

# **Gynecology with Philippa Ribbink**

## **Ologies Podcast**

### **April 2, 2018**

Heeey hello Ologites!

I put this in the show description, but I'm also adding it up top. Just in case you're driving a car, or you're working a forklift, or you're feeding your chickens, or if you listen on a high wire – you should NOT be reading text! – this is just a pre-roll linguistics alert. In this episode we talk about transgender health care, and we touch on the history of the trans community in the US, and when I recorded this episode, in considering the inclusion of trans women, I opted for use of the term 'women's health' and 'women', as gynecology is currently technically (but antiquatedly) defined. So I thought, "Okay! I'm making sure to include everyone who identifies as a woman. We are golden! Great!"

Uhhh... no. In so doing, I fucked up. I overlooked and excluded non-binary and trans men friends in that language, and I'm super, super, super sorry. I'm so sorry. Some really amazing and compassionate ologites alerted me to this, and I just want to say I'm so, so sorry that the language I used – like women, lady, lady machine – made anyone feel unseen. Please know that trans inclusion was totally on my mind, but I'm super embarrassed to have missed the mark and overlooked the non-binary community and trans-men community who also rely on gynecology for vital health care. I thought I had my bases covered, and I didn't. I'm an idiot!

My ologites, each and every one of you: I see you, I love you, I care about you a bunch, and I will strive to do better when it comes to inclusionary language. As you know, I'm all about asking smart people dumb questions, and even when I think, "Okay, I got this!" I'll do my best to double-check, triple-check. So thank you for tipping me off that I could have been more in the loop about gender vs. genes, and for your patience with me and with each other as we all learn new things and we evolve into an even more inclusive and better-linguistically-equipped society.

Now, if you don't encounter it often, it may seem like, "What's the big deal?" But I think these are some new and really exciting steps toward breaking down a lot of gender roles that hold all kinds of people back, from cis to trans to non-binary. Wearing pants was illegal for half the population until that was challenged and reframed, so if you're stoked that you don't have to drag a bustle on the subway or fit a petticoat into your Nissan Sentra, then we have some brave folks who said, "This sucks and it's impractical!" to thank. Likewise with gender, and labels, and the trans- and non-binary community for undoing some super stark gender expectations and roles that don't really fit anyone completely.

So, thank you. I see you. Let's all be super kind and compassionate to each other and keep our minds open to learning new things, whether it's about snake butts, or bee dancing, or the origins of the universe, or another person's perspective. Learning shit is cool. I stand by that.

Okay, gyno. Here we go!

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Oh hiii, it's your guidance counselor, Alie Ward. It's me. First things first, I think I have my contacts in the wrong eyes, but I'm just gonna go for this. I'm gonna change 'em later. Let's blaze through. OBG Y NOT?! Let's get into it.

Vaginas. Let's talk about 'em. Maybe you have one. Maybe you want one. Maybe you love them. Maybe you came straight out of one. They're everywhere, they're all around you, and they're pretty handy in terms of shooting out humans to continue the survival of our species. But how well do you know vaginas? How well do you really know 'em? It's kind of like when you've met someone a bunch of times at parties and you're like, "Oh my God I LOVE her!" but you don't want to admit that you've never had a real one-on-one. And you don't even text each other, you've just hung out a few times when people are drunk.

So consider this episode a deep-ass dive into the world of vaginas, birth, women's health, mental health, self-care, hygiene... All things that are happening in parts of your body that you only care about when they're causing you either great pleasure or great pain. So, let's talk about gynecology.

First off, before we celebrate crotch doctors, let's celebrate you. This engine of *Ologies* runs totally on listener support. It's 100% indie, so your Patreon pledges keep it running from month to month. Thank you so much for doing it. Patrons in return get to ask the ologists questions, and they get to walk around knowing they're helping cocktail parties everywhere be way less vapid.

Thanks to everyone who buys shirts, and dad hats, and pins, and totes at [OlogiesMerch.com](http://OlogiesMerch.com); you're totally helping too!

But money's tight, I get that. You can also support so much by just subscribing and reviewing on iTunes – which is free, it takes two seconds. And I'm a creep; I read every review. And this week's warmed my heart so much. It confused my soul a little bit, TBH. Moniwalk [phonetic] says:

*Just listened to the podcast on ichthyology, and I realized that Alie sounds very similar to Ellen DeGeneres. What could be better than listening to Dory tell you about fish?*

Do I sound like Ellen DeGeneres? [clip from *Finding Dory* wherein Dory says: "Yes! I am! That's me!"]

Okay, back to Gynecology. Now, before we dive into where babies come from, let's look at the birth of the word. Gynecology means 'the science that deals with the health and diseases of women'. It comes from a Greek word, *gyne*, which comes from *gwen*, which has the same root – you ready for this? – as Queen.

Gwen. Queen. Gyn. Boom!

Just think: [slight ethereal echo and British accent] "Yes, Your Majesty, your royal vagina."

So let's bow to your Queens with a discussion with a gynecologist. Now, I had gone to Portland to record a few episodes: beer, bees, and now this interview with a medical doctor who grew up in the Philippines, South Africa, she grew up Argentina, The Netherlands, all over. She's now based in Portland. She's been an OB/GYN since 1997, and she's worked several medical missions in Ethiopia. She's a total badass. She spent an hour on a Saturday morning getting peppered with questions from me.

She arrived in my hotel lobby – I think a bit confused, I’m gonna be honest. I think she was like, “What am I getting myself into?” I have a dear high school friend (hi Paul!). He had put us in touch, and I think she was like, “Who is this redheaded chick in a three-star Portland hotel? And why am I talking to her on a Saturday morning?”

Side-note: I had booked it on Hotwire where they tell you, “It’s probably a Sheraton or a Marriott.” Then after you pay for it, they’re like, “Psych! We gave you a creepy place where someone would stay if they’re going through a divorce on a budget.” So this amazingly brilliant doctor shows up, and on the way to my room she offers that the place has a bit of a Motel 6 vibe, and I was gently mortified. I was like, “Mmm, girl, you are not wrong. Please forgive me, I have been foolishly catfished by Hotwire.”

Anyway, we got to my room, and she has the calmest bedside voice of anyone I have ever met; I imagine honed from literal decades coaching live human births. If a screaming rotisserie chicken made out of my own blood were to work its way out of an orifice, I would want someone with her calm, intelligent disposition calling the fucking shots here. Likewise, if I found a rash somewhere delicate, or needed my holes probed by imaging equipment; her voice, her coolness are goals.

She pulled up a chair, and we chatted about what your gynecologist thinks of your bikini wax, unusual birthing strategies, self-care, and even – warning! – some super sobering statistics about assault, how you can help victims, how to wash yourself, how to touch yourself, all kinds of great stuff. Feel free to recommend this episode to anyone who is a woman or whose life has been affected by a woman, which is all of us.

So please skooch just a little further down the table – just a little more... okay, that’s too much – for gynecologist Dr. Philippa Ribbink.

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**Alie Ward:** Here’s your microphone, that’s yours. And we just talk into it, Dr. Ribbink.

**Dr. Philippa Ribbink:** Dr. Ribbink. Correct.

**Alie:** Was there a particular day where they’re like, “You can call yourself a doctor now.”?

**Dr. R:** After graduating from medical school. The day you graduate, you can call yourself doctor.

**Alie:** Did you?

**Dr. R:** Ummm, no.

**Alie:** No? Did it take a minute to get settled into your identity?

**Dr. R:** Yeah, it took a while. I did in residency, I think from day one. That was a month after I graduated, so it didn’t take that long, but yeah. It felt like I was acting in the beginning; I didn’t feel like a real doctor for quite a while. It actually took probably several years, before I stopped feeling like I was acting.

**Alie:** That’s really common, though, in doctors – especially doctors with a lot of empathy – that feeling of imposter syndrome.

**Dr. R:** Yeah, it's very common. I'm not quite sure why. I did a lot of acting in college, so I was okay with it, but I felt like I was acting.

**Aside:** Quick aside on imposter syndrome, because I feel like so many smart, capable people have it – including so many ologists that I meet.

First: it's not a syndrome or a disease at all. It's just an experience identified by two psychologists: Dr. Pauline Clance and Dr. Suzanne Imes. They observed that many intelligent, high-achieving people – especially women and people in an ethnic minorities – tend to think that they are not intelligent. It's common across so many fields. People like Maya Angelou and Sheryl Sandberg and even Tom Hanks being like, "Yeah man, I do not belong here, I suck."

A lot of people with imposter syndrome don't know that other people worry that they don't belong in the high ranks that they've achieved, but admitting and talking about it tends to really help, if not solve, the problem.

By the way, the opposite of this is called the Dunning-Kruger effect; when people of low ability think that they are the best. Which can also happen in a lot of fields, such as for example politics.

As for imposter syndrome, no matter if you're a doctor or a dancer, you may have felt like, "Do I belong here?"

**Alie:** At what point did you decide to nurture the medical side of your talents? If you were also doing arts and acting, was there a moment where you were like, "Ah, I gotta choose!"?

**Dr. R:** I always wanted to be a doctor when I was little kid. I had a heart operation when I was a little kid, and after that I always felt like, "I have to do this when I grow up." And my grandfather, who I was very close to, was also a doctor, so I wanted to be like him.

I always thought I was going to be a doctor, and then I went to college and I discovered acting, and I loved acting, and then I thought, "Maybe I'll be an actress in New York City." And then I was waiting tables in New York City and thinking, "I don't really want to do *this*."

I was very good at science, so in my last year in college I was like, "I need to rethink this; I need to do what I'm good at." I applied to medical school, and I got in, and ever since then... I love medicine. It's the only job I can imagine doing.

I don't think there's a lot of jobs, except for maybe what you do, where you can really hear people's stories. You can listen, you can get really intimate details about people's lives. A friend of mine said, "I don't read literature because I listen to patients all day long, and you can't make up this stuff."

The views in people's lives you get as a physician – maybe not all physicians, maybe not if you're a radiologist or a pathologist, but as an OB/GYN, or a family practitioner, or an internist – it's amazing; it's an incredible privilege. You get to listen to people's intimate details and then you get to give them advice. You get to change people's lives, and there's very few jobs where you get to do that.

**Alie:** Do you think that there's something about psychology and stories that drew you to women's health, in particular?

**Dr. R:** Probably. I've always found that there's just something about women's health; what I do as an OB/GYN is so varied. I'm a general OB/GYN, so I get to deliver babies, I get to take people to the OR, I get to do C-sections... I get to know people for 20 years. Surgeons get to meet someone one day, take out a gallbladder, and then never see them again. I get to see people whose kids I've delivered, and then maybe I've taken out their ovarian cyst, and I take care of their kids.

Yesterday, I saw a patient who was a Katrina refugee, who had nothing when she came here, and now her kid's going to go to college. I get to see these stories, and who gets to have that kind of inside view? Even as a journalist you get to hear a story, and then you're in another town, so you don't get to know people on that level.

**Alie:** When you were first starting out, was that kind of intimacy easy for you, or did that become more easy, more natural, as you gained experience?

**Dr. R:** Yeah, I think it takes time to be comfortable with people telling you things that may be somewhat embarrassing and a little too much information, who are a little bit like, "Oh my God, I work with you and you do that? Hmm, that's interesting."

But I think that it takes a while to ask the right questions as well. It takes a while to ask questions about people's sex lives. It takes a while to ask, and to learn how to do it without judgment, where people are actually comfortable and they're going to tell you details that are important for you to know. If you don't ask the question, you're not going to get the answer; you're not going to be able to make the diagnosis.

People make silly choices sometimes when it comes to sex, and you don't find out that they've made those silly choices until you've actually asked a really specific question. Or they make silly choices when it comes to drugs or other things, and again, unless you're very specific and you learn how to ask questions very specifically without judgment... And that takes quite a while. I think that in the beginning I wasn't that good at that.

**Alie:** Do you have to do a lot of guesswork with women's health? Are there any cases that really confused both you and the patient? I feel like, as a person with a vagina and as someone who has friends with them, there's a lot of times women's health can absolutely confuse us and we say, "Why does this hurt? Why is this happening?" Do you find that sometimes diagnoses are difficult to make?

**Dr. R:** Probably pelvic pain is one of the hardest subjects for us all, because people come in with complaints of pain and there's so many different things that can cause pain in the pelvis. There's so many different organs in the pelvis, and all the nerves travel together.

You could have a hairline fracture in the tip of your femur, in your femoral head, and that could make you hurt in the mid-line as if you've got something wrong with your ovary. All these pain fibers travel together; I've had people with ectopic pregnancies on the left side come in with intense pain on the right side.

**Aside:** Side note: ectopic means 'out of place', literally, and it refers to an egg, instead of implanting in the uterus, deciding to attach to your fallopian tubes or elsewhere. It's like moving into a new house, but setting up your bedroom in the driveway. It's like, "Is here good?" No, it is not. That's not good.

Sadly, ectopic pregnancies usually do not have a good outcome, and they can be super dangerous for both the fetus and the mom. And they hurt a lot. Sometimes in the wrong spot.

**Dr. R:** It's hard to locate pain just by where people point or people say, "It hurts on this side."

I remember taking a patient to the OR because she had intense pain on the left side, and she had a cyst on the left side. She was postmenopausal, and she shouldn't have a cyst on the left ovary. We took out her ovary, and she still had this pain on the left side.

I scratched my head and didn't know what to do with her, and sent her to a friend of mine who's a fantastic physical therapist, who's also really fantastic diagnostician. We figured out that she had started playing the flute and was holding her body really funny...

**Aside:** WHAT?!

**Dr. R:** ... and was just contracting her left side of her body, and that's why she had this intense pain on the left side. So there's all this... People hold tension in their iliopsoas muscles...

**Aside:** Huh?

**Dr. R:** ... they hold tension in their levator ani muscles...

**Aside:** Come again? Okay, those are both part of your pelvic floor, which is like a trampoline of muscles holding your bowel and bladder and uterus in the right spots. This basin of muscles makes sure your guts and gonads are well supported. Some of us don't even realize we've strained them, or don't even know we have them; we've never even thanked them once! If you're feeling bad about it, do a little Kegel squeeze right now, like a high five. Boop!

**Dr. R:** They'll hold tension in some of their muscles, and it will feel like pain from their ovary, it will feel pain from their uterus, and it's really referred pain.

**Alie:** Wow. I didn't even know that could happen. I can't imagine, you're like, "I played the flute; let's get this ovary out of here." That's not something you're going to find in a medical textbook.

**Dr. R:** No. Sometimes you can get it out through the history, through finding out what kind of work people do, whether they stand a lot... And a lot of them have had a history of sexual abuse. A lot of times when you've been raped or you've been hurt, your body remembers the pain, and it manifests itself later on in life in various different ways.

**Alie:** Having practiced now over 20 years, have you seen any attitudes toward women's health, or being their own advocates for their health, or their attitudes toward their own sexual relationships change at all over the last couple decades?

**Dr. R:** Unfortunately, I think women are still somewhat mystified by their body, more so than they need to be. There's a lot of information out there on the Internet that's very helpful, but I don't know how many people are actually accessing it. There's an amazing website called OMGYes that basically talks about female sexuality.

**Aside:** Uh, yes I went to OMGYes.com. This is a site that raises money for women's sexuality research by providing, in exchange, informative beautifully shot instructional videos behind a paywall. I was like, "Do I pay \$39 in the name of science to see what this is all about?" Hell yeah, I used my business card and I did it.

Let me just say: whoa dude! Whooooo. Whoa, okay. It's this gorgeously shot catacomb of videos you can go down about orgasmic tactics, such as edging, layering, signaling, orbiting, and it's just right up in there, you see it all.

Honestly, the most striking thing was... Whoa! I have never seen someone you'd work in an office with talking or doing sexual things on camera like this. There's no performative moaning, there's no painful-looking high heels, or weird coy eye contact with the camera... It's just women teaching women how to use their anatomy for pleasure.

Men might be thinking, "You need a video for that?! We don't need videos for that." Because our bodies are human factories with a lot of real complicated parts, most of sex-ed that women get focuses on mechanics, like periods, pads, tampons, ovulation, how to make sure a dude does not put a baby in us when we don't want one, etc.

As we learned in the sexology episode, most women don't come through just vaginal stimulation. No one really talks to us about that, because for a quarter of our fertile lives we are busy hemorrhaging from our crotch, and that just got dropped from the pamphlets they give out in middle school. They're like: "Oh yeah, I guess you could come, I guess... If you figure it out."

**Dr. R:** I think it's kind of changed; the last year is very interesting to me, because – maybe because of the #MeToo movement, maybe because of reaction to the election – there are many more TV shows that talk about female sexuality very openly, so I kind of feel things are changing now, but I don't know.

I still see a lot of women with pain with sex. There's a lot of great information out there about that. Women are coming in very mystified about it; they don't know how to access information on the Internet and how to find the right sources. They come in with a lot of shame. They hear things like, "Oh, just continue to have sex, because it will get better," and by the time they come and see me, they've had pain for so long that their muscles are completely tense, and it will take ages for us to reverse what's happened.

I think that things may be changing now, but in the 20 years I've been here, I haven't necessarily seen... There are people that know how to access information, from either books or from the Internet, and they know how to separate the bullshit from the true information. But there's also people that just get mired in the details, and then come in with some really kooky concepts.

**Alie:** Do you find that people sometimes over-google before an appointment, and they're like, "I think I figured this out"?

**Dr. R:** Yeah, people do. And again, sometimes people come in and they've googled things, and they've found some stuff that I've never heard of, and they educate me. There's also people that come in that have really gone down a rabbit hole, and that hasn't helped them. I don't know what makes people good at finding information and what makes people bad at it.

**Alie:** Is there any book you think that every woman should read about her own health? Like is this an *Our Bodies, Ourselves* kind of thing? Should there be a textbook?

**Dr. R:** There should be. I think *Our Bodies, Ourselves* is kind of outdated, and the *Joy of Sex* is kind of outdated. I think there should be something. The thing about female sexuality is that it's finally being studied in a more scientific way.

I remember a textbook when I was in residency – it was a surgery textbook – that talked about treatment for vulvar cancer. For some vulvar cancers that are invasive, that are spread, the treatment is removing the entire vulva, including the clitoris.

**Aside:** Let's take a few quick secs for a quick rundown of the key players in a gynecologist's eyeline. Now, when you say 'vagina' (such as in "my vagina wants to text him, but my heart knows better," or, "I'm sorry I stole your brownie, please do not kick me in the vagina, friend.") what we're probably referring to – bum bum bummm, you ready for this? – is a vulva, which is such a moist-sounding word.

I am a grown-ass woman, and I just learned one minute ago that the vagina is just the muscular canal, that's your baby chute. The vulva is everything else external, including the pubic mound, the labia majora (that's your burger bun), the labia minora (there's your lettuce), the clitoris, [*heavenly harps*] your pee hole, your vag opening, that's all your vulva! You've been calling it by its sister's name, Vagina, all this time! But it's like, "Whatever, I'm used to it."

So, as she was saying: in some cancers, if they spread, they remove all, or part of, the vulva. Muhh!

**Dr. R:** This surgery textbook said that after that, some women will still achieve orgasm. And I read that, and I tried to find the reference for this, and I couldn't. There wasn't a reference for it, it was just a statement in the textbook, but it wasn't referenced.

So I thought, "Where on Earth did they get this information?!" And I know where this information comes from, 'cause I've worked with those doctors. The patient comes in, the doctor says, "Is everything still fine with your husband?" and the patient says, "Yes, it is." Hence the conclusion that women can still achieve orgasm, which is complete bullshit. I never found a reference for that statement.

**Aside:** [*mock patronizing voice*] "If things are fine for your husband, they must be fine for you!"

**Dr. R:** I think that finally there's people that are actually doing scientific research on female sexual pleasure and female bodies, and I think that's really important.



**Alie:** It's astounding that it hasn't been, that it's such an afterthought to women's health in general. I feel like the focus tends to be more on the reproductive. I feel like we prioritize making more babies rather than having orgasms, probably.

**Dr. R:** Yeah, but I think it's who's telling the story. For ages, men have been telling the story. Finally women are telling the story. Women directors are directing movies and telling stories; there's TV shows that are written by women, directed by women, and finally women are telling the stories.

I think we'll get more science being spent on issues that are important for women. We need more women telling stories, we need more women in science, we need more women asking questions.

**Alie:** So, ladiiiies!

**Dr. R:** Exactly.

**Alie:** Did you gravitate toward gynecology because of your own interests in it? Were you mystified by things and you thought, "If I'm mystified and I like science, maybe other people are."? Did you like the idea of delivering babies? What was it?

**Dr. R:** I was a rape victim advocate in college, so I think that made me interested in women's health, and then in medical school there were two fields I loved: psychiatry, but that happened to be because I did medical school in New York City. The psychiatric hospital was Payne Whitney at Cornell, and it was just such a fantastic psychiatric hospital, and the psychiatrists were the smartest doctors I met, and it was just fascinating.

And the second field I really loved was OB/GYN. I just absolutely fell in love with it. I really had no experience with delivering babies before I started medical school; I just fell in love with the field.

**Alie:** I'm so sorry that happened to you by the way...

**Dr. R:** I wasn't a rape victim; I was a rape victim *advocate*.

**Alie:** [*relieved*] Oh my gosh, I thought you said, "and actor," and I was like, "I am so sorry!"

**Dr. R:** Oh no, I was a rape victim advocate.

**Aside:** This is super embarrassing, but when she said, "rape victim advocate," I missed the "advocate" part of that sentence. That was the most embarrassing and delicate conversational hiccup of my life, so thank you for witnessing it. I had never heard of a rape victim advocate, but Dr. Ribbink explained.

**Dr. R:** I went to the ER to be with rape victims. They had a program, you could train to become a rape victim advocate. You were on call, and if a rape victim went to the ER, you would go with them and sit with them during the interview.

**Alie:** How did you get involved with that?

**Dr. R:** I don't know. There was a flyer up in my college, I went to a women's college... I don't know.

**Alie:** That's dope. I didn't know that was a thing.

**Dr. R:** Yeah, it was cool. It was a good thing to do.

**Aside:** In an ideal world, perpetrators of these violent crimes wouldn't do this. We all know that society has a long way to go in addressing our culture of violence. Unfortunately, I hear these stories from people I know a lot. Every woman seems to have had a sexual experience that should not have happened to her, or a near brush with one.

**Alie:** Those stories are so common.

**Dr. R:** They're incredibly common. I mean, it's just astonishing how many women have been sexually assaulted or raped. It just is astonishing.

**Alie:** And underreported as well.

**Dr. R:** Underreported. We used to say one in four; I think it's probably one in two.

**Alie:** Wow. God, that's... I'm hoping that women will start some kind of tide of speaking up. I feel like the last couple months has been the first time that you really hear people speaking out about it, because the repercussions are so much sharper for women than they should be – ever! – than they should be for any other victim of anything else.

**Aside:** For more information on programs to help support victims, one resource is RAINN.org, so check that out.

So in college, she spent some time being on call for volunteer work. What about now?

**Alie:** When it comes to being an OB, are you always on call?

**Dr. R:** No, I'm in a group. I could never always be on call; I know that OBs used to do that, and I think they had wives that would take care of their personal needs and were somehow able to do it. I would never be able to pull that off. No, I work with a lovely a group of physicians and we cover each other.

The founders of my group really felt that in order for us to be good physicians, we had to take care of ourselves. We couldn't take care of other people if we didn't take care of ourselves, so from the very beginning of the group, we never took call for ourselves 24/7. We always covered each other, so that if you had a dinner date, you could go to your dinner date. You didn't have to cancel your dinner date just because someone was in labor.

Our OB patients hear that from the first day they come in the door: I work in a group, we cover each other for call, whoever's on call is going to do your delivery. It may be me, it may be one of my wonderful partners, and if that's not okay with you, you need to find a different physician.

**Alie:** When you say taking care of yourself – of course that makes you a better doctor. I think that's so interesting, especially when it comes to women's health; we don't take care of ourselves. What are the basic tenants of making sure that you're not ragged, and that it's not affecting your body? I'm asking this for selfish reasons, because I'm always ragged.

**Dr. R:** Get enough sleep when you can; don't drink too much alcohol; have friends, do things with your friends; have family, do things with your family; go on vacation...

Do things that have nothing to do with medicine: go to the movies, read a book, learn a new language, do other things, and exercise. Everyone in my group has an exercise routine, and we stick with it religiously. It's so important. And eat healthy! I mean, those are basic things that everyone should do. Don't eat junk food.

**Alie:** What's your exercise routine?

**Dr. R:** I go to yoga twice a week, and then I do this bizarre exercise called Gyrotonics; I take a private lesson with this Russian ballerina who tortures me, who says, "I'm Russian. I had to do this when I was a kid, and you have to do this."

**Alie:** What is it? Does it involve a gyroscope?

**Dr. R:** No, it's kind of like Pilates, but it's more three-dimensional than Pilates. It's an amazing core muscle exercise routine. A lot of what I do is bending over and holding my body in funny positions when I'm waiting for someone to deliver.

**Aside:** Okay, I looked this up and it's not Gyrotonics, it's technically Gyrotonic®, a registered trademark. Gwyneth, Madonna, they're both into it. The videos I watched feature these super ripped Swan Lake-types stretching cables around with such elegance! They look like alive puppets doing this slow sweeping modern dance performance. It's also expensive, but there are Groupons if you're thirsty for abs.

**Alie:** You're a gyro gyno.

**Dr. R:** I am a gyro gyno. There's actually three gyro gynos in my group. *[laughs]*

**Alie:** You all go?!

**Dr. R:** We're the gyro gyno group! We actually thought about having a group retreat and doing a Gyrotonics class.

**Alie:** You guys need t-shirts, man. *[laughs]*

**Dr. R:** I know, we do. And I run and I walk.

**Alie:** So make sure to get some exercise.

**Dr. R:** Yeah.

**Alie:** I think we need a Women's Health Bible and that should be chapter one, and then the rest are things like, "What the hell is the cervix?"

**Aside:** Okay, cervix means 'neck,' and it's the lower part of the uterus that serves as an opening to your vagina. Now, I tried to find a fun fact about a cervix that you would like... and it might be uncomfortable, so I'm just going to sing it fast, in case it's uncomfy, so you can just tune out the words and groove to the music if you need to.

Okay: *[singing a light-hearted, made-up melody]* So your cervix has glands that make mucus, and you can monitor it to figure out how fertile you are. It's thicker and acidic when you're less likely to get knocked up, but it's stretchy and clear like an egg white when you have more estrogen and might be ovulating. That aspect of being stretchy, like for instance in

mucus, has a name and the Internet says it's pronounced like this: [*clip of robotic pronunciation*] "spin-bar-kee-ite." [spinnbarkeit]

I'm sorry I did that to you, and also, there's nothing less sexy than a robot describing your cervical mucus. Okay, let's change the subject.

**Alie:** This is a dumb question, but when people are going to the gynecologist, and they're like, "Oh my god, do I need to get a bikini wax?!" Does any of that really matter? Because there's so many women I talk to who are like, "Oh man, I'm rocking this bush... Oh, this is embarrassing!" Does a gynecologist ever really care?

**Dr. R:** I actually tell everyone: don't shave, because hair is there for a reason. If you talk to all the vulvar specialists in the country, everyone's like: Don't shave.

**Alie:** Really?

**Aside:** It's so cool that out there right now, there are vulvar specialists. Real ones, and not dudes on spring break wearing shirts proclaiming that they're vulvar specialists. They're not.

**Dr. R:** I see people come in with nasty folliculitis because they've shaved, or they've waxed, or whatever. I also think the shaving has made people so much more aware of what their vulva looks like, and their labia. There's so many people that think their labia are too long and that they need to be reduced or cut off, and I think part of that's because everyone's shaving, so you can see them more.

There's so many different normal shapes of vulvas, and the range is amazing. I think people have this idea of what that needs to look like. That's really artificial. All the plastic surgery that people are doing on their vulva; I think part of it is the result of Internet porn, part of it is the result of everyone shaving and thinking that this is what it needs to look like, and there really isn't a specific way that it needs to look like.

**Alie:** That was one of my questions; I was gonna ask if in your practice labiaplasty has become more and more popular as we have more access to images that maybe are altered.

**Dr. R:** It has. My practice was started by two hippies, so we've got a little more hippie-dippy practice. Although the two hippies have since moved on, and I do not like The Grateful Dead. That was actually one of my interview questions!

**Alie:** That's so specific! Did you lie and say, "Yeahhh..."?

**Dr. R:** No! I said no! I grew up with The Sex Pistols, not the Grateful Dead. [*laughs*]

**Alie:** Oh my God. That's hilarious!

**Aside:** Perhaps as a future gynecologist, she was influenced by the Sex Pistols' seminal album *Never Mind the Bollocks*. [*-muted and echoed DJ airhorn*] 'Bullocks' mean testicles in British slang.

Back to trimming your labia.

**Dr. R:** So, not so much in my practice. I occasionally have done labiaplasties, especially in cases where one labia is way longer than the other; or when they're so long that they're really rubbing and it's really uncomfortable; or where when they're athletes and it is a problem. I've done labiaplasties in those cases.

I don't get that many requests for just purely cosmetic labiaplasties, but I know physicians that are practicing elsewhere where that's a big bulk of their practice. In New York, there's a specialist in maternal fetal medicine, high risk obstetrics, that left his specialty and all he does is labiaplasties. He advertises on the Internet, the before and after picture, and has all these stories from women that [*sarcastic*] always felt horrible, and felt that they were ugly, and now they feel so much better.

To me there is no normal. You know, let's talk about what's normal. Let's talk about the range of what the vulva needs to look like. The only thing that makes me really hopeful is that we're starting to see more women's bodies that are slightly different in advertising. We're starting to see women's bodies on TV that are not the perfect model that whoever decided was the perfect model. I'm hopeful that women are finally going to learn how to accept their body the way it is. Because I think that's what it's about.

**Alie:** I guess being an advocate for your own health is accepting your body as fine as it is. I think women do tend to have a bit of an antagonistic relationship with their body because of perfection standards. I feel like every woman I know has something that they're...

**Dr. R:** No one likes their own boobs.

**Alie:** Really? [*laughs*]

**Dr. R:** It seems very few people really find that their breasts are... They're either too big, they're too small... There's no better lesson you could teach your daughter than: Love your body the way it is.

**Alie:** It's a lot cheaper, also.

**Dr. R:** It is. It's a lot cheaper than plastic surgery.

**Aside:** Okay, let's pivot to have some IUD chat. Intrauterine devices, IUDs. They can last three to six years and be super effective in preventing pregnancy. They interfere with sperm motility, they booby trap your cervical mucus to make fertilization harder, and in some cases they poke your uterus to make you think you're already preggers, so that an egg won't implant. That's very laywomen's terms. They also can deliver hormones, and they can help with heavy periods, like the Mirena IUD.

**Dr. R:** Some people don't tolerate the Mirena IUD.

**Alie:** I was gonna ask about IUDs. How much more common they're becoming, and if they're pretty painful. If someone's considering one...

**Dr. R:** It depends on where you are. On the coasts, I think they are a lot more common. Right before the election, I think I was putting in two IUDs a day, because people were afraid

they're going to lose contraceptive benefits, and an IUD lasts five or 10 years, depending on what kind of IUD you have.

We've always put in a lot of IUDs. I once did a review for a legal case somewhere in the Midwest. Their patient was never offered an IUD, and she presented with heavy bleeding. One of the first things we would do in someone who presented with heavy bleeding would be to offer them a Mirena IUD, because it reduces menstrual blood loss.

And it's so effective that I worry about my residents getting enough experience doing hysterectomies, because we don't do that many hysterectomies anymore. We use the IUD.

**Alie:** When it comes to ovarian reserve and eggs; I feel like I know a lot of people who are waiting a little bit longer to have children. Maybe they're in their mid-30s, late-30s, before they're considering starting a family. Maybe this is a stupid question, maybe it's not: if you've been on birth control, preventing ovulation for a number of years, does that mean that you have more eggs or not?

**Dr. R:** No. I mean, it's good to be on the birth control pill for many years, because it decreases the chance of you developing endometriosis. It suppresses endometriosis, so it preserves fertility in that way. It doesn't preserve fertility in terms of ovarian reserve.

It's not that you don't have eggs, it's just that your ovaries become more unresponsive. It's not just the number of eggs you have left, it's more the responsiveness of your ovary.

**Alie:** Do you recommend women who are waiting to have a family... Is there a time when you're like, "Get these puppies on ice,"?

**Dr. R:** That's a good question. The American College of OB/GYNs – I think it was last year – they sent out a questionnaire where they asked all of us up to what extent we offer fertility preservation to our patients that are in their early 30s.

It's interesting, because what came out is that most of us, if we had a patient who presented with cancer and was going to get radiation that was potentially going to destroy their ovaries, we would talk to them about preserving their eggs. And we don't necessarily do that in our patients that are 32, that are getting their second PhD, and waiting to have kids because of that reason, and we should.

Ever since that study I have been asking people, "What are your plans in terms of kids? Is this something you want, something you don't want?" Occasionally I've talked to people about preserving their eggs; the tricky thing in Oregon is that it's not covered under insurance, so it's pricey. It costs a fair amount of money and people that are students don't necessarily have an extra \$10-\$20,000 laying around to do that, so that's the problem.

I don't think people are quite aware of how much infertility is caused by age.

**Aside:** 20 years or so ago, the American Fertility Society wanted to launch an ad, very well-meaning, on buses, that said, "Hey, ladies! Start your families before you turn into a wizened crone!" I'm paraphrasing.

**Dr. R:** They showed the ads to groups of women and everyone was completely offended. How do you tell women, “Your clock is ticking,” without telling women, “Go make a baby!?” It’s hard.

We used to not be that good at freezing unfertilized oocytes, and now we’ve become much better at it, so it’s a viable option now for those that can afford it.

**Alie:** But early 30s is a time to think about it. Maybe.

**Dr. R:** Yeah. Late 20s, early 30s.

**Alie:** I remember someone mentioning it to me when I was 34, and I was like, “How DARE you?!” And then I was like, “Yeah, okay, I see what you’re talking about.”

**Dr. R:** Fertility starts plummeting in our late thirties, and we’re all on different curves. I’ve had a patient that conceived with IVF with her own eggs at 45, but that’s the exception to the rule.

**Alie:** Right. There’s always someone that’s like, [*snobbishly*] “I don’t know. My cousin found out on accident she was pregnant at 48, so anything’s possible!” And you’re like, “Okay, whatever. Good to know.”

Okay, I have some rapid-fire questions from listeners. Carrie Stuard wants to know: What are OB/GYNs doing to reduce the maternal mortality rate in the US and during a woman’s pregnancy? How do OBs balance the mom’s health with the baby’s health?

**Dr. R:** Well, in California, they took control of the issue and they started investigating every maternal death, and they came up with some really great algorithms: protocols and approaches on how to address postpartum hemorrhage, on how to recognize a woman at risk for preeclamptic seizures... California maternal mortality rates have gone down ever since they started investigating maternal deaths.

Texas maternal mortality rates have gone up. I think it’s a state-by-state response, and it has to do with access to care.

**Aside:** Texas maternal mortality rates are five times that of California. They’re ten times that of some other developed nations. Access to good medical care as prevention holds true on a global scale as well: staggeringly, 99% of global maternal mortality happens in developing countries.

For me, as a non-mom, I had kind of taken for granted the danger of childbirth; it’s such a natural process. And on top of that, we have phones that can scan our faces now, and talking robots, and soap, and missions to Mars. I had thought, “Oh, we’ve totally kicked childbirth risk.” I had no idea that the statistics were still going up in some parts of the country.

**Dr. R:** You know, in obstetrics, most things go fine most of the time, and occasionally things don’t go fine, and when they don’t go fine, they go south real quickly. And it takes a certain volume to recognize, “Oh, things are going south.”

There’s also a changing culture. For instance, in our hospital, the way we’ve empowered our nurses to speak up. If there’s one person in the room that’s not comfortable with what’s happening, we have certain words on how to say, “Stop, I think we need to change this

tactic. I'm uncomfortable with what's happening here, and this is what I want to see happen." And everyone in the room has a right to speak up.

By empowering our nurses, we've changed things. We're moving away from this model that 'the physician knows everything and is the captain of this ship'. We're moving more to a team approach to medicine, and it's a much better approach. It's a much safer approach.

**Alie:** Is it more natural to squat and have a baby than it is to lie down and have a baby?

**Dr. R:** It is, but most of us don't have enough core muscle strength to actually do that. I've only had a couple of patients in my career that could actually hold their body up in a squat and push out a baby.

**Alie:** You need a gyro.

**Dr. R:** Exactly. One competed in the Iron Man; she was completely, like, superwoman.

**Alie:** She was just trail running, squat, have a baby, keep running.

**Dr. R:** Yeah, just push this baby out squatting. Most of us just don't have enough core muscle strength. We sit in chairs, we sit at desks. I've done some work in Ethiopia, and an Ethiopian woman can actually squat and push a baby out, because they don't sit on chairs. They sit on the floor. They work in the field all day long. They have good core muscle strength. We just don't have enough good core muscle strength to do that, most of us.

**Alie:** Good to know. I won't be squatting one out anytime soon, but I should work on my core.

**Aside:** Sidebar: I started looking up chairs, really fancy balancing ones, and some were like \$700, which seems like a really gross way to mimic, just, not having a chair.

Then I found an article that said one thing you could do is just sit on the floor more. It's free, it has health benefits like improved posture, it strengthens your core, and according to this article it also keeps you humble. And it's like, "Dude, it's Saturday night. I'm googling, 'Why am I a slob with atrophied abs?' I've got that last one covered."

**Alie:** Rebecca Hall wants to know: When you say you've seen everything before, do you actually mean that? Or are you just saying that to make us feel better? When you're like, "Oh man, I've seen everything. Don't worry about it." Or do you just say that? *[laughs]*

**Dr. R:** I don't think I've ever said I've seen everything before. I've seen a lot, but I don't think I'll ever have seen everything. I never cease to be amazed with what I see. I mean, life is messy, we're all messy, we all make silly mistakes. I really don't have a lot of judgment when it comes to people's behavior.

Initially I think I was practicing non-judgement, but eventually... There's so many different ways of living and there's so many different ways of being, I don't...

**Alie:** Which is funny, that leads to the follow-up question. Katy Grant wants to know: What's the most unexpected thing you have ever retrieved from a vagina? And I don't know if you can answer that. *[laughs]* A set of car keys? A muffin?

**Dr. R:** I think a cross, in residency.



**Alie:** A cross?? Oh. I hope it was ironic.

**Dr. R:** No.

**Alie:** Ouch.

**Dr. R:** Yeah.

**Alie:** That is not ergonomic, at all. Oy.

Colette Ayers wants to know: Why am I so irregular despite having every single form of test all coming out normal? Including the one with the long stick covered in a giant condom. I think she's talking about a transvaginal ultrasound. Are there negative effects on the body when periods are not regular? Or are there certain chemicals your body produces during menstruation that if you're irregular, your body misses out on? She asks: Is contraption a good way to regulate your period? I believe she means 'contraception', and that was probably autocorrect, but maybe there's a contraption... a uterine cage? *[laughs]*

Irregular periods. What's happening here?

**Dr. R:** It is normal for the period to vary from anywhere from every 24 days to every 36 days. That's still considered regular. And while some women are blessed with having a period every 28 days, even when they're not on the birth control pill, most women have slightly irregular periods.

**Aside:** Quick knowledge drop about your red devil, your crimson tide, your leak week, etc. Menses comes from the Latin word for 'moon', because duh, both are 28 days, so of course the moon is a hollow orb that houses a period gremlin who controls us. Naturally.

But I fact checked this: several scientific studies have shown there's no correlation between moon phases and menses. It's a dang mystery, and to repeat the doc: most women have slightly irregular periods anyway, so the moon is not a conspirator in your ruined beach plans.

**Dr. R:** Skipping periods altogether probably means she's not ovulating on a regular basis, and sometimes that's because you have polycystic ovarian syndrome, and sometimes you have oligo-anovulation: you're just not ovulating on a regular basis, and you just skip a period once in a while.

If you have really long intervals between periods and you menstruate once every six months or so, the risk of that is that you're still making estrogen, the estrogen is stimulating the lining of the uterus, you're not breaking down that lining of the uterus, so you can get an overgrowth of the lining of the uterus. Or worse, you can get a cancer of the lining of the uterus if you're still making estrogen and you don't have progesterone to break down that lining once in a while.

We usually say you should have at least four periods a year. If you're not having four periods a year, you should take progesterone to make yourself have a period four times a year. It's a bit of an arbitrary number, I don't think any of us have ever studied that that's the right number that's going to protect the lining of the uterus.

If your periods are really heavy, and you're having a lot of bleeding in between your periods, you need to get the lining of your uterus evaluated, and even if you've done it two years ago you may need to do it again. I've had patients develop endometrial cancer that I've biopsied every two years, and every time that lining was negative, and lo and behold, now it's positive and they've got endometrial cancer.

If you continue to have what we would call 'unopposed estrogen', so estrogen to the lining of the uterus and no progesterone to break down that lining of the uterus, then you need to have the lining of your uterus evaluated. If, on the other hand, you're having irregular periods because you're going into premature ovarian failure and you don't have a lot of estrogen around, and once in a while you still kick out and recruit a follicle and ovulate, then that's not as concerning.

**Aside:** So irregular periods could be nothing, or they could be a sign that your lady machine is about to retire from the game early, even when you thought you had a few innings left to play.

Also: buckle up for a fun fact about how low FSH, or follicle stimulating hormone, can be an indicator of good ovarian health, and some TMI about ol' Ward's gonads. I feel very vulnerable right now.

**Dr. R:** It depends on if you're still making estrogen. Are your estrogen levels normal? Is your FSH normal, which is your follicular stimulating hormone, which is the hormone your brain makes to tell your ovaries: make estrogen. And as long as your follicular stimulating hormone is less than 10, you're still making estrogen.

**Alie:** But you gotta get that checked on a certain day too, right?

**Dr. R:** Hmm, yes and no. If it's less than 10 on a random day, you're in good shape.

**Alie:** Mine was 135 last it was checked. [*nervous giggling*]

**Dr. R:** You have premature ovarian failure.

**Alie:** Sure do. That started happening to me in my mid-30s, and I just was like, "Oh, I travel a lot, it's just irregular." And they didn't figure it out until... When it came back, they were like, "There's a chart and you're off of it." And I was like, "Oh, good to know."

But yeah, I didn't even think that that was a thing. I think we also get fed, like, "As a career woman, don't let anyone tell you that you're losing fertility." You know what I mean? It's almost like a badge...

**Aside:** It's fine. It's fine. I'm fine. I'm an aunt. I'll get a dog, probably. Babies seem like a lot of work anyway. I'm fine. I am fine.

**Alie:** Let's see, Mads wants to know: "How scary are Pap tests and OB/GYN appointments, etc.? I'm a young adult with a varguba – I think she means a vagina... I think that's adorable..."

**Dr. R:** There's so many different words for vagina. [*laughs*]

**Alie:** I know! She's terrified of getting her bits checked out. "How scary are they?" she wants to know.

**Dr. R:** Well, first of all, we don't do Pap smears until people are 21. It also depends on whether you've been sexually active before; if she's never been sexually active, she doesn't actually need a Pap smear. If she's been sexually active, if she's used tampons before, it really shouldn't be uncomfortable. How scary it is depends on how comfortable she is with the physician; if she's uncomfortable with the physician, don't have them do a Pap smear.

**Alie:** I notice they always have a nurse in the room as well, right? That's fairly new?

**Dr. R:** Yeah, there should be someone else in the room, whether it's a nurse, or a medical assistant, or a scribe.

**Alie:** It's always a matter of, "You just gotta keep scooching." You think you're scooching to the edge of the table and then they're like, "Can you scooch more?" And you're like, "Really?" You scooch, and they're like, "Just a little more." And you're like, "Damn, I've gotta hang my butt off this thing for real." Keep scooching.

**Dr. R:** Yeah, that's true.

**Alie:** Lily Masa has a good question: Is there an equivalent of a gyno for trans women? Is it the same doctors for cis women, or is that a fairly new job thing that specializes in trans women's health?

**Dr. R:** I see some trans women, but not that many. I actually see more trans men than I see trans women, interestingly enough. Most trans women will have their vagina built by someone who specializes in surgery. That's a very specific surgery, it tends to be people that are plastic surgeons, sometimes it's urologists. There's different groups in the country that are known for their surgery. Some of our trans women patients will go to Thailand because the surgery is a lot more affordable there.

Marci Bowers is herself a trans woman. She used to be an OB/GYN. She specializes in gender reassignment surgery, and she's located in the Bay area. She used to be in a little town in Colorado.

**Aside:** The town of Trinidad, Colorado, became known as a hub for gender reassignment surgery when this local surgeon, Dr. Stanley Biber, had come back from being a medic in the Korean War, and he was asked by a patient about the possibility for this procedure.

He was kind of stumped, he was like, "I don't know how to do that," so he wrote to some colleagues at Johns Hopkins and Stanford. They sent some plans, some sketches, like, "That's how we did it a couple times." And in the late 1960s, he got really good at it, so this doctor in Colorado started practicing gender reassignment surgeries, and trans folks started moving to Trinidad, Colorado, because his medical care was the best.

This doc passed the torch to Dr. Marci Bowers, but when she left for San Francisco, Trinidad, Colorado, became a bit of a ghost town. The mayor himself called it, "an abyss of nothingness." But recently they turned an abandoned Pepsi plant into a pot dispensary, and business in Trinidad is on the rise.

So for several decades, Trinidad, Colorado served as this beautiful rare gem in the middle of the Wild West. But care for trans patients is now becoming a little more widespread.

**Dr. R:** There's a couple of centers. San Francisco has a Center for Excellence in Transgender Health, OHSU has a Center for Excellence in Transgender Health. These centers specialize in gender reassignment surgery, and those tend to be the places where people go.

**Alie:** Christa Trexler wants to know: How many babies have you delivered, and what's the longest you've ever seen a woman be in labor for?

**Dr. R:** I didn't keep track of how many babies I've delivered. I've probably delivered over 3,000 babies, but I didn't actually count them all.

**Alie:** Oh my God, that's so many babies!

**Dr. R:** Just based on how many years I've been in practice.

**Alie:** What's the biggest one? My sister had a 10-and-a-half-pound baby. It was like a turkey.

**Dr. R:** I was supervising a midwife who delivered a 13-pound baby.

**Alie:** Ah, what? [*slowed down, deep and drawn out*] That's like two babies!

**Dr. R:** The biggest one I've delivered was also close to 13 pounds, but that was a C-section. We knew that baby was gonna be big, so we felt it wasn't gonna be safe.

**Alie:** Yeah. Let's get out the sunroof there. Oy vey.

**Aside:** Quick question: why are some babies giant? Doctors don't call them giant babies, but rather 'LGA', which stands for Large for Gestational Age. Any baby over 8 pounds, 13 ounces is diagnosed with fetal macrosomia, which literally means, 'baby, big body'. Genetics can play a part, as can maternal diabetes, which messes with your insulin levels, but sometimes they just don't know. And my niece is now a lanky 12-year-old. She's almost taller than me, but she will always be our beloved LGA fetal macrosomic giant turkey baby.

**Alie:** What's the longest you've ever seen someone in labor for?

**Dr. R:** Oh, it could be days. Real active hard labor, probably two to three days.

**Alie:** Ugh! What's the percentage of people that get epidurals? Because I would be like, "Anaesthetize me from the neck down; wake me up when this thing's over."

**Dr. R:** It's about 70-80%.

**Alie:** Is there any risk to them?

**Dr. R:** If you get an epidural very early in labor before you're in active labor, it may slow down your labor. When you first get into active labor, it's probably a good idea to walk around, because kids have big heads compared to our pelvis, and in order for the head to fit down the pelvis it needs to rotate to find a way to pass through the pelvis.

Humans, when they evolved from being a four-legged mammal to becoming bipedal changed the structure of their pelvis. Their pelvis got a little smaller, and in the meantime, heads got bigger.

**Aside:** Listen to episode two on primatology if you want more details on our shitty head-to-pelvis situation.

**Dr. R:** Hence when the baby actually descends and leaves the body, it actually goes through these rotations to make its way through the pelvis. And those rotations work way better if you're actually walking, so if you can walk for a part of active labor, your kid's more likely to descend, and your labor is gonna be a little bit faster.

**Alie:** Okay. Get on that treadmill, do some breathing exercises... Yikes.

**Dr. R:** I've had people that wanted all-natural deliveries, and labored for 24 hours, and were absolutely exhausted, and their muscles are tense, and they're just not going anywhere in a hurry. The epidural allows all their muscles to relax, the baby descends, and boom, they can deliver their baby.

**Alie:** And they're done.

**Dr. R:** At Emmanuel, we get a lot of transfers from home deliveries, and about half of those women still deliver vaginally. These are women that the midwife has brought in, that they thought could not deliver vaginally, and all they needed was some pain control and a little bit of sleep, and they still have a vaginal delivery.

**Alie:** Get that puppy outta there. Do you have anything about your job that you hate, that just sucks, or that is difficult?

**Dr. R:** Occasionally the sleep deprivation gets to me. It's sometimes really tough. Typically, if it's a delivery I can rally. If it's a silly phone call, or some hospital wants to transfer a patient, that kind of stuff irritates me. It's like, "You guys can take care of this, why are you calling me at two in the morning about this?"

Or one of my patients has gone in ER somewhere, and the ER physician just wants to let me know that they've seen the patient, and I'm like, "So happy you're calling me at three to let me know that you've seen the patient and taken care of this patient, and you've just woken me up. So happy about this."

**Alie:** Can you get back to sleep easily or no?

**Dr. R:** If I get irritated, it's hard to get back to sleep. If it's a silly thing, then I get irritated, and then it's hard to get back to sleep.

**Alie:** What's your favorite thing about what you do?

**Dr. R:** I think it's still delivering babies, it's just such a beautiful thing. I never thought that this would be the thing. I always thought eventually I'd stop doing OB, and I'd just do GYN and have an easier life, but it just is such a beautiful thing. It's just so amazing that we make these little human beings and they come out. It's just pretty cool.

**Alie:** I imagine the patients' vibe also is pretty great.

**Dr. R:** Yeah, it's great. It's especially great if I've delivered their other kids. That's kind of cool.

**Alie:** Do people give you a lot of cookies, and baked goods, thank yous?

**Dr. R:** Yeah, lots of different things. One of my most beautiful bouquet of flowers was from a patient who was complaining that her discharge just didn't smell right, and it'd been going

on for a really long time. I told her to stop using the antibacterial soap she was using, and the smell went away. And she gave me this beautiful bouquet of flowers.

**Alie:** *[laughs]* A discharge-based gratitude! “You changed my life and my fluids.” So, no antibacterial soap?

**Dr. R:** Exactly! Don't use any antibacterial soap, and don't use detergent soap on your body. Use very little soap on your body. Especially for your vulva, if you can avoid using soap, you're better off.

**Alie:** What about vaginal steaming and douches?

**Dr. R:** Don't douche. Don't, don't, don't. One of the vaginal specialists at Kaiser in the Bay area had patients come up with slogans for her vaginal health clinic, and one of the patients came up with the slogan, “The vagina is a self-cleaning oven.” And it's so true.

The vagina will keep its own balance if you don't mess with it. If you upset the balance, the anaerobic bacteria, which create smell, are gonna over-grow.

The problem with soap is that a lot of soap has detergent qualities, so it's going to take away the oils, and the oils are one of the things that protect the skin. So if you take away oils from the skin, you're going to have more overgrowth of bad bacteria as well.

The thing with the vulva is that a lot of over-the-counter products are irritating to the vulva. This product Vagisil that people use for irritation is actually really irritating to the vagina. Most vaginal specialists will say, “Vagisil makes you ill.”

**Aside:** BRB, I'm gonna go drop a single called “Vagisil Makes You Ill.”

**Dr. R:** Vaseline is probably very safe. Coconut oil is very safe. Those oils are safe, but creams and lotions tend to not be safe. They tend to dry out the vagina and the vulva. A lot of over-the-counter products have something called propylene glycol, which 5-10% of people get irritated from; it's drying. KY Jelly tends to dry people out, so most of us recommend against KY.

Oils will dissolve condoms, so you don't want to use an oil or greasy substance when you're using condoms. As an alternative, you can use some of the silicone-based lubricants, but you don't want to get rid of the oils in the skin of the vulva and the vagina, because they're really there to protect you.

**Alie:** So stay hairy, stay oily.

**Dr. R:** Exactly. *[laughs]* Stay greasy and stay hairy.

**Alie:** Words to live by. From the gyro gyno.

**Dr. R:** From the gyro gyno, exactly.

**Alie:** Good advice. Thank you so much.

**Dr. R:** And bidets are a great thing.

**Alie:** Oh, bidets are a great thing? We should all have Japanese toilets, shouldn't we? Why don't we have them?

**Dr. R:** Exactly! We should, they're a great thing.

**Alie:** Do you think the kind that are after-market, like putting a spoiler on your toilet but they're a bidet, the kind that just hook in...?

**Dr. R:** They actually work fine.

**Alie:** Okay. You have bidets?

**Dr. R:** I don't.

**Alie:** Get a bidet! Treat yourself!

**Dr. R:** I know, I should. I have a separate shower head that's...

**Alie:** Treat yourself! You deserve it!

**Dr. R:** I tried. I have an old house, it's a long story.

**Alie:** I know. I just don't understand why we have so much technology in our cars, but our toilets are just waterholes.

**Dr. R:** I know. Stay away from wipes, too. That's my one other piece of advice, because a lot of those wipes are drying too.

**Alie:** And they also make fatbergs in the sewers. Have you heard about this?

**Dr. R:** Yeah, I saw that picture in the London sewer.

**Alie:** Ugh, you'll never unsee it!

**Dr. R:** There's a picture of these people working on this huge blob that's obstructing the London sewer. It's as big as an elephant. It's such an amazing picture. *[laughs]*

**Alie:** Ugh, it's like the grossest thing you'll ever...

**Aside:** Okay, google 'fatberg,' and send me the invoice for the psychotherapy. It's worth it. I will tell you that in one photo a London sewer worker is holding up this greasy chunk that's about the size of a small marlin, were he a fisherman. I was horrified, I was traumatized to notice he was NOT wearing gloves. He was just raw-doggin' this fatberg!

My mind raced and raced, I was like, "Why does he hate himself? How is his brain not capable of feeling fear? What is happening? Why? Why? Why?" I zoomed in on the picture and I was very relieved to see that his rubber gloves were just the same ruddy peach color as his skin. But that was a rough, rough 30 seconds for my psyche.

**Alie:** I just keep thinking of Sisyphus having to push a fatberg up a hill. It's just the grossest thing.

**Dr. R:** Is that the term for it, a fatberg? Oh my god, that's so gross! *[laughs]*

**Alie:** Because it's grease and wipes just cloggin' it up. The grossest.

**Dr. R:** That's so gross.

**Alie:** This is all really good information we got. Thank you so much for doing this!

**Dr. R:** Thank you! Are we done?

**Alie:** Yeah, yeah you're good.

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So don't flush those wipes, even the flushable ones, folks. When in doubt, put it in the bin, as they say. Also, go easy on the detergent. Don't get a Brazilian wax for your next Pap. Your gyno is like, "No! No! What? No!"

To find out what episodes are coming up next, you can become a Patron for as little as a buck a month, y'all. 25 cents an episode. And then you can submit your questions to the ologists. And I say your name and ask your question.

If you want to wear an Ologies shirt or pin or tote or baby onesie (I don't know how old you are), head over to [OlogiesMerch.com](http://OlogiesMerch.com) and take a look around. To follow on social media: I'm @AlieWard or @Ologies on both [Instagram](https://www.instagram.com) and [Twitter](https://twitter.com). Also, if you like this podcast, if it's improved your life at all, tell a friend or a stranger, or leave a review on iTunes. Spread the word!

Also, double-check and make sure you're subscribed so you know the minute the next episode is out. I noticed that sometimes my Apple Podcast will just unsubscribe me from my favorite things and I'm like, "What, huh?!" Even Ologies, I was like, "You unsubscribed me from my own podcast, Apple iTunes?! What?! How dare you." So, double-check.

Episodes coming up involve X-rays, the science of hair, diabetes, Darwinism. So good stuff coming down the podcast vagina for you. Meanwhile, ask smart people dumb questions. Because that's how they got smart in the first place! They love it.

I wanna say a quick thank you to Shannon Feltus and Boni Dutch for running [OlogiesMerch.com](http://OlogiesMerch.com) – you guys are amazing! And to Erin Talbert and new Boston resident – how's Boston treating you, Hannah? Good? Ologites in Boston, say hi to Hannah Lipow online, she's amazing. Be her friend. Show her your dogs. And also to Steven Ray Morris, my amazing editor for this. I could not put these out without you. So, thank you. The theme song was written by Nick Thorburn of the band Islands. He's amazing.

Now, if you stick around through the credits, you know that I tell you a secret. Each time. As a thank you, for sticking it out to the very end.

And number one, I still haven't unpacked that duffel bag. I'm looking at it right now! Should I unpack it while we're on? I'm gonna unpack it while you guys are on mic. Okay, let's see. [*shuffling in the background*] Oh my god. Why am I doing this this way? [*sound of duffel bag being moved*] Okay. Alright. Here's the duffel bag that's in my closet. I'm gonna list out what I have: green cardigan, there's a tote bag in here, why? Wool sweater, pajama bottoms, dirty sock that has a shark on it, jorts, T-shirt, bikini, and a couple of wash cloths – because sometimes when I go on vacation, especially if I'm sharing an AirBnB with friends, I bring a couple washcloths to wash my face, so that I don't have to use dirty hand towels on my face. Pro-tip. Okay guys. I unpacked the duffel bag. Now I just have to throw these things in the laundry. Thank you for being with me through that.



Another secret I'm gonna tell you really quick is another life hack. Sometimes, if you see a Groupon and you didn't get the deal in time, you can call the place and be like, "Hey, I was just about to buy a Groupon." And they're like, "Don't buy the Groupon. Just come in, we'll give you that deal, because Groupon takes a cut anyway." So sometimes the places, like salons or gyms, prefer you just pay them the Groupon rate, but don't do it through Groupon. So...

Okay. This was a weird secret patch. Thank you for making it through this thorny secret patch with me. Okay.

Berbye!

*Transcribed by Carly Fetterolf, aka "Your friend who is always in some other country and then wants to hang out when she pops back in town on 5 minutes notice" Born in Akron, Ohio, living in Copenhagen, Denmark studying an MA in International Business Communication at Copenhagen Business School.*

***Some links which may be helpful:***

[\*Imposter Syndrome\*](#)

[\*Impostor syndrome and burnout among American medical students: a pilot study\*](#)

[\*OMGyes: videos for your vagina\*](#)

[\*Ectopic pregnancy: aka driveway pregnancy\*](#)

[\*Rape victim advocate programs\*](#)

[\*Vagina vs. vulva\*](#)

[\*Gyrotonic\*](#)

[\*Spinnbarkeit\*](#)

[\*What be a cervix\*](#)

[\*Center of Excellence for Transgender Health\*](#)

[\*I guess throw your chairs away?\*](#)

[\*Let's chat about IUDs\*](#)

[\*The moon is not a period goblin\*](#)

[\*Trinidad, CO history\*](#)

[\*Giant babies r us\*](#)

[\*Fetal macrosomia is so cute tho\*](#)

[\*Beware, the Fatberg\*](#)

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