# Episode 5 – Vaccines & Fertility

## With Dr. Veronica Gillispie-Bell

Diane (00:00):

You hear about vaccines every day, but do you really know the facts? On Vax Matters we explore the truth behind vaccines. I'm your host Diane Deaton and our new episode begins now.

Diane (00:21):

Welcome to Vax Matters. My name is Diane Deaton. Over the years we've all heard and digested a lot of information about vaccines and immunization, whether it's from the media or from posts on Facebook or Twitter. The big question is how do we know what's fact and what's not? Well, the purpose of this podcast is to provide the real truths behind vaccines, as well as unpack the information behind common misconceptions.

Diane (00:52):

In today's episode, we're going to take a closer look at vaccines and fertility. Joining me today, Dr. Veronica Gillispie-Bell, a board-certified obstetrician and gynecologist, head of Women's Services at Ochsner Medical Center in Kenner and associate professor for Ochsner Health in New Orleans. Over her career, Dr. Gillispie-Bell has served in leadership positions both in New Orleans and nationally. Dr. Gillispie-Bell has also been quoted in several local and national publications and is regularly featured on local television media. We are so excited and honored to having her join us today on Vax Matters.

Diane (01:34):

Welcome, Doctor.

Dr. Gillispie-Bell (01:36):

Thank you so much. Thank you for that introduction.

Diane (01:39):

It's our pleasure. You know let's go ahead and get started because we do have a lot of questions, uh, for you today and I know that you have a lot of information to communicate to everyone. So basically, where did this fear about vaccine causing infertility, where did that originate from?

Dr. Gillispie-Bell (01:58):

You know, that's a great question, um, and I don't know that we know the answer. You know, as you mentioned in your introduction, uh, our patients get information from many sources, (laughs) some of those sources are not always great sources, especially when it comes to social medial. Uh, and we really saw that take place during COVID-19 and, uh, the, the, um, vaccine and a lot of myths that came about, uh, uh, as far as the vaccine impacted fertility from COVID-19 vaccine and so, and we saw a- again how social media really played a part in spreading those myths.

Diane (02:34):

And that's the bottom line. We've been talking about, you know, through our series here that we're doing, our podcast, we're trying to have people understand what is true, what is not. You can't get your medical information from your neighbor down the street or somebody that you see at the

grocery store. You really have to have that one-on-one conversation and basically it's a relationship with your OB-GYN, your pediatrician, your family doctor, that is critical in this.

Dr. Gillispie-Bell (03:04):

That is so true and it really, it reminds me of a, a gift that I received from one of my patients and it's one of my favorite gifts (laughs) and it's a coffee mug and it says, "Please do not confuse your Google search with my medical degree." (laughing) and she gave that to me because she constantly came in and said, "I know I'm not supposed to look at Google, but I did and Dr. Gillispie, I want to ask you," but it really speaks to the fact of just what you said, it's really about that relationship between the patient and the provider and because we had that level of trust, she was able to say, "I read this somewhere and I don't know if this is actually correct, so I'm gonna ask you." Uh, and so that provider re- patient relationship is, is key.

Diane (03:47):

And I know so many times you go to your doctor and with me e- especially, I make a list, so I don't forget anything that I wanna ask. And I feel so much better when I'll say, "Oh, Dr. So-and-so, please forgive me, I know this is a stupid question," and he or she will say to me, "Diane, there are no stupid questions when it comes to asking about your health."

Dr. Gillispie-Bell (04:09):

That is absolutely right. I love when patients bring in their list, I love when they bring a family member. I have ka- patients sometimes when we're doing counseling, especially when we're talking about surgical procedures, they ask me if it's okay to record what I say, and I tell them, "Absolutely, yes." I try to give my patients as much handouts and, and literature as I can, um, because there is a lot of documentation in the literature that shows when you come to the doctor's office, especially if we're speaking in jargon, you only re- remember about 10% of what is said and then even a small percentage of that is correct.

Diane (04:43):

Mm-hmm. And then your brain pretty much shuts down, especially when the doctor is telling you, "This is what you have to have done. This is what we're going to do. This is how we're going to do it," that's why I say sometimes I like to take a smart friend with me (laughs) that can just kind of help me ju- you kinda decipher everything, as you said, and kind of hone through what is important, what you need to know and sometimes your brain can only go kinda step by step to the ultimate goal of what you're wanting to say.

Dr. Gillispie-Bell (05:09):

Absolutely.

Diane (05:09):

Y- you know, some groups of women aren't necessarily scared that the vaccine itself, whatever the vaccine might be, will cause infertility, but that those administering it are intentionally making them infertile. Have you heard this, this concern from women and can you tell us, uh, you know, your thoughts about this?

Dr. Gillispie-Bell (05:33):

You know I've not heard that particular concern. Um, I had heard others, um, that are similar to that in different medical procedures that we perform, even mammograms and really it comes down to the distrust that patients have with the medical system and, um, I think that historically, especially for women of color and for individuals of color, because of some of the h- u- unethical things that have been done in the past, I understand where that trust comes from. Um, it's unfortunate and it's sad and I think as a healthcare system, um, a- and across the United States, we are working and have to work harder to j- to, to gain the trust of our patients. And the fact that we have patients that do go to Google and to social media to get their advice, again, it just speaks to their, to the distrust that they have of the medical system.

Diane (06:28):

And you're trying to do everything you can to protect your patient, to help them understand and sometimes with the anxiety level as high as it could be, i- in your field and yo- with, with what you're doing and, and the women that you're seeing, this, this is a long road to hoe, is it not?

Dr. Gillispie-Bell (06:46):

(laughs), it is. It is, it is, but again it is a between building relationships and remembering that care is something that you give with the patient not to or for a patient, and it's a relationship.

Diane (07:00):

And talk a little bit about informed consent. What does that mean and how does that work with that patient, uh, doctor relationship?

Dr. Gillispie-Bell (07:08):

So informed consent is huge in, in e- establishing trust. Um, there is a legal form of informed consent of things that we are required to do and one of that, one of those things is making sure we're discussing procedures, um, we are discussing the risks, we're discussing the benefits, we're discussing the alternatives. That is the legal part of what we're supposed to do with informed consent, but the other part, the empathet- empathetic and the human part is making sure that our patients understand what we're saying. Yes, there's a part medically and legally that we have to make sure the patient is-

Diane (07:46):

Mm-hmm.

Dr. Gillispie-Bell (07:46):

... "competent," but that's not necessarily the same as making sure they understand. And there are techniques that we can use as providers, such as the talk-back method, where I say to you, "These are the risks, and you know, and benefits," and then ask you to tell me those things back, so I can make sure that you understand.

Diane (08:04):

To make sure that I hear what you're saying and not have that fear factor become so large that it just... sometimes it expands, and you don't understand anything.

Dr. Gillispie-Bell (08:15):

Correct, and it's, uh, it's interesting when I am talking to patients and consenting them for surgery and there are things that we have to say, um, that are risk of the surgery and, uh, one of risk, depending on which procedure we're doing, is a risk of death and I try to prepare patients to let them know that these are some things we're gonna talk about because when you say there's a risk of death, then they kinda don't hear anything else that you say after that (laughs).

Diane (08:37):

No. Yes, yeah.

Dr. Gillispie-Bell (08:40):

Um, so you know it all, it's all in how you deliver the message and, and again, relationship.

Diane (08:44):

And we were talking too about, uh, medical collaborative care and the importance of bigger conversations with patients, especially when medical care and treatments may affect their fertility on down the line, they have that in the back of their brain. How do you, how do you address this with your patients?

Dr. Gillispie-Bell (09:03):

Um, you know, it depends on, um, again, the procedure that we're talking about-

Diane (09:07):

Mm-hmm.

Dr. Gillispie-Bell (09:07):

... or sometimes when I'm giving that counseling, it's not e- care that they are going to be receiving from me, but care that they may be receiving from other providers. So, for example, if they've been diagnosed with cancer, unfortunately, and they're having to undergo chemotherapy, uh, or treatments there, those treatments can impact their fertility in the future, and they may not be thinking about that. And so, we do have to think about freezing eggs, and, and

Diane (09:32):

Yes.

Dr. Gillispie-Bell (09:32):

... and the impact that will happen down the road, and really from a collaborative care model, it is why we as providers need to collaborate across service lines. So, it's not that a patient just see a gynecologist or that they just see an internal medicine doctor, but we need to be working as providers as a team for that patient to make sure we are communicating to pr- for providing, uh, h- the patient the best care.

Diane (09:58):

Because literally, you are team patient.

Dr. Gillispie-Bell (10:00):

Yes.

Diane (10:01):

That's the, that's the whole... yes. Yo- you know when we were talking too about fertility, it's typically women's fertility that causes concern. What about men? What is their role in this overall situation?

Dr. Gillispie-Bell (10:17):

So, I would have to say that's the elephant in the room. Um, I have pat-

Diane (10:20):

Oh, I bet, yeah. (laughing) Mm-hmm.

Dr. Gillispie-Bell (10:22):

I have patients that come in all the time, uh, that are trying to conceive and they're having difficulty and they want me, they want t- me to give them a medication to fix it, um, and I stop and say, "Hey, wait a minute. You know first off, there's evaluations that we need to do, but did you realize that 25%, 30% of couples' infertility can be, can come from male factor?" And so, we do want to start with a semen analysis. That's a noninvasive test, and that is a big contributor to infertility. So again, it's the elephant in the room that no one wants to talk about.

Diane (10:57):

Right, yeah.

Dr. Gillispie-Bell (10:58):

It is a huge contributor to infertility.

Diane (11:01):

What about COVID-19? Did that have an impact or does that have an impact on men's infertility or fertility?

Dr. Gillispie-Bell (11:07):

There is some data that's coming out that COVID-19, not the vaccine-

Diane (11:11):

Hmm.

Dr. Gillispie-Bell (11:11):

... I just want to be clear-

Diane (11:12):

Mm-hmm.

Dr. Gillispie-Bell (11:13):

... but COVID-19, the disease, um, can cause some male infertility. Uh, again we're still learning so much about COVID-19, um, here in the after- aftermath, but, um, but there is some literature that's coming out that, that does show that.

Diane (11:27):

And with the introduction of the mRNA vaccines or the messenger RNA vaccines, the fear of that COVID-19 vaccine causing infertility, as you were saying, uh, has taken the media and the social media... I mean it's taking it by storm a- again. And there was... wasn't there a, a what if study that has since been debunked? Was it from Yale or Harvard or...

Dr. Gillispie-Bell (11:54):

Yes, so there was a researcher, um, that said, "What if the, the vaccine, um, because of the way that it works being a spike protein, what if it produces an antibody that will attack the syncytiotrophoblast, which is a part of the, it's something that happens with the placenta forming, what if the antibody attacks that and causes infertility. It was a what if, as you said, theoretical.

Diane (12:18):

Oh, gosh, yeah.

Dr. Gillispie-Bell (12:19):

Researchers at Yale did, I think, hundreds of permutations to see if that actually takes place and it does not. And so, the theory has been debunked in the lab and it's also been debunked in just, um, infor- infertility specialists, also looking at patients, uh, undergoing infertility treatment, um where you have now accounted for all factors, uh, except for implantation. And they looked at those patients who had received the COVID-19 vaccine versus those who had not, and the implantation rates were not any different. So again, further debunking that myth.

Diane (12:55):

Sometimes I think we're, we are our own worst enemy. We keep saying, "What if? What if? What if?" uh, our brains won't stop, and it takes us down that slippery slope and go- we go through all these rabbit trails, all these rabbit holes, and it just makes our life miserable and God bless you for trying to help (laughs) the patient that comes, in probably with tears in their eyes and just has gotten their selves worked up into a frenzy, but that's when the calming reassurance of a physician means so much. You know you're talking to about people that are afraid o- o- of, of course, you know, the COVID long-haulers, how do they, how do they address this too, with the potential of fertility or not?

Dr. Gillispie-Bell (13:36):

Yeah, that is, that's a concern. Uh, with the COVID long-haulers because it is something again, that's we, we just really don't know. It's something that's just coming out and, you know, even t- to have the name or the diagnosis COVID long-haulers is, is somewhat a- a new a- because we're now seeing some of those effects of COVID-19. Um, again, we are seeing some literature that's showing some impact on male fertility, um, and, and you know some other things that we just don't know, it just hasn't been enough time.

Diane (14:07):

Mm-hmm. And more and more is going to... more and more research and more and more time will tell, and then all of these that we were talking about, the, the myths or the what ifs, everybody's gonna breathe a whole lot easier and we are starting to now. Everything's starting to, looks like it's being a lot better, and the documentation and the people are getting their information where they should from their doctor.

Diane (14:30):

And you know there i- there are some women that when they had their, uh, COVID-19 vaccine they see a small, but a temporary change in their menstrual cycle after receiving that, but it seems to return to normal after a few months. Do you see anything at all with your patients, are there many women that have had this or had a concern they've been so regular? You know, young women so regular and all of a sudden this happens, it- it's gonna be a sign of the times of what could happen? I- I'm sure that that's what they're thinking. Again, the what if, what if.

Dr. Gillispie-Bell (15:05):

Yes, I've had several patients, not just young women, but also post-menopausal patients, who-

Diane (15:10):

Oh, yes, yeah.

Dr. Gillispie-Bell (15:12):

... who've had some postmenopausal bleeding. One of the first questions, uh, that I ask or I, you know especially when we were, we're starting to administer the vaccine if a patient called and said, "My s-... you know, my last month was irregular. My cycles are usually regular," or "I experienced some postmenopausal bleeding. I hadn't had that before," I would ask, "Have you received the vaccine? How long ago was it?" Um, so that is something, uh, definitely, definitely that we were seeing in practice. Um, still no signs, no evidence that it has impacted anything fertility wise. Uh, and the fact that it's happening, the irregular cycles are also happening in postmenopausal women also makes me more reassured that this is not a- an issue with fertility.

Diane (15:53):

How excellent that you can reassure so many women and just say, "Again, just, just relax for a little while. This is what we're seeing and it's not gonna last long. This is not longterm, but this is..." but thankfully they come to you and ask you about it instead of just, again, going online and trying to figure it out. You know while pregnant women overall were not a part... don't... pregnant women were not a, a part of the clinical trials, the effects of the COVID-19 vaccine have been tracked and well documented for pregnant women. This is a normal practice and not, not just, uh, unique to the COVID trials, correct?

Dr. Gillispie-Bell (16:29):

Correct. Correct, um, it's actually interesting that you say that. I was just, uh, asked this morning to participate on a, a national panel in, in DC in June about how we need to include pregnant individuals in, in clinical trials, especially in times of, of a pandemic. Um, in general, from a regulatory standpoint, pregnant individuals, children, are seen as the vulnerable population and so when there are clinical trials, um, they are usually not included in the trial until the general population is, uh, the trial has been conducted in the general population.

Dr. Gillispie-Bell (17:07):

Um, and so that is the reason that pregnant individuals were not in the original COVID-19 vaccine, but as you mentioned, we have the CDC v-safe registry, we have a, a CDC pregnancy registry. So, we have plenty of documentation, uh, of, uh, individuals that were pregnant and received the vaccine. Looking at that data there has been no increase or no changes in maternal complications, in fetal complications, looking side by side at almost every complication that you could possibly think

of, the rates are completely the same for those who have been vaccinated versus the general population.

Diane (17:43):

And that is reassuring. Just need to know that and need to hear that. Now, not just speaking specifically about COVID-19, but vaccinations in general, is it safe to get vaccinated when you're pregnant, Doctor?

Dr. Gillispie-Bell (17:57):

So that's a tricky question. There are some vaccines that we recommend for pregnancy like the flu vaccine, for example, um, the Tdap, which is a vaccine that protects against whooping cough, but then there are other vaccines that are live vaccines, so they have live virus that we do not recommend, uh, individuals receive during pregnancy, such as rubella.

Diane (18:19):

So that's avoid the live virus vaccines? Flu vaccine, Tdap is fine?

Dr. Gillispie-Bell (18:25):

Correct, correct, a- and COVID-19 vaccine is fine as well.

Diane (18:29):

Yes. yes. And pregnant women are more at risk of severe illnesses, a- again, making it very important for them to be up to date on all of their vaccinations to avoid complications and death. Uh, so it's even more important for them, for pregnant women or women I should say, thinking about becoming pregnant, staring their family, to have the conversation with their doctor to make sure that their body is ready to become pregnant and that they are not running any kind of risk.

Dr. Gillispie-Bell (19:00):

Yeah, so that, we call it a pre- pre pregnancy counseling, procreative counseling. Um, having those visit as a family is contemplating getting pregnant or, that is so important. It's the time that we make sure all medical, uh, problems, such as hypertension, diabetes, all those things, are optimally managed, so that we can have a safe mom, we can have a safe baby, and a safe pregnancy.

Dr. Gillispie-Bell (19:26):

But even for those individuals who have no medical issues, they're, as you mentioned, immunizations that we need to check to see if they have immunity to. So rubella, for example, is one that if you contract rubella while you are pregnant and you're not vaccinated, that can cause a myriad of issues with the baby, but because it's a live vaccine if we don't find out that you are rubella not... uh, that you're, that you're not immune to rubella, if we don't find that out until pregnancy, then we can't vaccinate you. And so, we really wanna know that ahead of time while you're not pregnant, so we can give you the vaccine, that you have time to establish that immunity, and then go into pregnancy protected.

Diane (20:05):

And I think a lot of, of people, a lot of women, sometimes you forget that you need to keep up your shots. Just because you had shots and vaccines and what have you as a child, many women just think, "Well, I'm fine." And so that is an important... and as I said before, you don't know what

questions to ask or what you need to know. So that again goes back to having that, um, that in depth visit with your doctor about what shots and of course, what you can have when you're pregnant, not... flu is always, is always a good indicator of that. The flu season, you need to make sure that you have it.

Dr. Gillispie-Bell (20:42):

Oh, absolutely. As you mentioned, when you're pregnant your immune system is suppressed, and so if you contract the flu va- flu virus, um, during pregnancy you have a higher risk of developing pneumonia, of being intubated, all of those complications. And so, it is so important for pregnant individuals to receive the flu vaccine, uh, prior to flu season.

Diane (21:03):

Well, so do the vaccines... When you're pregnant, do the vaccines cross the placenta to the baby ju- the re- the vaccines and the COVID-19 vaccine?

Dr. Gillispie-Bell (21:12):

So, the vaccine does not cross the placenta, but the immunity that mom creates is what crosses the placenta.

Diane (21:18):

Oh, okay.

Dr. Gillispie-Bell (21:20):

That is why it is recommended by the Centers for Disease Control that pregnant individuals get vaccinated for whooping cough in every pregnancy. So for you and I or for, uh, for it, when we get vaccinated, if we're not pregnant or we're not gonna become pregnant, then our recommen- the recommendation for us is to get vaccine- vaccinated against whooping cough every 10 years, but for pregnant individuals, they have to get vaccinated every pregnancy, because that immunity that mom developed, crosses the placenta to protect the baby, and we see the same thing with the flu vaccine and we now see the same thing with the COVID-19 vaccine.

Diane (21:57):

I- I've seen very effective public service announcements having to do with the whooping cough and about the grandmother holding the baby and for the older folks to get their, make sure that they have their vaccination 'cause they could transmit it, they're endangering that child, and all of a sudden sweet grandmother becomes the big bad wolf that has whooping cough. I mean that, it's a very (laughs) effective PSA because we forget about that.

Dr. Gillispie-Bell (22:23):

Yeah. Mm-hmm. Yes, yes, definitely. Um, a- and it has been... uh, I would say I would agree with you, it's been a very effective, uh, uh, PSA and, um, when I talk to patients and say, "Okay, you're in the third trimester and now it's time to get vaccinated against whooping cough," the majority at least have heard of whooping cough and I do think it's because of this PSA.

Diane (22:43):

Yeah. Mm-hmm, very important to keep in mind too. And you know some vaccines since vaccines actually are not the cause of infertility. Can you tell us what some of the factors that are contributing to fertility issues and the increased rates of miscarriages, Doctor?

Dr. Gillispie-Bell (23:00):

Yeah, so in terms of infertility, this is, this is what I tell my patients when we're talking about, about fertility in general.

Diane (23:07):

Okay.

Dr. Gillispie-Bell (23:07):

I say, "Okay, let's, let's think about how we get pregnant. So, you have to be ovulating, which means you have to release an egg. That egg has to have genetic information in it, so that you can conceive. You have to have sperm, and they have to be swimming in the right direction with one head and one tail, and then the tail has to be open so that the egg and the sperm can get together to make the embryo, and the-

Diane (23:31):

Very specific.

Dr. Gillispie-Bell (23:31):

[inaudible 00:23:31]

Diane (23:31):

That's a very specific procedure (laughs)

Dr. Gillispie-Bell (23:32):

Very specific. Yes, and then the uterus has to be okay, so that implantation can occur. And so what I tell them, "When you think that all of the, when you think about it and all of those steps have to take place, it kinda is surprising that anybody ever gets pregnant."

Diane (23:43):

Exactly (laughing).

Dr. Gillispie-Bell (23:43):

And especially thinking the egg only survives for 24 hours, the sperm only survives for 72. So, y- yo- so I like to, again, break it down to help patients understand what the entire process is, because when we talk about evaluation, we have to figure out where in that process is a step broken. And so those are the things that we have to look at.

Dr. Gillispie-Bell (24:08):

In terms of infertility and the rates, um possibly increasing, um, we are seeing that a lot of patients are waiting, women are waiting to de- they're delaying their childbearing until later in life because they are establishing their careers. Now the quality of eggs, so starts to decline after 35 and then significantly after 40 and then, you know, it goes on from there. And so, if you wait until 35, 37, 38 to

start your family, there is a higher rate of infertility just because the quality of the eggs are starting to decline.

Diane (24:45):

Is that what's called the advanced maternal age 'cause I think I had some friends say that that's what... that was the classification they were in.

Dr. Gillispie-Bell (24:53):

Yes, so if you're af- if you're over 35 and you're pregnant, you are considered advanced maternal age.

Diane (24:58):

E- fertility it's, it's really sensitive. It's a really sensitive issue and w- why, I, and I guess i- it is so relevant now. You're hearing more people talk about their fertility issues, infertility, about miscarriages. It's, it's a good conversation to have. A lot of people just have a tendency to say, "Oh, gosh, we're so sorry," but it is really heartbreaking, heartbreaking to families.

Dr. Gillispie-Bell (25:27):

It is heartbreaking, and I feel like it's been a taboo subject, um, and because we're having so many, um, celebrities talk about it in social media-

Diane (25:37):

Yes, Mm-hmm.

Dr. Gillispie-Bell (25:38):

... I think it's removed some of the taboo, it's removed some of the discrimination from it, you know, if you are taught as a woman that you- you know part of, of your responsibility is to be fruitful and you are not able to do that, then where does that leave you and how does that make you feel emotionally? And so, you know, this is really a platform where social media has, has I, I think been very helpful, um, in helping to remove some of the stigma, the bias a- around infertility, miscarriage, and open up conversations that we've not had before.

Diane (26:14):

I have some friends that, I have to tell you, Dr. Gillispie-Bell, they absolutely dread, dread Mother's Day because it seems like anyone who is a woman that you're assumed that you are a mother and it's the worst thing to go here or go there and s- people say, "Happy Mother's Day. Happy Mother's Day," and either you don't have children by choice, you miscarry, you just miscarried, you have infertility, you're struggling. This, this is brutal, and I've had friends that don't even go out the entire weekend because they just can't take it. And people m- mean well, but it is just such a hard... and we all need to have more empathy. You just because you're (laughs) a, a woman doesn't mean that you are a mother.

Dr. Gillispie-Bell (27:03):

A- absolutely, and, you know, from my, personally, my own personal story. Now, I'm very blessed and have a son now, but I remember being at, um, it may have been an Easter brunch with my friends, and I was there, and it was at a time that I was trying to conceive, and I was there and I had delivered all the kids (laughs) that was there.

Diane (27:19):

Mm-hmm, yes. Yes.

Dr. Gillispie-Bell (27:22):

... they all were my patients, I delivered all those babies and, um, you know, and I, uh, it, and I just I had a moment of sadness, um, you know, because I felt like I had been so instrumental in so many... and, and these, these were my friends and this was a small representation of all of the patients that I had taken care of, and you know the one, the thi-... one of the things that I wanted was to be a mother and that was not happening for me. And so, I think you're right, it is, um, something that we don't always think about. We assume that every woman wants to be a mother or is a mother and we forget that that it is difficult to co-... for a, a lot of couples to conceive.

Diane (27:58):

And dealing with it in their family is one thing, but when you, like you said, you have to sit and listen to it. I had a friend one time said, "I had to quit my Po-Ke-No group. I don't play Po-Ke-No anymore because all of you..." you had 12 women around a table and everybody talking about their babies, their children, their diapers, their schools, yo- their middle schools and it got to be that she almost couldn't breathe anymore. She'd leave there, you're supposed to have fun with your friends, and she would break down in her car and sob she was so unhappy.

Dr. Gillispie-Bell (28:26):

Yeah, yeah, it is. It's, it's, it's, it's sad, it's, and it's really unfortunate, um, and I will say with social media again, to give a positive spin on social media (laughs).

Diane (28:37):

Mm-hmm, finally, finally, yes, yeah.

Dr. Gillispie-Bell (28:40):

Yeah. There are, uh, a lot of support groups and I think that, um, a lot-

Diane (28:43):

Oh, that's excellent, right.

Dr. Gillispie-Bell (28:45):

Yeah, and I think a lot of times as a woman if you are having infertility or if you are... uh, you know, if you've ha- if you're having infertility and going through fertility treatments or if you're having infertility and it's not been successful for you, it feels very al- alone and very isolating-

Diane (29:01):

Yes.

Dr. Gillispie-Bell (29:01):

... and I think that social media has been very blood for establishing groups, um, so that you can find others that are experiencing the same thing, um, to be able to give you that social support.

Diane (29:11):

Is there anything, Dr. Gillispie-Bell, that we haven't covered that you would like to, uh, mention right now or do you think we've done a pretty good job today? What, what are your ending thoughts?

Dr. Gillispie-Bell (29:21):

Yeah, I think we've done a great job today. I think in general in health care and, uh, I've said it multiple times (laughs) throughout the, the, the presentation, that when we're thinking about myths, whether that be around vaccines or anything else, it really is about us as providers making sure that we are establishing trustful relationships with our patients, so that they feel comfortable to use us as their resource, um, and even if they are using social media, that they are coming to us to validate or to, uh, disprove any myths or concerns that, that, that, that they have.

Diane (29:56):

And always remember that no question is too small, and no question is stupid when it's between you and your health care provider.

Dr. Gillispie-Bell (30:05):

Absolutely.

Diane (30:06):

Thank you. You've been amazing. Thank you for taking the time out of your very busy day. Uh, I've been visiting with, with obstetrician and gynecologist, Dr. Veronica Gillispie-Bell, sharing her thoughts on vaccines and fertility. We look forward to another, uh, wonderful podcast episode, talking vaccine facts and misperceptions. Our next episode of Vax Matters comes up very quickly, so stay tuned for that. But for right now, be careful and stay safe.