

Scot McKay (00:02.498)

All right, gentlemen, have I ever got a show for you today. We're going to talk about a topic where angels fear to tread because it's an uncomfortable one for most men. But I'll tell you what, it's an important one. And as important as it is, we've never talked about it on this show before. Now we're talking about getting better with our relationships with women. Some of you guys may want to have kids. Some of you guys, some of you guys may already be fathers. A lot of you guys may scoff at the whole idea of having children, but no matter where you are,

in that range of attitudinal perception, towards being a father and having children. One thing is very clear. Men and women on this planet are designed to be together, to be in partnership. And, we all love sex and sex is typically designed, you know, I'm just going to say it so that we make babies. Now, whether you want to make babies or not.

It's very sobering when you get to the realization, you know what? I have the woman in my life. I'd like to make babies with, I'd like to make babies with her, but wait a second. After all my doubts and all my misgivings about being a father for all my life, suddenly I can't. And it's not her. It's me. I'm impotent. Now, when we hear impotent, we hear not masculine, not manly, not capable.

So if you're going to be a provider and a protector, probably in many ways, the ultimate act of providing would be helping your honey make a baby. With me today is an expert on your potency and mine. Although at my age and as many kids as we've already popped out, I don't know if I really even need to be potent anymore. I probably should go get snipped, but enough about me. That's another story, another podcast.

Gabriela Rosa is originally from Brasilia, Brazil, which is a place where I bet if you've been to Brazil, you didn't go to Brasilia. Okay. The capital of Brazil designed, the manmade designed capital of Brazil. But in her teens, her parents and she emigrated to Australia and she has the Australian accent, which is a hint of Brazilian, which is kind of captivating, I noticed. She's very pretty.

Scot McKay (02:23.212)

She's very good at what she does and she's got two degrees from Harvard. And all of that, when you put it together, along with being the founder and fertility specialist at a place called Fertility Breakthrough down in Oz, which is the world's first fully virtual fertility clinic. Gabriela has helped 140,000 plus people in 111 countries. That's as many countries as I've been to, by the way. I wonder how much overlap there is.

111 countries, people have achieved parenthood through, through her with a 78.8 % live birth rate. So, I mean, you couldn't ask for a better guest to talk about this one. Gabriela. Welcome to the show.

Gabriela Rosa (03:07.832)

Thank you so much for having me, Scot. Such a wonderful introduction. Now I'm glad that we also have audio. This is a wonderful day in the office.

Scot McKay (03:14.092)

Yes, right. We weren't struggling with being potent around here, but we were struggling with hearing each other. That was for sure. Yes.

Gabriela Rosa (03:21.176)

That's it, absolutely, but we managed, we prevailed.

Scot McKay (03:25.901)

Yes, bravo for us. 78.8 percent live birth rate now that means that of the people you work with almost 79 percent of them end up having a kid. Successful. Is that what that means?

Gabriela Rosa (03:39.086)

Yeah, and absolutely. And I mean, these are difficult, complex cases. People who come to me typically on average have been trying to conceive for over four years and all have experienced multiple failed IVF cycles or multiple recurrent miscarriages. So, it's not the usual kind of general population situation where people have the drunken one night stand and get pregnant. The people who come to me typically have tried many different things, invested physically, emotionally, financially, and are still struggling to take home a healthy baby. So yeah, those are the types of patients typically who I work with.

Scot McKay (04:19.908)

You know, you bring up an interesting point in a world where people are fighting for their right to have an abortion. There's another whole cadre of people who are fighting for the right to actually have a child. And they're the ones who come see you, of course.

Gabriela Rosa (04:25.23)

Mm.

Gabriela Rosa (04:33.742)

Yeah, absolutely. It's interesting because obviously in the general population, 96.3 % of people will have conceived within two years of trying. So when you enter a situation where it's been longer than two years, then all of a sudden you do have, and of course there are distinctions here and I think it's important that we talk about them because different age groups and age ranges for female and male will make a difference. And so you need to act.

quicker and sooner depending on what is the age of the female, what's the age of the male. A lot of times the misconception is that women have time because men have time, supposedly. The orientation in society is that men, the Hugh Hefner situation, that he can get a Playboy bunny pregnant at 90. The reality is that

A Playboy bunny is probably in her 20s and it's a different situation entirely. The egg, the female egg, is responsible for fixing many of the DNA errors within the sperm. And at 20, it can do that to a certain degree. At 40, it gets tired of fixing those errors. It starts in biology, I mean, imagine.

Scot McKay (05:50.234)

All that picking up for the guy after all these years.

Leaving his underwear on the floor on the way in, all that stuff. It's just...

Gabriela Rosa (06:00.118)

Are we dealing with children here or what? I have two boys and so I have to constantly be having this conversation. So I do understand where we're coming from. But I think that... I'm a boy mom. Two boys. Currently almost 14 and 11. So we're at that stage where it's like, excuse me, you don't leave this on the floor. So I'm training them so that they will be better men.

Scot McKay (06:03.556)

Well, we kind of are.

Scot McKay (06:12.474)

So you're a boy mom.

Scot McKay (06:18.17)

Fantastic.

Gabriela Rosa (06:28.984)  
by the time they end up in a relationship.

Scot McKay (06:30.768)  
Somebody's got to do it. I mean, that's what I call the knucklehead stage. Preteen boys, probably from about age 10 to, I don't know, 13, 14, as you say. Yeah. Yeah. They do grow out of it. I can assure you. Most of us.

Gabriela Rosa (06:35.726)  
Yeah.

Gabriela Rosa (06:41.262)  
Oh, it's been joyful. It's been joyful so far. I hope so. I really do hope so. But you know, like this is the misconception is that men have time. Women, and then of course they transpose that it is a misconception. It is. It is indeed. It is indeed a misconception.

Scot McKay (06:56.516)  
That's the misconception, is it? You see what I did there? It's a misconception. Yeah.

I thought you did that on purpose.

Gabriela Rosa (07:09.126)  
I didn't but no pun intended but that worked out. That worked out quite well. Absolutely it is indeed. But you know the main thing that happens is that because we are told in society that men can reproduce indefinitely, men actually believe that you know because it's in their best interest to believe it. The science shows a different story.

Scot McKay (07:10.82)  
Well, you should start. Yes. You start using that on purpose. It's clever. Yeah. Okay.

Gabriela Rosa (07:34.998)  
The science shows that an accumulation of DNA errors within the sperm increases with age for males as well, which decreases the chances of taking home a healthy baby. So what ends up happening is that because there is this kind of societal construct that men are fertile forever, they also think that that applies to women and that therefore women have time.

Women's fertility is much more finite. We will start to enter perimenopause five to 10 years before menopause, which is the end of cycles and the end of eggs that can yield a healthy baby. And so what happens is that, let's say that the average age of menopause is 50, by 40, already a woman is in perimenopause. Now, if she goes into menopause, and typically,

the age in which her mother went into menopause is likely around the same age that she will go into menopause, five to 10 years before that is essentially where. So if a woman went into menopause at 45, if her mother went into menopause at 45, then at 35 to 45 is that kind perimenopause type stage, which it becomes more difficult. It's not a drastic cliff.

You know, lot of the information that we get that female fertility drastically declines at 40 at 35 actually comes from 1600s data where there was no antibiotics and you know, women were dying at 40. And so, and most of the time they didn't reproduce because their partners had already died. So it wasn't the end of natural ability to conceive, but that kind of has kept being perpetuated, you know, in

Scot McKay (09:11.214)

Right.

Gabriela Rosa (09:23.95)

2026, that's what we hold, quote unquote. And so long story short, the main thing is that we have to be cognizant of what are the other factors that are getting in the way in terms of being able to keep a healthy pregnancy to term? Because like I said, in the general population, we have a situation where literally it's three conception attempts and we end up pregnant. It's have sex, get pregnant, have a baby done, we're no longer having this conversation.

When we're still having this conversation, we need to start asking, but why? What are the factors that are getting in the way? Because without understanding those factors and addressing them, one minor factor, a minor factor can be anything from lowered sperm count or motility or morphology that's not as good as it can be, or even high DNA. So sperm count is the number of sperm you have. Motility is how well it swims. Morphology is how well it's shaped.

Scot McKay (10:12.525)

What do those terms mean?

Gabriela Rosa (10:23.314)

And then in addition to that, you have two other parameters that are not part of a standard semen analysis, which is DNA fragmentation, the percentage of errors in the sperm DNA. And the other one is actually silent infections. Believe it or not, a lot of people have silent infections that don't get measured as a standard procedure when a semen analysis is done. And that will stop implantation.

And the ability to keep a pregnancy to term. It increases the risk of miscarriage as well as the inability to conceive because it impacts the quality of the sperm, you see. And so...

Scot McKay (11:00.579)

What are some examples of those silent infections that we may have heard of?

Gabriela Rosa (11:04.814)

Chlamydia, gonorrhea, you know. Chlamydia is quite silent. Yes, absolutely, absolutely. So there's lots of different types of infections that are silent for a very long period of time. I had a couple once who came to me, they were from California and they were trying to conceive for 14 years.

Scot McKay (11:09.334)

strains of HPV maybe?

Gabriela Rosa (11:28.074)

And by the time they came to me they had, you know, the first eight years, they just kind of thought, you know, we're busy, we're building our careers. We don't really, we'll try, we won't stop conception from occurring. We won't use contraception, but we'll just kind of see how it goes. By the way, if you've been doing that for two years or more and you haven't actually achieved a pregnancy or have experienced miscarriage as a couple,

as a result of that kind of approach, there is a problem. So I just want to flag that to begin with because a lot of times people think that, it will happen if it's meant to, it will happen in time. No, no, no, no. If you have had more than three conception attempts or unprotected intercourse more than three times around ovulation and pregnancy has not happened or miscarriage has occurred, there is a problem.

You need to understand what that problem might be. Even when your results come back, quote unquote, normal, it does not mean that that's optimal for you. And so that's a distinction that we need to really make here is that normal results mean nothing if you're not holding your baby and you want to,

you see? And so we then need to understand what makes it optimal, what makes it better than it has, than it can be, you see?

And so understanding all of these things is vital. So anyway, this couple, eight years, they just continued on their kind of conception attempts without really focusing too much. At that point, they decided, okay, we need to do more. And they basically then started with IUI, intrauterine insemination, which is timed conception around the ovulation time in a clinic. They did six cycles of that. Then they did two cycles of IVF because those didn't work.

The IVF also didn't work. And then they came to me. And at this point, it was 14 years on and she was being told, you know, you're old, it's because of your egg, it's your egg quality. So I sit with them and I assess the case. You know, I assess every case before I take on a couple to know if I can help. If I can't help, we have that conversation and that's it. You know, they move on to something else. But I assess the case and I tell him, I say,

Gabriela Rosa (13:43.36)

okay, so is this the only semen analysis that you've had because it's a low count. He had two million sperm instead of the minimum requirement for natural conception, which is 20 million. And he said, what do mean my sperm count is low? I'm like, yeah, you only have two million, you need 20 million. He goes, nobody ever told me that. I'm like, 14 years of infertility and nobody told this man that he needed to improve his sperm parameters. So that is a red flag.

So anyway, so I continued the assessment and I look at what's going on. We found many different things, metabolic health dysfunction. There was lots of different areas that needed to be improved on both sides of the equation. But the clincher for me was that they both had chlamydia and it had not been diagnosed and it had not been treated. And so basically at this point, I'm thinking, wow, do it.

Scot McKay (14:35.162)

Well, if it had not been diagnosed, then of course both of them had it after 14 years of trying.

Gabriela Rosa (14:39.342)

100%. 100%. And so, of course, chlamydia will block tubes. It will block the epididymis, it will block fallopian tubes. So I'm thinking, maybe that's why they haven't conceived. So we went and we treated and we did all of the things we met. We found out that, they don't have blocked, you know, tubes. Everything is okay. And then of course, after the treatment, they can say they're both conceived naturally for the first time ever. Their healthy baby who then she delivered at 42,

you know, after everything that had been said and done. So the reality of it is that often when it hasn't been straightforward, there are reasons why. If you don't have answers, you cannot accept an unexplained diagnosis because this is what happens in reproductive medicine is that couples will go and have tests, quote unquote, you know, we'll do all the tests. All the tests are very few. It's like four things, you know,

because that's what a doctor is required as per guidelines to conduct, which is, are the fallopian tubes clear? Do we have ovulation? Do we have a uterus that can house a pregnancy and do we have sperm? As long as those questions are answered and you can see that they're pretty much yes or no answers, right? So the binary it's like, yes, we have these things. And if those things are present, you are told we've done all the tests, everything is normal. So how do you explain everything is normal,

14 years on multiple failed cycles? Like that makes no sense. Normal means you have sex, you get pregnant, you have a baby. That's normal. A deviation from that, as you can call it whatever you want, but that is not normal. Okay. And I think that a lot of people miss that.

Scot McKay (16:23.844)

Well, what I'm calling it is an uncomfortable conversation. And here, here's where I'm, I'm thinking this all intersects. Well, it's more like a collision than an intersection. First of all, before we even get into that, the implication you made earlier that it might not only be on the guy if we're failing to conceive, but it also might be on the guy if there's a miscarriage.

Gabriela Rosa (16:28.726)

Indeed.

Gabriela Rosa (16:52.846)

50 % of the reason. Yeah, yeah. and 50 %... Exactly, exactly. And failed treatments too. You see, and it's very fascinating to me because, I will look at a couple where they will go through IVF, they retrieve 20 eggs and end up with one embryo.

Scot McKay (16:53.04)

is heavy.

That's heavy duty because miscarriages are almost always just put on the woman.

Gabriela Rosa (17:16.246)

And all of the embryos die on day three, which is like, that's the time where the sperm is doing its thing to, for embryonic development to continue. So when sperm parameters might be quote unquote, okay, or normal, but you're having embryos literally not make it past day three, it's usually a sperm issue that needs to be looked into that hasn't been tested deeper and hasn't been identified as a problem.

But women then are told, it's your egg quality. The thing about this is that if you have retrieved 20 eggs, in absolutely every possibility where sperm actually is doing what it's supposed to do, you should end up with a fair good number of embryos. i.e. more than one. i.e. more than five. Right? And if you're not, then those uncomfortable conversations are

paramount if we are to change clinical outcomes because otherwise what's going to happen is you're just going to keep repeating more of the same. And most doctors, most doctors, they will still call it an egg quality issue when they haven't further investigated sperm. That is the part that makes...

Scot McKay (18:28.879)

Well, it sounds like it sounds like a metaphor for the larger sociopolitical conversation. And a woman always gets blamed, but in the end, it's always the damn patriarchy. It's always toxic masculinity. Damn it. And well, I'm, I'm saying this tongue in cheek, because I mean, it's a matter of biology, but I mean, I'm sure there's a lot of us guys out there listening to this going, rolling their eyes going, yeah, sure. Right. Blame it on the woman, but it's always the man's fault. Ultimately.

Gabriela Rosa (18:41.826)

Didn't want to say it, but what can I tell you?

Gabriela Rosa (18:53.612)

You know what's interesting? You know what's really... yeah.

Scot McKay (18:57.155)

Well, here's what I was going to say. All this is very, very interesting, but let me go ahead and ask this question.

It seems to me that if you're going to a fertility doctor, the fertility doctor has a medical, they have a job, they have one job and that's to help get you fertile. To me, this kind of smacks of when you go get a

divorce, the first thing you need to do is go get a lawyer, but your lawyer is not trained on any of the social aspects of divorce. They're just a legal expert. So that's why you have

divorce coaches like me to help you, you know, muddle through this and to cope and, you know, how to deal with the social aspects of it and relating to people and relating to the drama and everything. That's not really the lawyer's job. So if a, if a fertility doctor is confronted with, holy crap, I got to sit these two down and tell them one of them gave each other an STD 14 years ago and there may be cheating and this was probably not disclosed.

And someone lied to somebody and someone's been whoring around. They're going to go, well, this is just, that's not my monkey, not my circus. This isn't my job. And they're going to stay hush hush about it and still collect the money from these people as they come trying to do this over and over again. But meanwhile, you, you're willing to throw down the truth and have this uncomfortable conversation with them, because in your line of work, this is really about live birth. So that's what you're saying. That's just how you're saying you're different.

Gabriela Rosa (20:27.316)  
Mm-mm, absolutely.

Yeah, 100%. I mean, for me, I don't even call them uncomfortable conversations. I call them facts that help us move forward.

Scot McKay (20:37.008)  
Well, see, that's the that's the pragmatic truth that you want a baby or do want me to, you know, molly coddle your poor little feelings, which is it, you know? Yeah.

Gabriela Rosa (20:45.282)  
This is it. You know, like at the end of the day, I'm here for results. Like I'm demonstrating and want to demonstrate clinical effectiveness. And so to do that, I need to figure out what is the obstacle, what's getting in the way and how do we address it? So I'll...

Scot McKay (20:49.445)  
Yeah.

Yeah?

Scot McKay (20:58.244)  
Now, one of the things you were talking about here is there's a relationship crisis if either partner finds out they can't have children. Indeed, you know, we may be all lovey-dovey and talking about getting married, but then someone comes with their hat in their hand and goes, I can't have a baby. And then they get kicked to the curb or they're afraid they're going to get kicked to the curb because the other person wants natural children. They don't want to adopt yada, yada, yada. So you do handle those situations and you have advice for those situations as well, correct?

Gabriela Rosa (21:24.206)  
Yeah, absolutely. mean, you know, I think that there are so many different ways of having a baby in 2026, you know, people usually used to think that if you can't have a baby with your own egg and your own sperm, the only other option that you have is adoption. Actually, adoption is quite difficult. You know, it's quite expensive. It's very onerous. It's not guaranteed. No way of having a baby is guaranteed. You know, the only way that you are going to actually know if whatever it is that you're doing will work is when you're holding your baby.

And even though the thriving of that baby is not guaranteed, touch wood, neonatal death is a real thing.

You can have your baby, can be holding your baby and your baby might not be able to make it past five years. So there are all of these uncertainties that can happen and that do happen to people over time. Obviously what we're wanting to do is we're wanting to maximize the opportunity for a

good and optimal outcome. That really is what it comes down to. But those conversations are part of the job. All of those conversations, whether it is figuring out how you go about doing something because these days you can have one child that has five parents. You can have the person who's going to donate the egg, the person who's going to donate the sperm, you can have a surrogate and you can have two people that are going to raise that child.

So, we've come a long way from you can't have a baby, adoption is your only recourse. There's lots of different ways of doing things these days. And it's a matter of

Scot McKay (23:00.27)

I thought you were going to say there's one mom and the four guys she's trying to sue for paternity.

Gabriela Rosa (23:06.037)

Well, you know, hopefully not. But, you know, the reality of it is that you can certainly make different choices in 2026 that weren't available to you. Even when I first started practicing in 2001, it wasn't a situation where, you know, you can put in enough time, energy, effort and money and you'll end up with a baby guaranteed. In 2026, it's pretty much, you are willing to put in the time, the effort, the energy and the money you end up with a baby.

And so it becomes a values and preferences conversation as opposed to a binary yes or no, whether you're going to have a child. There are different ways if people choose them.

Scot McKay (23:46.512)

Fantastic. Now, a lot of these guys probably want you to get on with that central question that we posed at the front of this podcast, which is, you know, if we're not potent, what's keeping us from being as potent as we could be? Um, especially if we don't realize it. I mean, you know, if we got castrated by a tow truck at age 14, I think, you know, maybe we know we probably would have problems.

But notwithstanding that, I think most guys probably don't know they're going to have difficulty helping a woman conceive until it's in the moment, huh?

Gabriela Rosa (24:25.452)

Yeah, absolutely. And a lot of times men don't want to know. They're deathly afraid that there could be something wrong with their sperm. And as a result, they delay seeking the help that can actually change everything. And as a result, they actually impede their partner. I see all sorts of different types of situations in my clinic. I see men who are just so focused on getting their partner

and supporting the process and doing absolutely everything they can. And they will look at the hard results. They will look at what's going on. They will go, okay, what can I do to improve the chances for us as a couple? Then I have men who basically rubbish any possibility of doing anything because they are so deathly afraid that the problem might be with them. Because they're taking that so personally. I think that...

The biggest thing that men need to understand is that your partner, for the most part, is going to be quite understanding about whatever is happening in terms of your biology, as long as you are not a dick about it. You know? As long as you are not trying to place blame on her and be antagonistic because you're afraid or, you know, all of these different things that sometimes men do.

to protect their very protected ego, right?

Scot McKay (25:54.618)

Well, even, even if we're not being a dick about it, it might be about our dick. I mean, you know, first you got to. Yeah. You got to be able to get it up. The mechanism of transport has to be ready to rock too, you know?

Gabriela Rosa (25:59.106)

Yeah, it will definitely be about your dick and testicles. You know, it'll be about both.

Gabriela Rosa (26:07.618)

has to work. Absolutely. so look, you know, I think that that's the first step really of figuring out what are we dealing with and how do we address it? Because if we don't have that, i.e. how are you going to fix a problem you don't know you have? You know, when it comes to fertility, you need to have the awareness of what's going on. If you have a leaking toilet because the toilet's leaking or because the wall's leaking or because you actually have a shower proofing problem in your shower.

Those are three different ways in which you're going to have to deal with that particular problem, right? You're not going to actually go and just seal the toilet and expect that your shower proofing issue is going to be resolved. Absolutely. you know, that's a good one. Actually, this happened to me in my own bathroom. I ended up needing a \$30,000 bathroom renovation because it was a shower proofing issue. It was a very personal problem. And so in the end,

Scot McKay (26:48.557)

I see the plumbing analogy there, yeah.

Scot McKay (26:57.711)

Sounds like a personal problem.

Gabriela Rosa (27:04.278)

it got fixed and it got fixed in the right way because I was willing to investigate and figure out, okay, what is actually happening here? What do I need to do? And even though I was told, you know, it's, it's fine. It's, you know, we just need to take some tiles off the wall. need to get a \$3000 machine. I'm like, hang on a second, tiles off the wall. I'm not going to go there. You know, so we need to figure out what the issue is. So I think that that's the biggest.

Scot McKay (27:26.571)

Okay, well, we certainly don't want our toilets clogged. So... how

Gabriela Rosa (27:30.624)

And that's the biggest issue that men have.

Scot McKay (27:33.639)

How can, how How can a guy know at a young age, if he's got a problem when he doesn't feel like asking. Is there a simple blood test? Is there something he can ask his physician about that can be just part of my normal regimen of doing blood tests that will help me understand if I'm... parentally ready or not.

Gabriela Rosa (27:55.944)

Yes and no. I mean, you can certainly do your hormonal testing. That's not what a doctor would typically recommend. They would just recommend a straight semen analysis. Right. So you go to a clinic, you masturbate in the cup, you get the sample, you basically then have, and the reason that I say go to a clinic, because there's different ways you can, you can, of collecting a sample. The issue is that all those other ways are not as accurate.

So you can end up with doing a semen analysis, having a poor result because you've taken too long to take the semen sample into the clinic. So it's much better to actually go to an IVF clinic or an andrology lab, collect on site, which is the recommendation, give the sample...and look, trust me, no nurse is looking at you going, my God, you just masturbated in a cup. They just want to like analyze the sample. This is just a professional service.

Scot McKay (28:49.135)

Well, I don't know if guys are going to trust you though. That's a lot to ask. It's kind of vulnerable to go do that, especially if you don't perceive there's even a problem yet. So I can, I can completely understand why. I mean, there's movies about this, you know, there's a Billy Crystal movie where, you know, he goes and he gives a semen sample. And when, when he comes out as jealous wife says, "What were you thinking about when you did that?" And he's like, Oh God, you know, just, it's, it's a fraught situation for guys. So I could see totally how we wouldn't want to do it

until we're faced with the inevitability of having to do it. So.

Gabriela Rosa (29:21.974)

Yeah, I mean, that's the thing. I think that's a personal, again, it's a values and preferences and personal kind of how you see the situation. Because like I said, some men are just going to be like, you know, tell me what to do and I'll do it. You know, whatever it takes. Other men are going to be like, I don't know. And it's OK. It's like there's no right or wrong there. But

Scot McKay (29:35.417)

Sure, right.

Gabriela Rosa (29:42.486)

the most accurate way to know what's happening is actually to collect the semen sample. You can measure your blood for your FSA, LH testosterone levels, but that's not going to be a direct approximation of what's going on with your sperm. That's just going to tell us, okay, your testicles are functioning on a global level. On a global level. It doesn't tell us, you know, is it actually producing sperm?

Scot McKay (30:01.891)

Well, that's better than nothing, right?

Gabriela Rosa (30:09.696)

It doesn't tell us that the only way to see is a producing sperm and can the sperm get out because that's the other thing. Your testicles producing sperm, men who have vasectomy don't stop producing sperm. A vasectomy is where you literally go and get "The Chop", as they call it, right? So that you don't actually have any more. So it's a contraception method for men. Now,

you can have a vasectomy and still produce sperm. It doesn't affect your testosterone levels. It doesn't affect your hormonal levels. You're still going to be virile. You're still going to want to have sex. You're still going to want to do all of those things. But that sperm cannot come out of your body. And so you will go and do a semen analysis and you will have probably some liquid. It's much reduced because there is less conductivity. And so basically you might have some semen that has no sperm.

And therefore you basically will get a semen analysis done and there will be no sperm there after vasectomy. Hopefully, ideally if the vasectomy worked, right? It can also be that the vasectomy didn't work, the tubes were connected, you're still fertile and you don't know. But for the most part vasectomies are, you know, they're quite reliable and they do work. So it doesn't... Exactly. So it doesn't necessarily mean that just because you are producing the hormones that

Scot McKay (31:21.397)  
That'd be a dirty trick.

Gabriela Rosa (31:30.594)  
signal to your testicles for it to produce sperm that locally that sperm is actually being produced properly and can actually get out of the body. And if that's not happening, then you have many other questions you need to ask about what to do next.

Scot McKay (31:47.183)  
Well, what are those questions?

Gabriela Rosa (31:49.432)  
Well, I mean, do you still want to have a baby? Do you still want to try to have a baby with your own sperm? In which time, then there are different procedures that would be done, which is basically slicing the testicles and actually going to find and pinpointing sperm within the tubules. So that's the procedure that is sometimes done when there is very, very few sperm and couples still want to try and do ICSI, which is intracytoplasmic sperm injection to

fertilize an egg to be able to actually have an embryo. It's lots of trial and errors. Sometimes it works, sometimes it doesn't, but sometimes people prefer that as an option than going straight to donor sperm.

Scot McKay (32:18.8)  
it sounds icky.

Scot McKay (32:36.705)  
Again, it just sounds like a big ordeal for most men, for sure.

Gabriela Rosa (32:39.502)  
The men who have, Listen, the men who don't have it easy and the couples who don't have it easy. It's an ordeal every single time. You know, it's a tough situation.

Scot McKay (32:48.579)  
Yeah. Well, let me ask you this, okay? In the interest of time, I've had other people on the show before. I've done my own research, you know, after three kids myself.

It seems like there are environmental factors nowadays that can conspire to keep men from being as fertile as we could be. things in our shampoo and our soap, you know, one of our sponsors, Hero Soap, one of the great things about their product is it is devoid of all those things that are going to clog up our testosterone receptors, et cetera, et cetera. Plastics have had an adverse effect on all sorts of health related things.

Gabriela Rosa (33:31.117)  
the whole.

Scot McKay (33:31.215)  
Kind of as a lightning round here, what are some of the things that are keeping us from being potent that we may not even realize.

Gabriela Rosa (33:38.606)  
So I would call it, so basically here's how I answer this question when people ask me, what are the things that I can do to improve my fertility? I say to you, act pregnant. Absolutely. Which is essentially, you know, think about all of the things that your partner would do if she was pregnant right this second

to carry a healthy pregnancy to term. Like most men, if I was to ask you, your

Scot McKay (33:48.468)

it's the same question in different words.

Gabriela Rosa (34:04.182)

your partner's pregnant right now, you are protective of this woman and this child and you want them to have the best possible results. What are the things that you would suggest that she does in order to be able to be?

Scot McKay (34:14.061)

Well, there's like folic acid, but that has a very specific role in the female body.

Gabriela Rosa (34:17.357)

You are taking nutrients, you are eating well, you are moving your body, you're sleeping enough, you're avoiding toxins, you're avoiding substances that are known to be toxic to health and cells. So the way I call it is act pregnant now to get pregnant later. And that happens for both prospective partners.

Scot McKay (34:37.154)

boy, here comes the stop drinking part.

Gabriela Rosa (34:42.496)

You see, because this is the thing, if you were pregnant right now, I know the world would stop everything, you know, this all of a sudden would become number one's world podcast in the world. But the reality of it is this, you know, if you were pregnant right now. Yes, absolutely. But a man, you know.

Scot McKay (34:57.441)

If I became pregnant, you're saying personally, like speaking of Billy Crystal, the Rabbit Test thing, which was one of his first movies. I believe that was a Joan Rivers movie, Billy Crystal and Joan Rivers Rabbit Test. He became a pregnant man. Nowadays, that's a whole transgender issue and... it's just fraud, But yeah, that's not what we're talking about. Definitely not.

Gabriela Rosa (35:08.408)

was that? I haven't, I haven't watched it. wow. Okay. So that's been many times in Hollywood, but that's not what we're talking about here. You know, let's just say that, you know, somehow a man managed to be able to gestate a child. All of a sudden you would focus on the things that you innately know are going to keep

that baby, even if you weren't thinking about being pregnant, just think about it from this perspective. What are the things that if you had your newborn child in your arms, you would protect it from? Would you put alcohol? Would you put spirits in its, you know, in its,

Scot McKay (35:48.205)

Well, I think microwaving in plastic, you know, is more subtle.

Gabriela Rosa (35:52.894)

You see, here's the thing. Micro-moving in plastic will have a cumulative effect over time and yes, it will make a difference.

Scot McKay (35:58.84)

Right. And The cheap shampoo and things like that.

Gabriela Rosa (36:03.758)

But you see there are more direct impacts. So, you know, the quality of the food that you eat, the fact that, you know, there was an interesting study of 529,000 couples. It was published in The Lancet in the last couple of months. And it demonstrated that when men drink alcohol, there is no safe level. First of all, there was no research and independent reviews have found a safe level of alcohol consumption for men and women trying to conceive.

One or more regular drinks per week increased by 35 % the rate of birth defects in the child as a result of paternal drinking. One or more. Yeah, one or more. And so this is the thing.

Scot McKay (36:46.661)  
One drink a week.

But one drink every two weeks, we're Gucci, right?

Gabriela Rosa (36:54.904)  
Well, it depends on who you are, right? This is really what it comes down to. And this is the thing, because it's a regular thing that most people do. Now, if you're having difficulty conceiving, it's almost going to be a situation where you do have to revise your self-image of who you are through that process, because you almost have to become the person who is going to be at your peak health.

Scot McKay (36:57.805)  
Who drinks one drink every two weeks?

Gabriela Rosa (37:23.48)  
to be as fertile as you can be. Absolutely, and that really is what it comes down to. The things that you would do for and to your newborn baby are the things that you need to begin doing now because you are 50 % of that equation. Fertility is a team sport. And so what you're bringing to the, absolutely, what you're bringing to that contribution is 100 % your contribution to that 50%

Scot McKay (37:23.865)  
You have to think like a dad before you're a dad.

Scot McKay (37:43.641)  
Thank goodness.

Gabriela Rosa (37:52.77)  
that's going to either enable you to have your healthy baby or not, you see? And so, good! I love that.

Scot McKay (37:58.554)  
Believe it or not, I followed that equation. I'm smarter than I look.

Well, I think that's great. I think that's great. And I think you're doing quite literally the Lord's work and I appreciate you and everything you're doing. And I'm sure everybody who's ever come to you and gotten their fertility breakthrough after perhaps many months or years is equally grateful. Her name is Gabriela Rosa. She's in Sydney, Australia, but you don't have to be in Sydney, Australia. You can be all over the world. You can be in the 112th country she'll have worked with, you know, you could be in...

Gabriela Rosa (38:28.492)  
Absolutely, 100%. And you can find me on Instagram. So, you know.

Scot McKay (38:32.513)  
Ouagadougou Burkina Faso and you know add to her number of countries although I'm sure you've probably been to Burkina Faso already and you can be the hundred and forty thousand and first person

she's helped and it's all at...

Gabriela Rosa (38:45.678)

Well, we've We've actually gotten up to 218,000. That's old data, but that's all good.

Scot McKay (38:52.121)

That's old data. Yeah. Well, you could be the 218,000 and first person. That's wonderful. Yeah. You should go update that. That's significant. You're up to almost a quarter million people. Fantastic. Where do you find time for that? It's a lot of people.

Gabriela Rosa (39:00.366)

Yeah, we will. Absolutely. Yeah. Yeah. Well, Well, you know, we have systems. I mean, I've been doing this for a long time, 25 years, you know, so it hasn't been two minutes. Well, thank you. We like you.

Scot McKay (39:13.327)

Well, you barely look 25.

Scot McKay (39:18.575)

Well, yeah, I I'm going to be, I'm damn near 60 myself and you know, let's hear it for not drinking more than one drink an hour. But enough about me. Familybreakthrough.com you can go there or else you can go to... Oh yeah, yeah. Well, you don't want your family to break through. That gets messy. Indeed. Fertilitybreakthrough.com, but you can go to mountaintoppodcast.com front slash let's make it fertility.

Gabriela Rosa (39:34.904)

Fertility...fertilitybreakthrough.com. No, we don't. That's not the right place.

Scot McKay (39:47.903)

F-E-R-T-I-L-I-T-Y, nine letters. And when they go to that website, Gabriela, what will they encounter?

Gabriela Rosa (39:56.856)

Well, they'll find information on what they can do next to improve their chances to take home a healthy baby, even when other treatments have failed.

Scot McKay (40:04.845)

And of course, if they want your assistance, because guys are out there. Yeah.

Gabriela Rosa (40:07.854)

100%. There are plenty of things. And of course, I do a lot of patient education on Instagram. So it's @gabrielarosafertility, so people can find me there as well. And my book, Fertility Breakthrough, Overcoming Fertility and Recurrent Miscarriage When Other Treatments Have Failed, is free on YouTube and Spotify, so people can access that as well. And of course, it's available on Amazon and any other bookseller.

Scot McKay (40:33.089)

Okay, so you do have it on Amazon. I'll put that at the top of my Amazon Influencer queue for you as well, Gabriela. And what's the name of the book once again?

Gabriela Rosa (40:38.946)

Go for it! Fertility Breakthrough overcoming infertility and recurrent miscarriage when other treatments have failed.

Scot McKay (40:47.413)

Look at that conveniently with a copy in hand and a little baby in both hands on the cover.

Gabriela Rosa (40:50.827)  
Absolutely.

This is actually one of our patients, his hands and their beautiful baby. And the story is actually in the book as well. Yeah, it's beautiful.

Scot McKay (40:59.981)  
Yes. What a great picture. Fantastic. Fantastic. Well, Gabriela, thank you so much for joining us. It's been a great show with a lot of information, not the easiest information, perhaps, but at least, you know, we made it fun and interjected a little humor there.

Gabriela Rosa (41:18.2)  
Absolutely. Thank you for having me.

Scot McKay (41:20.109)  
Yes, you're quite welcome. Thank you for dropping by. And gentlemen, if you haven't been to [mountaintoppodcast.com](http://mountaintoppodcast.com) lately, visit our three sponsors, Jocko Willink's Company, Origin In Maine, Hero Soap. You know, we talked about the importance of having the right cleaning products and hygiene products so that, you know, you don't affect your fertility for heaven's sakes. I mean, who knew your soap and your shampoo could be culprits in this regard, right? And then, of course, also the guys at The Keyport. And let me tell you what, this is not your father's

Swiss Army knife. This is the 21st century everyday carry item. And you need to check that out. And all three of our sponsors, you can learn more about at [mountaintoppodcast.com](http://mountaintoppodcast.com) And when you do partake of anything from our three long time sponsors, please use the coupon code, "mountain10" to getchasum at an extra 10 % off. Gentlemen, I have developed two new programs for you.

One of them is the first program I know of that'll actually give you guys the specific information, the tips, the strategies, the mindsets you need to get women other than those snobby chicks at bars and clubs. I mean, I don't even have bars and clubs in San Antonio anymore. What about the women who are a little more shy? What about the women who kind of quirky and, you know, march to the beat of a different drummer? Kind of like Gabriela.

You know, how are you going to meet them? How are you going to make babies with them? Well, shy women and quirky chicks is at [mountaintoppodcast.com/shy](http://mountaintoppodcast.com/shy). SHY Also you know, I talk about being a "Big Four" man around here all the time. You got to be confident. You got to be masculine in the way women define it. You got to actually like women and be a man of character. Well, if you deserve what you want, which is the end result of being that guy, right? You know, better men get better women, right?

What about this woman? Well, she's got to be a "Big Four" woman. How do you even spot her out there? Let alone get to know her, build a relationship with her. And then again, babies with her. How do you do that? Well, if you go to [mountaintoppodcast.com/bigfourwomen](http://mountaintoppodcast.com/bigfourwomen), I've got the entire toolkit on how to do that. Neither of those programs are going to break the bank. They cost about as much as lunch. Good lunch, but lunch nonetheless.

Scot McKay (43:40.525)  
Those two programs are there for you. Always, you can get on my calendar, talk to me for free for 25 minutes at [mountaintoppodcast.com](http://mountaintoppodcast.com) as well. And until I talk to you again real soon, this is Scot McKay from X & Y communications in San Antonio, Texas. Be good out there.