TRANSCRIPT EP.1

Physically preparing for pregnancy

[00:00:01] **Voice Note:** When we were trying to conceive, um, we'd get the craziest, um, tips on how to get into your baby like, um, he must wear socks and it sounds funny now, but when you are in a situation and you're so desperate to have a baby, you'll try just about anything and we tried the socks thing, but it didn't work.

[00:00:30] **Voice Note:** No, it didn't. We tried to have a baby for about eight years before we finally decided to give IVF a try. Everything in life is a gamble. Well, IVF is kinda like that cause nothing is really guaranteed in this life and I know of so many people who've done IVF so many times and have not had any success but we were successful in our first round.

[00:00:53] **Vanessa Pickford:** There are many reasons why people decide to have children. Possibly it's simply to [00:01:00] create a family of their own or out of a longing to experience the joys of parenthood, perhaps even due to the desire to pass on their history and heritage. But deciding you want to be a parent is only the first step.

[00:01:12] **Vanessa Pickford:** Preparing yourself physically, emotionally and practically is vital too. Welcome to the Health Wrap, powered by Mediclinic Baby. I'm your host, Vanessa Pickford, and in this mini-series, we're focusing on trying to conceive. Packed with wisdom, trusted medical advice, and real-life stories, this series is for anyone who is actively trying to grow their family.

[00:01:33] **Vanessa Pickford:** Or thinking about doing so in the near future. These podcasts will also benefit those in the support network of someone who's trying to conceive to equip you with information and helpful insights to improve your understanding of what they're going through. I'm a registered nurse and founder of the SafeMed Training Centre, where healthcare professionals and members of the public learn CPR and first aid.

[00:01:57] **Vanessa Pickford:** I'm also a mother of four, so I [00:02:00] can relate to many of the ups and downs of wanting to conceive. I'm here to ask all the questions you might have and some you may be too shy to ask. Please note that the views shared by any of our guests in this podcast may not necessarily reflect the views of Mediclinic, so please consult a medical professional if you have any concerns.

[00:02:20] **Vanessa Pickford:** This episode of our new series tackles everything you need to know about conceiving from a physical point of view. There are, after all, many different ways to get pregnant nowadays. Today, I welcome Dr Antonio Rodrigues to talk me through all things fertility and how best to prepare physically for conception.

[00:02:39] **Vanessa Pickford:** Dr Rodrigues runs the Medfem Fertility Clinic in Sandton, Johannesburg. Well, welcome Dr Rodrigues to the Health Wrap podcast. To start off with, please, can you tell me a little bit about yourself and the work you do?

[00:02:54] **Dr Antonio Rodrigues:** So, I'm a reproductive medicine specialist, or in simple terms, a fertility specialist. Uh, we [00:03:00] started, uh, we built our clinic 31 years ago: MedFem Fertility Clinic in Sandton, and, uh, we started one of the first IVF clinics in the country, and it's been going for a long time.

[00:03:12] **Dr Antonio Rodrigues:** We've had more than 22,000 babies born over time and the beauty of our work is that you're helping someone to have a child, and that child is there forever. You're kind of extending a family's, uh, legacy. Uh, it's wonderful work. We had great partners, Dr. van Rensburg, van Schoenberg and Dr. Clark now, uh, really pleasant, uh, speciality, very, very rewarding.

[00:03:42] **Vanessa Pickford:** Yes 22,000 Babies is an impressive resume in and of itself. So then, how does someone end up at your practice? Do they need to be referred by a GP or can they simply make an appointment?

[00:03:54] **Dr Antonio Rodrigues:** So in the reproductive world, the same as gynaecology, you don't need to be referred. I would [00:04:00] say about 33% of our patients come from gynaecologists or doctors, about a third come from searches on the internet, and then the other third to 40% come from word of mouth.

[00:04:15] **Dr Antonio Rodrigues:** Now that's the sort of, uh, spectrum, and it's people who believe at that moment in time that they have a fertility problem, uh, the ones that haven't been referred, and they'll come to our practice.

[00:04:26] **Vanessa Pickford:** Right. So how then would the listeners know when it would be considered a good time to see a fertility specialist such as yourself?

[00:04:34] **Dr Antonio Rodrigues:** So in terms of the broader spectrum of what people read online or what they hear from the doctors is that you know, if you're under 35, you infertile if you've been trying for a year and if you have a 35. They say you should seek help at six months. I'm not really hooked on those figures.

[00:04:54] **Dr Antonio Rodrigues:** I think you should seek help as soon as you're worried and that could even be before you even try and have a baby. There are a lot of patients who've had a chronic history of gynaecological problems, including endometriosis, and polycystic ovaries. They might have a history of recurrent pelvic infections, or previous surgeries such as myomectomies.

[00:05:16] **Dr Antonio Rodrigues:** Those things, patients don't need to wait. They can come and get checked. It's going to take one visit, some blood tests, maybe semen analysis, and the next minute you've got an answer for them and they can either, you can either tell them, okay, you're actually fine. You can go and try for longer, or you can move on to the next level.

[00:05:36] **Dr Antonio Rodrigues:** I think waiting is a bad thing. Age plays a big role in fertility and as you know, we're getting patients mostly in their 30s now. When I first started doing this, it was mostly in their 20s with a few in the early 30s. Now it's, it's most patients are over 35 and age plays a big role. So I [00:06:00] think as soon as a couple's worried or they have a history and that includes the male, the male might have a history.

[00:06:06] **Dr Antonio Rodrigues:** Of having had mumps, might have had a history of surgery, a family history of fertility problems. Go and get checked. Go and get checked early. Know that you're fine so that you don't lose that age, that fundamental age factor where time becomes important in terms of the female, in terms of their quality.

[00:06:27] **Vanessa Pickford:** Very sage advice. So then with all those varied reasons for people to seek your help, could you share with us what the first thing is that you ask a new patient who is struggling to conceive?

[00:06:40] **Dr Antonio Rodrigues:** So we do it slightly differently. When patients seek our attention, we actually make sure that they have done a hormonal profile, preferably of both the male and female before they actually come to the practice.

[00:06:55] **Dr Antonio Rodrigues:** And we ask them the male to do a semen analysis. And the [00:07:00] purpose of that is at that first visit, uh, obviously there will be the questions that I'll relay to you now, we're already ahead of the game and by the end of that first visit, you often have a clear idea of where the problem is. But in terms of questions on the female side, you're going to go through a normal gynaecological history.

[00:07:20] **Dr Antonio Rodrigues:** Do they have regular periods? Do they have painful periods? Do they have pain with ovulation? If they have irregular periods, you go into the detail of how irregular. Are the other symptoms such as excess hair growth, and acne? And you go through a full gynaecological history of that patient. What kind of contraception were they on?

[00:07:42] **Dr Antonio Rodrigues:** Did they have any complications with the contraception? When did they start puberty? All those questions are standard gynaecological questions. And then you become more specific. How have you been trying to have a baby? Have you focused at a specific time? How did you [00:08:00] measure whether you ovulated or not?

[00:08:02] **Dr Antonio Rodrigues:** So that history is taken, obviously there might be a history of a previous child, a history of previous fertility treatment, and you take a full history from the patient. In terms of the husband, again, the stuff I mentioned earlier, is there any, uh, history of previous surgery? As you sit down with the patient at that point,

[00:08:24] **Dr Antonio Rodrigues:** You've got all the hormonal blood results, which include the female and male thyroid tests, a hormone called prolactin, which goes up when women are pregnant or breastfeeding plays a big role if it goes up before someone's pregnant or if it's up in the male and very importantly, from our point of view, insulin, fasting insulin levels, and we can go into that a bit later.

[00:08:50] **Dr Antonio Rodrigues:** Um, we also measure standard things like blood groups. Are you, is the person, is the woman immune to rubella? We look for HIV and hepatitis as [00:09:00] a standard thing because all our treatments that are worked in the lab, this plays a role in quality control in the lab in the sense that if someone is positive for hepatitis or HIV, we manage the tissue accordingly in our laboratory.

[00:09:15] **Dr Antonio Rodrigues:** So that's in a broad context, um, and I'm sure we can drill down on those things as we go along.

[00:09:22] **Vanessa Pickford:** It really does sound like quite an extensive first meeting with you, but then can we just revisit that age factor once again and its influence on fertility? Because, as you've already mentioned, women seem to be considering pregnancies later than they were some years ago. So how much of a role does age play for those who are trying to conceive?

[00:09:43] **Dr Antonio Rodrigues:** So I would say it is *the role* in terms of the female. The male is if he's generally well and healthy, can have babies usually forever. Obviously, a lot of the men are not well and healthy, even though they might think they are, they're not.[00:10:00]

[00:10:00] **Dr Antonio Rodrigues:** But if we go into the female, and I think the most important message that we could give any, any female is that time is important in terms of, um, egg quality. So what happens when a woman is born, she's born with a certain number of 700,000 to about 1.4 million. But the problem with it is that by the time she's born, she's already lost a lot of those eggs.

[00:10:27] **Dr Antonio Rodrigues:** Pre-puberty, there's loss of eggs from the ovary, even though the ovaries aren't functioning at that time in terms of hormonal production, and then we go along and we get into the 20s. From 28, there's a rapid drop off, well, a relatively rapid drop off in egg quality, and I'll define egg quality in a few minutes, but from the age of 35 onwards.

[00:10:53] **Dr Antonio Rodrigues:** It is dramatically exponential and starts to go really when you start [00:11:00] getting into your forties and above 43, very few eggs that are left on normal. So what do I mean by normal? I mean that the majority of female eggs are actually chromosomally abnormal. And to give just an example, such as it might have.

[00:11:19] **Dr Antonio Rodrigues:** chromosome 21, which is Down syndrome in that particular egg. Another egg might have a chromosome four problem. This is absolutely normal. It's not like there's a problem with that female. So if you take someone in their twenties, it'll take them between three to four months to fall pregnant when everything's normal.

[00:11:40] **Dr Antonio Rodrigues:** If you take someone in their late thirties, it could take them a whole year before a normal egg pops up. So I think the message is, unfortunately, the good eggs are used first, you're left often with a very high volume of abnormal eggs and then it's [00:12:00] like a bit of a lottery that you got to wait for that, that magic egg or that golden egg.

[00:12:05] **Vanessa Pickford:** So perhaps just for clarity for some of our listeners, why is it that women should need to wait perhaps a whole year for that one good egg to come out? Could you perhaps just briefly explain that cycle and why your egg count could be affecting your fertility as well as the ability to get the right egg at the right time?

[00:12:26] **Dr Antonio Rodrigues:** Correct. So again, back to age. So if we look at the, the egg quality, statistically, as you get older per month, there's going to be a higher chance that the egg is going to be abnormal rather than normal. If an egg is abnormal, it will fertilise, and create an abnormal embryo and that particular patient as a general person as a general rule will not know that there was an abnormal egg.

[00:12:58] **Dr Antonio Rodrigues:** They would not know that fertilisation [00:13:00] took place and mostly they will not be pregnant. Occasionally the pregnancy would start and they would have a miscarriage and occasionally they would actually go on to do a 10-week screening test and find that there's a problem. So in reality, having abnormal embryos in fertile women.

[00:13:20] **Dr Antonio Rodrigues:** So let's take, for instance, a 35-year-old who's very fertile, and she wants her fourth child. Her average time to fall pregnant is going to be five months, even though she's fertile. And the reason is, let's say she falls pregnant in the fifth month. If we look backwards, the previous four cycles weren't that there wasn't an embryo in her fallopian tubes and going into her uterus, it was that the embryo was abnormal.

[00:13:48] **Dr Antonio Rodrigues:** The body recognises that the embryos are abnormal and rejects it and that is going on all the time. And it's that factor that just changes our statistics and makes it [00:14:00] very difficult in women over 35 to achieve a pregnancy in terms of it taking longer. We definitely achieve pregnancies, but it takes longer.

[00:14:10] **Dr Antonio Rodrigues:** It's more psychologically involved and, what I'm telling you now, I must be honest, Vanessa, is that most females and males find it very difficult to understand this concept. Very, very difficult.

[00:14:26] **Vanessa Pickford:** So, doctor, is there anything that women then of a certain age should do or possibly not do in preparation for pregnancy?

[00:14:34] **Dr Antonio Rodrigues:** Sure, so I think, let's take fertility out of it. The first big step is you need, to have a good lifestyle. Lifestyles, you know, are very important to us at MedFem and by lifestyle I mean one needs to actually look after the following things, try and manage stress. Diet plays a major role, carbohydrates are, unfortunately, a very nice part of our lives.

[00:15:05] **Dr Antonio Rodrigues:** But that plays a big role in creating problems with the ovary. It doesn't mean you have to exclude carbohydrates, so balanced eating. Look at stress. If you need to see a psychologist to manage your stress, manage it. Alcohol in excess or at all in some patients is a problem. Smoking which includes vaping with vapes that have nicotine in them, plays a role in reducing fertility.

[00:15:36] **Dr Antonio Rodrigues:** Those things are important and they're things you can manage. And I think that's very important for everyone who's about to have a child. They should actually look at that seriously and say, okay, let's clean up before we start trying. Let's just lead a good lifestyle and then what we found that works very well, you don't have to kill yourself at the gym, 30 minutes of [00:16:00] walking, a brisk walking five days a week, make the time.

[00:16:05] **Dr Antonio Rodrigues:** If you're a couple, do it together if you can, it's great. And it does the trick. You don't have to do more than that often find that we live in all or nothing. People want to do it all or do nothing and I think that moderation and just standard lifestyle things play a big role in preparing the uterus for a baby.

[00:16:25] **Dr Antonio Rodrigues:** And then the big one is folic acid should be taken and I think active folate is a good alternative to ordinary folate because active folate's already been, uh, reduced to its best form. So I think that global picture of looking after yourself, thinking about your child, and the reason I make it such an important thing; What occurs when an embryo implants in the uterus is a situation called placentation.

[00:16:56] **Dr Antonio Rodrigues:** So, it's a big term, but what it means is the bed that this baby lies on starts at the beginning and is critical in the first 12 weeks of pregnancy. So put your effort in at that point. It's almost too late by the time you get to 12 weeks to start thinking of those things in terms of development.

[00:17:17] **Dr Antonio Rodrigues:** So I think one should be responsible in terms of putting the effort in terms of lifestyle, making sure you have the right vitamins. Um, Omega 3s are very important as well for brain development in the baby. We put our patients on a product called Insumax, which has got something called Inositol which helps insulin levels.

[00:17:40] **Dr Antonio Rodrigues:** So I think, I suppose my message is you could, people can do a lot for themselves and at the same time they're doing something for the baby in terms of a healthy pregnancy and therefore a healthy baby after birth.

[00:17:54] **Vanessa Pickford:** We'll be back with Dr. Antonio Rodrigues shortly, but here's something we'd like you to know first.

[00:17:59] **Vanessa Pickford:** The Mediclinic 24/7 Helpline is no longer only for medical enquiries but can even go as far as assisting you with making a booking for the doctor. You can call the number +27 86 023 3333. It really is clear that there is a need to talk openly and share resources about fertility issues. So, Dr. Rodrigues, let's then take a further look into the practical steps that can be taken by those who are planning to get pregnant.

[00:18:31] **Vanessa Pickford:** Now, you've already mentioned that eating and sleeping and exercise or stress and managing stress and just generally cleaning up the lifestyle ahead of trying to conceive is wise. And we've also mentioned that perhaps taking omega 3 or folic acid could assist but further to medication and supplements, are there ones that either boost or potentially decrease fertility?

[00:18:56] **Dr Antonio Rodrigues:** As I mentioned earlier, the one that we, if it's a standard going to start a pregnancy and you don't have a fertility problem, the products that are out there, Stella Mama, Prego Mega, Preggy Mummy, all of those are fine for standard not infertile patients and then one can be more specific if you go further into it.

[00:19:19] **Dr Antonio Rodrigues:** There are so many products out there, and I think one should keep it simple. Those products have been designed for pre-pregnancy and pregnancy. And I think if patients that, uh, don't have a problem, uh, they should stick to those products and not add too much. It's again, it's that all-or-nothing phenomenon.

[00:19:38] **Dr Antonio Rodrigues:** You're either not taking anything Or when you start to read on the internet. By the time someone, some patients come into our rooms, they've got a packet, of 10 to 15 tablets that they're taking, and some of them may not be good for pregnancy. So, it's very hard. There are so many products out there at the moment.

[00:19:59] **Dr Antonio Rodrigues:** There's also a lot [00:20:00] going on. This is the right thing. I personally think if you've got a very good diet and you take the medications that I've mentioned, that's adequate and will make you very competent to be pregnant and to ensure that the dietary aspect of that first trimester and the health of the, of the uterus and the body's environment.

[00:20:21] **Dr Antonio Rodrigues:** this will be conducive to your baby's future. And we know the studies show that if you do all of that, your baby's going to have less chance of ADHD. There's going to be less chance of learning problems. It plays a big role. And that's not to make mothers out there guilty. It's to educate those who haven't had a child and to say you can make a difference right from the beginning.

[00:20:46] **Vanessa Pickford:** Very wise. And perhaps for those mums-to-be, if they are getting those other aspects right, are there then any routine tests that should be done before conception?

[00:20:58] **Dr Antonio Rodrigues:** I do think that there is not much that you actually have to do before conception if you feel healthy. Obviously, if you are someone who has some symptoms such as tiredness, weight gain, difficulty in maintaining weight, severe breast tenderness, headaches, or symptoms that suggest that you're not 100%.

[00:21:21] **Dr Antonio Rodrigues:** Then that should be checked out by a doctor before you fall pregnant. And then you, one start to drill down again into those types of symptoms saying, well, your thyroid might be out. We know that 30 per cent of women will eventually have a hyperactive thyroid, very common in females, and it's often missed and plays a role in the quality of the egg.

[00:21:43] **Dr Antonio Rodrigues:** It can change a good egg into a bad egg during the division phase of the egg. Insulin is big. So if we look at insulin, and that's, uh, insulin can be raised in women who are underweight, normal [00:22:00] weight or overweight, raised insulins often will cause the patient to, uh, have episodes of hunger, episodes of hyperglycemia, obviously, if they've got weight gain by managing the insulin.

[00:22:15] **Dr Antonio Rodrigues:** With medication, you're actually one: improving the statistics on a good egg, you're improving the environment in the uterus and you're reducing the chance of miscarriages.

[00:22:29] **Vanessa Pickford:** Yes, thank you and you also mentioned earlier on in the interview that many women take to track their menstrual cycle. Now, there are apparently a lot of ovulation calculators available.

[00:22:43] **Vanessa Pickford:** In fact, there's also one on the Mediclinic app and also available at certain other retailers. Are these helpful?

[00:22:50] **Dr Antonio Rodrigues:** They tend to be helpful because it is predictive. It's more predictive in patients who are actually normal. Um, you know, [00:23:00] obviously, if you've got a cycle that's 40 days, where do you start tracking

[00:23:05] **Dr Antonio Rodrigues:** The ovulation? And that becomes very difficult. But in terms of, a normal cycle, if a woman has a 28-day cycle and at, uh, the middle of the cycle, she notices, a mucus, egg white discharge, and at ovulation there's a little bit of discomfort. All those signs suggest that she's ovulating, and mucus is a very strong predictor of two things.

[00:23:33] **Dr Antonio Rodrigues:** One, that ovulation is taking place, and number two, that the mucus is normal. In our practice, mucus is a big cause of infertility, and we can, we can take that further just now. So if we look at the Billings method of contraception, which was promoted years ago, it looks at that whole mechanism of preventing [00:24:00] pregnancy at ovulation, and if you switch it around, if you use the Billings method to predict ovulation, a healthy woman who doesn't have a problem will have all those symptoms.

[00:24:11] **Dr Antonio Rodrigues:** If someone doesn't have any of those symptoms, specifically the mucus, then one would suggest that there is a problem that needs to be seen by a fertility specialist. So mucus is a big issue. A lot can be done by tracking periods and those LH tests are good. The only problem is when someone has a long cycle, where do you start and stop?

[00:24:34] **Dr Antonio Rodrigues:** And they're not cheap if you're going to do two weeks in a row to predict that testing. And if you're having a cycle that long, rather go and see a fertility specialist. It's one visit. He's either going to, he or she's either going to say, look, there's nothing wrong with you, carry on trying, or a problem will be picked up.

[00:24:51] **Dr Antonio Rodrigues:** Be proactive. You don't get into that spiral of psychological stress because it's not working.

[00:24:58] **Vanessa Pickford:** Doctor, could you [00:25:00] perhaps spend a few moments going into a bit further detail about the value of mucus in ovulation and fertility?

[00:25:09] **Dr Antonio Rodrigues:** If we look at how we do our testing now if we're getting into a clinical situation.

[00:25:16] **Dr Antonio Rodrigues:** So we'll bring a patient in on the 12th day of the cycle for what we call a transvaginal ultrasound, which means an ultrasound probe that is gently inserted into the vagina and gives us a very clear picture of the pelvis, much better than an abdominal outside scan because it's directly, uh, in, in relation.

[00:25:39] **Dr Antonio Rodrigues:** It's right at the cervix, at the uterus and ovaries because they're deep in the pelvis. So it gives us a very quick, very clear picture of whether there is going to be ovulation and we look at the ovary and we look for a follicle, which is a collection of fluid with a little microscopic egg [00:26:00] in it and if that is at the right size and the uterine lining or the endometrium is thicker than eight millimetres with a very specific, uh, three lines look to it.

[00:26:14] **Dr Antonio Rodrigues:** Um, we then say that this is fine. This patient's going to ovulate and then what we do is we actually then ask the couple to have intercourse at home. The female can shower and empty her bladder after intercourse and then we do the scan and the post-coital test or post-intercourse test at the same time at that one visit.

[00:26:36] **Dr Antonio Rodrigues:** And what the test that's very straightforward. It's like a pap smear, we take a little bit of fluid off the cervical mucus from the cervix. It's painless and we don't look under a microscope to see if the sperm survives in that mucus. So what we're looking for is live sperm in the mucus and if that's not happening, then if you're not getting sperm past that [00:27:00] first barrier, which is the cervix, then the chances are reduced to around 7 per cent per cycle instead of being the normal 33 per cent that a normal healthy woman should be getting as a pregnancy rate per month.

[00:27:15] **Dr Antonio Rodrigues:** And it's predictive, very predictive for endometriosis and, uh, endometriosis, we can again discuss a little bit just now.

[00:27:25] **Vanessa Pickford:** Well, it all sounds rather invasive and unromantic, but women don't necessarily know that this is what is happening inside their bodies. So how important would it be for women to listen to their bodies in this process?

[00:27:39] **Vanessa Pickford:** Is there anything that would be an indicator for her that things just aren't going well apart from negative pregnancy tests?

[00:27:48] **Dr Antonio Rodrigues:** It's interesting because women who have normal mucus know they've got normal mucus. They're aware of it, um, and when it's, when it's not there, they're also aware that [00:28:00] it's not there.

[00:28:01] **Dr Antonio Rodrigues:** Um, and it should be happening at that predictive time. So if they're looking after themselves and they did a little urine, uh, Clear View test by passing urine on a little stick and it shows that they're going to ovulate and they've got great mucus, then generally they can relax and say, you know what I'm ovulating.

[00:28:23] **Dr Antonio Rodrigues:** I've got mucus. Let's give it, let's carry on trying naturally and you know, let's say you've gone through a six-month phase of a normal situation, a very normal cycle. Having said that, as soon as the couple decide that they are worrying, it's silly to worry, to be very honest. If you're worried, go and get checked.

[00:28:47] **Dr Antonio Rodrigues:** I've had patients come to me and they've never tried to have a baby but they come before they've even tried and we pick up things that that that we fix problems quickly and that it leads to them [00:29:00] not trying for a year. There's one other very important point women over the age of 38 and definitely over the age of 40 should seek help very early.

[00:29:11] **Dr Antonio Rodrigues:** You cannot at that age wait a year, even if your egg reserve is fantastic, your age is against you and I would recommend they get checked. If nothing's wrong with them, they can actually, um, carry on trying for a period of time.

[00:29:27] **Vanessa Pickford:** You've also mentioned the term endometriosis a few times. Would you mind delving into that a little further?

[00:29:34] **Dr Antonio Rodrigues:** Yes, so first of all, endometriosis is the presence of what we call endometrial tissue, which in simple terms is the lining of the uterus. So during menstruation, the lining of the uterus comes away, most of the lining goes down through the cervix, through the vagina and out. Some of

that blood and lining goes actually into the [00:30:00] abdomen through the fallopian tubes, and the body has a very, very good mechanism of clearing those cells in the abdomen.

[00:30:07] **Dr Antonio Rodrigues:** In endometriosis patients, the body recognizes the cells as cells that have to be made in the place that they land up when they go through the fallopian tubes, so that will be in the deep pelvis, around the ovaries and these cells then are created by the body in a position that they shouldn't be in.

[00:30:30] **Dr Antonio Rodrigues:** They look exactly like the lining cells of the uterus, and they behave like the lining cells of the uterus. So they get thickened with estrogen. They secrete certain inflammatory hormones and during menstruation, they literally bleed, they're inflamed. And that's why patients may have severe pain, um, severe pain with intercourse, severe pain with, uh, their periods and pain with ovulation.

[00:30:57] **Dr Antonio Rodrigues:** But what is interesting in terms of [00:31:00] our particular group of patients that we see in our practice, The majority of the patients that we diagnose endometriosis on only have poor mucus and they don't have any other symptoms, but the patients who have endometriosis actually come and see us usually very early in their fertility journey because they're aware that they've got a problem.

[00:31:23] **Dr Antonio Rodrigues:** Um, the treatment for endometriosis, if you're not trying to have a child, can be as simple as being on a contraceptive pill because that thins out those cells and then it goes through a lot of other treatments that can be given. Unfortunately, mostly the diagnosis is made via an invasive procedure, which is called a lap scope, where a camera is put into the abdomen just below the umbilical, um, umbilicus, and, um, at the bottom part, there's a couple of cuts made, one looks in the abdomen and, uh, [00:32:00] makes a diagnosis, checks all the anatomy, and at the same time, uh, deals with the endometriosis surgically.

[00:32:07] **Dr Antonio Rodrigues:** From our point of view, when we do surgery, we do what we call fertility-preserving surgery. So it's not aggressive. You just want to improve the chance of someone being pregnant. It's not the kind of surgery you read about when one starts looking, um, in the literature or online related to endometriosis.

[00:32:28] **Dr Antonio Rodrigues:** That aggressive surgery is not for fertility patients who want to preserve their fertility.

[00:32:34] **Vanessa Pickford:** From your years of experience with helping couples with infertility, what advice would you give to them to help them avoid having to visit you or another fertility specialist?

[00:32:46] **Dr Antonio Rodrigues:** Yeah, so one of the things that we're seeing a lot of is that we've seen a lot of women coming for, um, egg preservation.

[00:32:55] **Dr Antonio Rodrigues:** And the reason they're doing that is they, they, they found that they're in there and the problem is most of them are in their late thirties and some even in their early forties suddenly realizing that they're running out of time and then they need to do something about it. I think there needs to be, first of all, education around this in terms of how eggs, uh, and a female's fertility goes down over time and that's why programs such as this are good.

[00:33:26] **Dr Antonio Rodrigues:** And secondly, then, to offer women, uh, or to, to make them knowledgeable of what is available. And egg preservation is where one puts a patient through an IVF program, and then, uh, once we retrieve the eggs, we actually freeze the eggs. The negative, of that is in order to give them some security or insurance, uh, policy, we need to collect at least 15 to 20 eggs.

[00:33:53] **Dr Antonio Rodrigues:** And it goes back to the story I mentioned earlier that not all eggs are normal, so you need numbers in order to [00:34:00] get Some sort of insurance policy. The other strange thing we're seeing a lot of is that a lot of couples make a decision that they're going to go on with their corporate life, that they've got a plan and that they will have babies again later on.

[00:34:18] **Dr Antonio Rodrigues:** We've had couples that have been together for 10 years. Their plan was always to have a baby. So for that, we need to educate again those couples and say, if you really feel that you're going to have a baby later on, that's very unpredictable of whether you will be able to do it. So consider coming and seeing a fertility specialist, creating embryos, and during that process, we always recommend doing pregenetic testing on the embryos so that we know whether they're normal or not.

[00:34:51] **Dr Antonio Rodrigues:** Because it's no use having an insurance policy with a lot of abnormal embryos. And I think that works because [00:35:00] there is this tendency to have babies late, in the late 30s, early 40s is very strong at the moment. Uh, and, and, uh, quite frightening, actually, in terms of outcome.

[00:35:14] **Vanessa Pickford:** Gosh, as you say, it can be quite frightening and daunting to go through infertility. You have offered us so many insights, but with 22,000 babies to your name, so to speak, could you perhaps share a success story with us that makes, uh, makes you particularly proud and can perhaps give our listeners some hope if they're battling with infertility?

[00:35:33] **Dr Antonio Rodrigues:** Yeah. I tell you what the success story is having had so many pregnant, pregnant patients, so many kids, the joy for me is bumping into these patients all over the country, all over the world.

[00:35:50] **Dr Antonio Rodrigues:** And having this child presented to me or children presented to me and saying you helped me at this time in life, and that's not me. It's our [00:36:00] whole practice. I think you can't beat that. So, for all the patients struggling out there, there's hope. It doesn't mean that if you have very low egg reserves, you can't have a baby.

[00:36:13] **Dr Antonio Rodrigues:** What you read on Google is not always correct because you're focusing on the negatives without understanding the positives. It's nothing wrong with reading but try and read with an open mind. So we absolutely love what we do at MedFem Clinic because we actually giving people children and there's not a better thing you can do.

[00:36:33] **Vanessa Pickford:** Absolutely wonderful. It has been enlightening hearing from such an experienced expert on the sensitive topic. Dr. Rodriguez, thank you so much for sharing your expertise with us. You've really helped to demystify many of the fertility unknowns for would-be parents and the people in their lives. So thank you. Thank you for your time and for your expertise.

[00:36:52] **Vanessa Pickford:** According to the World Health Organisation, approximately one in every six people of reproductive age worldwide experience infertility in their lifetime. So it’s important for those who are struggling to remember that they’re not alone – far from it. There is a network of specialists ready with support and expertise to help you achieve your baby goals. If you have a question you’d like us to tackle, please look out for polls on the Mediclinic Baby app.

[00:37:12] **Vanessa Pickford:** If you have a question you'd like us to tackle, please look out for the polls on the Mediclinic Baby App. You'll find the link in this episode's show notes.