or surgery that's going to result in him not being able to produce sperm in the future, he should be counseled on freezing sperm at that point in time. And it's actually interesting because like in the last few months, I've actually had a few male patients who didn't have that counseling take place and didn't have that option and and now are, you know, working through growing their family in other ways or seeing what options are available.

Now, on the female side, for example, if it's a single female, she may choose to freeze eggs. I've also had some single females use donor sperm and freeze embryos, but typically if it's a couple, most of the time I'll see that you know, in that instance, they may choose to freeze embryos. I've also had some couples where the male partner will freeze some sperm, the female partner will freeze some eggs, and they'll also freeze embryos. And I think that's actually

a great way because like look, you love each other, you are in that relationship, you are committed, but life happens.

And so at least like moving forward, they know that he has his sperm if he wants to grow his family, maybe with someone else or on his own in the future. And same for that female partner. With it when it comes to ovarian tissue cryo preservation or freezing ovarian tissue, I would say like for most adult females, they'll end up choosing to freeze eggs. The ovarian tissue for the most part right now is maybe for younger patients. For example, maybe like a pediatric, like very like maybe like a ten year old, twelve year old female hasn't started menstruating in that situation.

Priya Bathija (19:58)
Yeah. And you mentioned this and it came up in one of our episodes in the first season about those times in life where individuals don't have a choice and they need to consider fertility preservation as a result of another medical treatment or condition. Can you give us some examples of when that would happen and what advice you have for families in that situation, even just being prepared because their doctor may not mention it to them.

Dr. Asima Ahmad (20:26)
Yeah. I think when it comes to being newly diagnosed with a medical condition, it's always important to think about things like, well, I have one body and everything kind of interacts with each other in some way, shape, or form. So for example, like I have patients that come to clinic for fertility preservation because they have diagnoses of breast cancer. And not thinking about breast cancer affecting your ovaries, but the chemotherapy that they're going to do will affect their ovaries.

And for some people, can deplete their ovarian reserve account pretty significantly. And so that might be a patient that I see for fertility preservation. Again, like I've had male patients who have different types of cancers not affecting the testicles, but they had to do chemotherapy or a treatment that did end up resulting in them no longer being able to produce sperm and again, in some instances those conversations took place and sometimes they didn't.

So I think whether it's a cancer diagnosis or you're you're having a surgery that may affect your pelvic organs or you've had a even infection of the, you know, that could have, you know, like I one of the things that I ask my patients is like when they say they had an appendectomy, I'm like, so you had your appendix removed. Did it rupture? Because like let's say it ruptured, that means the infection may have spread before they were able to remove the appendix, and that could have affected their pelvic organs, including their fallopian tubes.

Another thing is like, let's say you have a family history or personal history of autoimmune conditions, right? We're learning so much more about autoimmune conditions, you know, just like in medicine overall. And there is data to show that people who have an autoimmune condition can be at an increased risk for accelerated ovarian aging.

It's not one-to-one. It doesn't mean everyone who has an ottoman condition is going to have accelerated ovarian aging, but it is a known risk factor, especially in developed nations. It's a little bit more common. So it's when you do get diagnosed with a new medical condition, chronic or or something even acute, it is important to just ask that question like, is this something that could affect my ability to use my eggs or my uterus to carry a pregnancy or for the male you know, male patient. Like, could this affect my ability to grow my family using my own sperm?

Priya Bathija (22:35)
Yeah. And you mentioned this early on in our conversation, but you talked about the costs and coverage. What are some of the financial costs associated with fertility preservation? And can you cover some of the known ones and maybe also some of the hidden costs that may sneak up on people as they go through this process?

Dr. Asima Ahmad (22:54)
Yeah. So lucky for me, I'm in a state that does have really good coverage for people who have a reason for fertility preservation for medical reasons. Like they call it iatrogenic. Like for a medical reason you might develop infertility. And so or for like from a medical treatment. And so

In the state of Illinois, for example, if you do develop breast cancer and you need to freeze your eggs, that's something that generally will be covered in some way, shape, or form. The nice thing, there are organizations out there, like for example, I'm on the board of the Chick Mission. They work with a lot of patients who don't have coverage so that they can get some financial coverage to be able to freeze their eggs if they have a medical diagnosis and they need to do it quickly.

If you are paying out of pocket, and there are a good number of people who might be. If you were freezing your sperm, luckily it's not as expensive. It'll be a couple thousand dollars. There will be an annual storage fee depending on the facility. That could be around $500 to $1,000 a year. Again, there's going to be some, there's more of a range there than I'm stating and simplifying it.

If you are, for example, thinking about freezing your eggs, not embryos, but eggs, that will be more than freezing sperm. That will be more. If you think about the clinic costs, like eight to twelve thousand dollars there. And again, like depending on the city you're in, this will also be very different. New York, for example, you know, LA, those might be a little bit more than if you live somewhere in Iowa. The medication costs themselves can also be a significant cost when it comes to the treatment. So that could be like three to six thousand dollars, depending on the protocol that you're on.

Now there may be some people who can then for their medication costs use some of the funds from their FSA, for example. Then again, there's that annual storage fee for like five hundred to a thousand dollars per year. If you were doing IVF and embryo freezing, IVF is going to be more expensive because it takes everything like one step further. Instead of just freezing your eggs, you're not going to fertilize them, develop them probably into a blastocy stage embryo and then

freeze. So it adds on additional embryology costs. I would say mentally be prepared for twenty to thirty thousand dollars for that. Again, that's including the cost of medication for some clinics and also taking into account that maybe some people may want to do genetic testing of the embryos depending on their age. And again, there will be that annual storage fee about five hundred to a thousand dollars.

Priya Bathija (25:18)
So it can be a lot and it can add up.

Dr. Asima Ahmad (25:21)
Yeah, it can be a lot. And that's one of the reasons why I did my other work in, you know, the benefit space. I felt that there are a lot of people that may need to embark on a fertility preservation journey or even do IVF or other types of fertility treatments. And the amount of funds you have in your bank account have nothing to do with how you will, you know, be as a parent. So why is that a barrier, right? Everyone should have the right to build their families in the way that they see best fit. And your bank account shouldn't dictate that. And so I've done a lot of work in that space to improve access to care for people, and we've been doing it on a global level. So that's been really, really important to me.

Priya Bathija (26:00)
Yeah, and you mentioned HSAs and FSAs, but are you seeing more employers and health plans cover some of these services, even in the situation where it's not medically needed?

Dr. Asima Ahmad (26:12)
Yes, over time we have been seeing that coverage is increasing and improving. But that being said, there's still a lot of work to be done. I think it really is really important, for example, if you're considering a job to ask to really do a deep dive in the type of benefits that you're receiving and understand if you do have fertility benefits, does it mean you have to have a diagnosis of infertility?

Do you have an annual maximum that you're able to use, a lifetime maximum? Can you use that treatment for fertility preservation if it's elective, meaning that you don't have a medical condition that is making you do fertility preservation because you might not be able to grow your family later using your eggs or sperm or uterus? And so that's one thing.

And if you are already with an employer and they don't have something in place. This is like that old phrase, the squeaky wheel gets the oil. It's very true. Like you could be the voice that changes the coverage for that entire company. And it's funny because I've gone back and spoken to different employees at different companies, and it was literally just one person going to the office and saying, I'm having to do this treatment, I'm having to pay out of pocket. This is the struggle. It's real. We need help.

And from that, like they they ended up getting a benefit. and it had to do in some cases it had to do with the fertility part and sometimes it had to do with perimenopause, menopause, right? So I

think looking into what your options are as you're looking for a job. And then even if you are at a job that you love and you want to stay, like talking to your HR team, whether that's you as a single individual or even through an ERG, can make a big difference.

Priya Bathija (28:01)
That's really cool to hear that one person can change a policy for a whole organization and really kind of a whole generation of children into the future, which is nice to see that you're seeing that happen.

Dr. Asima Ahmad (28:15)
I've even seen some instances where I'll have patients in the clinic and then they will start working for a different company. They'll do the consultation, they're like, I don't have coverage, and then I'll see them like six months or 18 months later and they come back, they're like, I changed my job so that I could have coverage to do this treatment because it was very, very important for me.

So as employers who might be listening, you know, it's really important to take that into consideration when you're thinking about the package that you're offering to your employees because there are some that if they're not getting it with you, they may choose to go elsewhere.

Priya Bathija (28:48)
Yeah, really good point. So having a baby, regardless of how you get there, is really expensive, right? It comes with a lot of obvious and hidden costs. Can you talk about what some of those costs are and how you counsel families around what to expect once the baby is there?

Dr. Asima Ahmad (29:12)
I'm laughing while you're saying this because yeah, I had you know, when I had my first child, I was a resident and I had no idea what to expect. I mean, I'm one of five. My mom made it look easy. And so when I had my daughter, I didn't realize and you're mentioning cost, but I'm going to add on to this part like just how much time and effort it takes to raise a child, especially if that child does not let you sleep through the night for months on end.

And what that does to your productivity and your ability to function. So that's why sometimes, like, when you're thinking about growing your family, maybe plan ahead. Like this is what I tell people: plan ahead, think about the support that you need and that you have and that you may need to put in place, whether that's like working with like a doula or you know, like hiring someone, you know, whether it's like a nanny or maybe having your parents in town, whatever that is. Like, plan for that in advance because it will take time out of your day. It will affect your productivity, and then you're going to have to learn to be a new version of yourself and like when it comes to time management and just like getting your sleep done. But yes, no cost is a very, very big thing.

And like this is why like when you're like there's a lot of conversations out there about infertility, the rates of that and fertility rates of the population. And as you can see globally in many, many

nations, right? Like I even saw something about India recently, like the rates have been dropping. And and that's because one, costs of raising a child or even having a family in a household.

I mean, that has increased significantly. And also like there's that impact of age that we touched on earlier. Like in some of these countries, what we're seeing is like how females get education, right? And as they delay childbearing, then that may be also affecting their ability to grow their family because like it's just harder or like their timelines and goals have changed a little bit. And maybe they don't want to have five children and they just want two.

So I think cost has been a big part of that. And I can't predict what the future is going to be like 10, 30, 50 years from now. But what I could say is that yes, like the cost of raising a family when I was growing up is very different than it is now and that should be taken into account. But again, like when you think about planning ahead, if you have that opportunity, it can still be something that you can do. But it's something that you should be aware of.

Priya Bathija (31:37)
Yeah. So is there anything else that you'd like to add tips, strategies for women and their families as they are navigating the family building process?

Dr. Asima Ahmad (31:50)
One is just thinking about your fertility plan or your reproductive plan in advance. Again, there's no pressure here. It's just more about like, do I wanna have a family if I do? Like how many kids might I wanna have? And what do my timelines look like? Because again, if it means that you're going to delay it by 10, 15 years, at least knowing where you're at now can help you plan ahead so that if there is a condition or reason that you might not be able to have your family and grow them with your own eggs or carry the carry the pregnancy in 10 to 15 years, you know that now and you can plan for that.

And know about your body. Like really like think again like your period, your semen analysis, whatever it's like those are biomarkers of your health. So when your cycles are irregular, it's telling you something is going on and it's good to get the work up. Know if you have endometriosis, if you have fibroids, if you have PMOS, because those things may affect your ability to grow your family. And for example, for PMOS, it may affect your overall health. And your risk of developing other conditions like endometrial cancer, metabolic syndrome, diabetes, cardiovascular disease.

And then look into it. I mean, like I said, it's never too early to learn about your fertility. It doesn't mean that you have to start off by doing a full evaluation, but at least know what your options are. And if it means that you're like, I want to do the least amount possible, start with an AMH or even a transvaginal ultrasound to see if you have fibroids or what your ovarian reserve is.

And again, just hitting on that point again, your AMH is a marker of your egg quantity. It does not tell you about quality. It does not diagnose you with infertility or say that you will not have any difficulty getting pregnant.

Priya Bathija (33:26)
Well, Dr. Ahmad, thank you so much for being with us. I learned so much in this conversation, and I really appreciate how you simplified these very complex processes from a clinical perspective. But I just loved all the reality you brought to this process and where people may be both physically and mentally as they're taking on family building. So thank you for being with us.

Dr. Asima Ahmad (33:52)
No, and and thank you so much for having this conversation because it's just really important for people to be educated about what their options are and the realities of what those experiences may be like.

Priya Bathija (34:05)
Thank you for listening to The Women's Health Playbook. While our experts can't provide you with direct patient care and medical advice, we hope that you have been armed with the resources you need and the questions you can ask your healthcare providers. We ask that you review these recommendations and reach out to your care team to discuss which approach is right for you.

If you want to dive deeper into the tactics and resources we discussed today, you can find those in the show notes for this episode.

The Women's Health Playbook is a media company focused on ensuring you have the resources, tools, and skills you need to navigate healthcare.

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Our producer is Avery Moore Kloss. You can find her at averymorekloss.com.

I'm Priya Bathija. Catch the next episode of The Women's Health Playbook right now in your favorite podcasting app.

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