

TRANSCRIPT EP.2

The Mind Episode

[00:00:00] **Voice Note:** After years of trying, we went to a doctor and our doctor informed us that our ingredients were awesome, five-star, top-notch ingredients. Um, however, they were struggling to reach their destination. They were struggling to travel to the right place. And so, uh, our doctor at the time told us that they needed to meet on our first date which led to us doing ICSI here in Cape Town and after a round of ICSI, a very difficult trying round of ICSI, um, we fell pregnant and now we have a beautiful little girl and she's just celebrated her first birthday.

[00:00:42] **Vanessa Pickford:** Welcome to The Health Wrap, powered by Mediclinic Baby. In this mini-series we're focusing on 'Trying to Conceive', I'm your host Vanessa Pickford. Packed with wisdom, trusted medical advice and real-life stories, this series is for anyone thinking about growing their family soon or in the future, as well as those in the support network of someone trying to conceive who wants to equip themselves with more information.

[00:01:07] **Vanessa Pickford:** I am a registered nurse and founder of the Safe-Med Training Centre, where healthcare professionals and members of the public learn CPR and first aid. I'm also a mother of four, so I know many of the ups and downs of wanting to conceive. I am here to ask all the questions you might have – and some you might be too shy to ask – when I sit down with specialists to get real, locally relevant answers.

[00:01:34] **Vanessa Pickford:** 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 concerns.

[00:01:48] **Vanessa Pickford:** This episode is about arguably one of the most challenging aspects of trying to conceive, and that is preparing yourself emotionally for the journey. Once you've decided you're ready for a baby, there's a lot to navigate internally and with the important people in your life. Trying to conceive will impact many of your relationships - with yourself, your partner, your family, your friends, and even your workplace colleagues.

[00:02:16] **Vanessa Pickford:** Ultimately, communication is key when trying to conceive. This episode aims to give you some starting points for those big conversations, as well as some preparation for the psychological impact of the rollercoaster of pregnancy, with all of its excitement and hopes and joys as well as the potential for fear, loss and disappointment.

[00:02:41] **Vanessa Pickford:** Today I'm speaking to guest Lizanne van Waart, co-founder of Wijnland Fertility Clinic in Stellenbosch. Holding an MA in Psychology, Lizanne provides health psychology support and counselling for singles and couples.

[00:02:59] **Vanessa Pickford:** Welcome Lizanne and thank you for joining me today.

Lizanne van Waart: It's nice to talk to you today.

[00:03:00] **Vanessa Pickford:** So, to start off with, please can you tell me a little bit about yourself and the work you do?

[00:03:05] **Lizanne van Waart:** All right, my background is that I do have a master's in psychology and my studies were all about the psychological aspects of fertility patients. The reason why it was so important for me to understand the fertility patient more is because I've been a fertility patient myself.

[00:03:21] **Lizanne van Waart:** Um, I had three abnormal miscarriages between my children and really in those days that struggle about the emotional and the full processes of fertility treatment. So, the background is specific to that. That's my main topic. I also presented in Europe a few times the study because it was quite new at that specific time to understand the fertility patients and the population.

[00:03:46] **Lizanne van Waart:** And then also here at Wijnland, it's very important for us to give psychological support for our patients during this treatment plan because not all psychologists do understand the psychological part of this. So this [00:04:00] is my background and it's a passion as you can hear.

[00:04:02] **Vanessa Pickford:** Absolutely. I love how you're making it so holistic in terms of the management of these patients and also particularly how you and Dr. van Waart have made this your life's work and helping others to achieve their happy ending after your experiences with infertility.

[00:04:09] **Vanessa Pickford:** Having been in that unique position of having received medical assistance to conceive and now being part of a team helping others to realise their parenting dreams, what is your opinion as to when it is a good time for somebody who is trying to conceive to see a psychologist or a specialist such as yourself?

[00:04:40] **Lizanne van Waart:** After a year of trying to conceive, I'd rather come earlier to see a fertility specialist. Know your fertility status and then we can take it from there. It's not always for a fertility patient needs to see a psychologist. I think that's also to highlight because people think there's a psychological reason why we're [00:05:00] not falling pregnant.

[00:05:00] **Lizanne van Waart:** That could be part, stress could be part of that but I think it's more about for them to get support during the treatment plan. So when you've been diagnosed with fertility treatment after the diagnosis, it depends on what type of cause of fertility it is, because it's a specific male cause. I think that's giving us a red light for couples to struggle psychologically wise, because it's quite a stressful condition.

[00:05:26] **Lizanne van Waart:** And it's also been seen very much as a grieving process for people that's going through, you know, not conceiving and can't have a child or build a family. So specific with male infertility, I will say as soon as possible, get that support. You don't need to see a clinical psychologist. It's more about talk about coping skills.

[00:05:48] **Lizanne van Waart:** What do I need to go through fertility treatment as well? So health psychology is where we're looking at the condition and medical condition like specific, like here, the [00:06:00] fertility and what kind of psychological symptoms will relate it to these diseases? With fertility itself, it's the same psychological aspects that's going to be involved, like if you've been diagnosed with cancers or any heart diseases and things.

[00:06:15] **Lizanne van Waart:** So you will have symptoms of depression and anxiety, but it doesn't mean you have a mood disorder. So, I think that's for me the most important thing to highlight here for the patients. It's all about support, it's not about making a diagnosis of a psychological reason for infertility. So, come and see us as soon as possible, that we can help you to go through the journey.

[00:06:38] **Vanessa Pickford:** Right. So essentially, regardless of the cause for the infertility, your advice is to link in with support structures sooner rather than later in the process, especially if there is in fact a perceived difficulty.

[00:06:54] **Lizanne van Waart:** That's correct.

[00:06:55] **Vanessa Pickford:** Further to that point, how would you suggest that somebody builds a support system [00:07:00] as they enter this new world of trying to conceive and, and who should they include on this journey?

[00:07:06] **Lizanne van Waart:** I think still with fertility treatment is still something that people not talk about, because it's something that the outside world not always understand. I don't know if you realise that one out of six couples in the world struggle to fall pregnant. In Africa, it's much, much higher. It's one out of three couples.

[00:07:24] **Lizanne van Waart:** And the reason for that is we only think it's because there's a lot of people in Africa so there's a lot of children, but it's not always true. Infection diseases like Tuberculosis, HIV, and all these other aspects had a huge impact. And that's the reason why more couples struggle in Africa. So it's a huge fast-growing disease that's out there.

[00:07:44] **Lizanne van Waart:** And then also the biggest cause at the moment of infertility is male cause of infertility. So 50 percent of that one out of three couples is where men do struggle and there's a specific male factor. Not all people realise that it's mostly more male factors [00:08:00] compared to women. And so to build up a support team is not always easy, it's who you trust, who is the person that's the closest to you, to understands you, and sometimes other patients that's going through their own journey is the best way to support you.

[00:08:17] **Lizanne van Waart:** It's not always the family because again, as I said, it's a disease that people feel ashamed of. So your team, I think here when you see a specialist and you can build up a good team in your clinic. That's very important. We do have support groups as well. I think we started off with a lot of support groups where patients themselves help other patients.

[00:08:41] **Lizanne van Waart:** So it's not always a support group from their practice, but it's also their own support groups that they started and helped to support each other.

[00:08:51] **Vanessa Pickford:** Other than your non-healthcare professional support structures, such as the support groups, such as your family and friends, who would be in the [00:09:00] clinical team offering support to these patients?

[00:09:04] **Lizanne van Waart:** How it works here is as soon as you've been diagnosed with fertility treatment, we're giving you our information sessions. So they will come in here, and we sit down with them from the health psychologist's part. We will introduce our embryologist. I think it's so important when it starts to work with the sperm and the eggs, who's the person that's going to handle my gametes?

[00:09:26] **Lizanne van Waart:** Where are my gametes going? Because it's my body that makes me feel like I've no control over my own body and parts of my body. So they're also going to see the embryologist. We also have a video to explain the language and the diagnosis. And when we make certain diagnoses, what language are we using? What are we talking about that we're on the same page?

[00:09:47] **Lizanne van Waart:** And then also we give each one of our patients, the IVF coordinator, that's a registered medical nurse that will look after the medical part as well. And she's actually the main person

that's holding your [00:10:00] hand through this whole journey. When she picks up something that's needed, maybe on the dietitian side or exercise side that you needed, she will guide you to the right person here.

[00:10:10] **Lizanne van Waart:** So here we are a big group of people that's looking after you and we also refer the like when there's sexual health problems. We also have support groups and clinical and medical support outside, like the sexologists or medical doctors that specialise in that specific field that we will refer. And we all work as a group together to take you through the journey.

[00:10:32] **Vanessa Pickford:** It's amazing. It sounds so comprehensive and holistic and, makes good sense actually to support that patient as best you can. But then if you're in fact going to cover all of our bases, practically, what needs to be in place from a medical and financial point of view before trying for a baby, regardless of whether there are concerns about infertility or not?

[00:10:55] **Lizanne van Waart:** I think that's still something that's, um, neglected in South [00:11:00] Africa because infertility treatment has not been seen as a chronic disease, so not all medical aids are paying for it. There are just a few out there that are paying for these treatment plans. So, financially, it put quite a strength on the couple because it's quite an expensive treatment.

[00:11:18] **Lizanne van Waart:** From our side, um, just to give a reason for why it's so expensive, because we have to import all our mediums and things, so it is not a cheap treatment to go through. So, medical aid does not always pay for it, and even in the government sector, it's very difficult to get into the government sector for treatment as well.

[00:11:37] **Lizanne van Waart:** So financially, it's quite a high strain on the couple as well and from the medical side, I think we are quite quick when it comes to diagnosis, we've got really good reproductive specialists. And I think from that specific point of view, there are a lot of knowledgeable people to help you to go for treatment.

[00:11:58] **Vanessa Pickford:** Lizanne, I can appreciate that your [00:12:00] sphere of interest is very much within the fertility realm and specifically related to infertility and the management of infertility in couples. But if we were to consider those couples who are just at the throes, of starting out on this journey of becoming parents and are beginning to think about, should we try to have a baby?

[00:12:19] **Vanessa Pickford:** From your experience, are there any aspects of both the medical and the financial that they should be taking cognisance of or considering before they even embark on this journey of trying to become parents?

[00:12:34] **Lizanne van Waart:** Yeah, I think it's important that just after the diagnosis of infertility, you maybe apply for Medical Aids to get yourself on a good medical aid plan because some of your.

[00:12:46] **Lizanne van Waart:** Parts of fertility treatment, like a surgical part, like if you needed hysteroscopies and things, that part the medical aid will definitely pay for. There's also part of psychological support. If it's a clinical psychologist that's going to [00:13:00] support you, that medical aid also will pay for you but the fertility treatment itself, it's not been covered by medical aids at all.

[00:13:08] **Lizanne van Waart:** So it's always advisable as soon as possible to get yourself on a good medical aid because the parts that you can. being supported by them, it's there. But when you also fall pregnant, you know, then you have already that covering for that specific. And private, I think to go completely private through even a pregnancy, can be quite expensive.

[00:13:29] **Lizanne van Waart:** So yeah, as soon as you've been diagnosed, get support from medical aides or be on a medical aid plan that can look after you as well.

[00:13:39] **Vanessa Pickford:** Right, right. Brilliant. Now, on previous podcasts, we've discussed the ever-increasing number of women who are career-driven and have to juggle their careers with this desire for motherhood.

[00:13:51] **Vanessa Pickford:** So when would you advise a woman to tell her employer that she is trying to conceive or is it actually even [00:14:00] appropriate to keep this information under wraps?

[00:14:03] **Lizanne van Waart:** I always say to patients, you know, relationships, it doesn't matter if it's your work relationship or is it your own relationship with your children or your family.

[00:14:13] **Lizanne van Waart:** The basic fundamentals of a relationship is trust and respect. So always be open with your workplace. I think you can learn to, you can actually teach them, or they can learn from you to put up boundaries where they specifically go to the employer and say specifically, you know, we're doing treatment with some medical intervention that we needed for our journey to, to be pregnant.

[00:14:37] **Lizanne van Waart:** And sometimes we need it to be early off, you know, for scans and things. I think if you can learn to put up those boundaries, people are not going to gossip about you and wondering what's going on. So it's just, that you don't need to give all the explanation of your treatment plan to your employees, but I think it's very fair to both parties to be open about it. So boundaries are [00:15:00] very important.

[00:15:00] **Vanessa Pickford:** We'll be back with Lizanne van Waart shortly, but for now I wanted to share the details of the Mediclinic 24/7 Helpline. You can call the number +27 86 023 3333. The 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.

[00:15:23] **Vanessa Pickford:** Also a quick note that you can access private healthcare at Mediclinic Hospital even without medical cover. Follow the link in the show notes to find out more. Given the importance of creating boundaries and trust and respect in relationships, whether you've been trying for a while or are just starting to think about it.

[00:15:46] **Vanessa Pickford:** It's important to talk openly and honestly with your partner about your expectations, feelings, and fears. This is a time when you should be most vulnerable with each other. So it's important to approach each other with love and respect and kindness. [00:16:00] Let's go back to our guest psychologist, Lizanne van Waart, who can shed more light on some delicate topics related to trying to conceive.

[00:16:08] **Vanessa Pickford:** Lizanne, our conversation thus far has been about creating support structures for the person or couple who are trying to conceive, approaching this or appreciating that this can be an emotional time. Please can you tell us what the normal or appropriate feelings are for someone to experience in this process of trying to conceive?

[00:16:29] **Lizanne van Waart:** I think that's a very valid and important question because people do not always know what is the meaning of emotions and feelings and what is thought processes. And I always say to patients, your feelings, I can't take it away from you. That's how you feel about something and that belongs to you. But between couples, men and women are feeling different about fertility treatment.

[00:16:53] **Lizanne van Waart:** So the emotional reaction would be different between the couple and I think it's important that they both understand [00:17:00] it. Because if they don't understand that men see fertility differently compared to women, there could be pulling and pushing factors in the relationship where they start a blaming game.

[00:17:10] **Lizanne van Waart:** And we also know that one out of two marriages is not making it because of this blaming game where they do grief in a different direction. So for women that's going through fertility treatment, it's a complete loss of control of their lives and their bodies. They feel like they put their whole life on hold.

[00:17:29] **Lizanne van Waart:** So their emotional reaction would be quite surprised sometimes, say sometimes they would be angry, quite a strong emotional feeling. We have a lot of anger, sadness, joyfulness. and helplessness, and then sometimes despair because fertility is a, is a sort of treatment between hope and despair.

[00:17:48] **Lizanne van Waart:** So it's quite an emotional rollercoaster. There must be hope, but then you've also been sometimes completely in despair. For men, it's a little bit different because they're more problem [00:18:00] solvers and when they come to describe the emotional part, they usually normally use objects to describe their feelings and emotions about fertility treatment.

[00:18:10] **Lizanne van Waart:** So they feel more powerless, disappointment and I think the most important one for them is fear of rejection and quite confusion because they don't have all the knowledge about fertility treatment and also may not always be able to, to describe the emotional reaction to certain trauma and experiences.

[00:18:30] **Lizanne van Waart:** So, fear of rejection is because when men started to build families, for them, masculinity, sperm quality and legacy is the main reason for having children. So here again, if they can't build a legacy, or fear of rejection, they will be seen as an outcast completely. And that's why that's so important to know that fear is more for them, the main topic here.

[00:18:57] **Lizanne van Waart:** I think also important to know there's a difference [00:19:00] between emotions and thoughts. Thoughts are something that when you do have these feelings, you have to conceptualise your feelings and put them into words. It's how you frame it for yourselves. So your thought process is something that you make a decision on.

[00:19:15] **Lizanne van Waart:** Like if we're talking about hope. Hope is not a feeling. Hope is something you decide. So that's more cognitive, a function that you will concentrate on. So I think that's also what we do tell people to write down. What are your feelings and thoughts about fertility treatment? Don't analyse it, just notice these feelings, because that's the first point of, understanding my own feelings and thoughts, how do I think about it?

[00:19:44] **Vanessa Pickford:** It really is quite fascinating, and I'm quite surprised by how very diverse the emotions and thoughts and feelings can be, and be to navigate between the members of a couple. So, do you ever see the members of the couple on their own [00:20:00] or generally are they together during a counselling session?

[00:20:03] **Lizanne van Waart:** In this specific clinic, we would like to see the couple from the beginning together. Even the reproductive specialist, you know, would love to see the women and the men from the beginning in the first consultation, because as you know, it takes two to tango, it's not only one.

[00:20:21] **Vanessa Pickford:** Now, albeit that I imagine that both parties in a couple are generally equally invested in trying to conceive. Is the romantic relationship ever negatively impacted during this journey?

[00:20:36] **Lizanne van Waart:** Yes, I think the first thing is when we talk about sexual activities and intimacy, what is the meaning of intimacy for a couple? For any relationship, you need any form of intimacy and it could be spiritual, it could be intellectual. So it's a way that you attach with your partner. There's also something like the Bowlby Attachments [00:21:00] Theories.

[00:21:00] **Lizanne van Waart:** So you attach in a certain way to your partner or to any other person in life. So here's specific if we're talking about the intimacy part, in which way do you attach and have intimacy with your, partner? Sexual or physical intimacy is the most important part of your relationship because that's the part where you've been the closest to your partner.

[00:21:25] **Lizanne van Waart:** So you can't just build a relationship on sexual intimacy, but it's very much the final, I always say it's like the cherry on the cake, that needed to be there for that closeness. So for fertility treatment couples, again, it's where that essential part will fall apart because now they suddenly use sexual intimacy to fall pregnant.

[00:21:48] **Lizanne van Waart:** And sometimes the woman will get completely obsessed about it, they want to do it morning, noon and night, just try to fall pregnant. And men can't have sexual activities morning, noon and [00:22:00] night. We think it's easy, but it's not easy for them. So they do struggle and then withdraw from the relationship.

[00:22:06] **Lizanne van Waart:** So here specific is to guide them through the process. What is the right thing to do? What is the meaning of sexual intimacy? And that we also concentrated on that again, because. If that essential part falls apart, it's also another grieving process that the couple will go through because it's the final mental essential of your relationship that's falling apart. So again, it's very important to talk about that specifically.

[00:22:35] **Vanessa Pickford:** Now, fortunately, most people have a village of family and friends in their support network. What should their involvement be in this process? And are these relationships with friends and families ever affected?

[00:22:49] **Lizanne van Waart:** Yeah, I think for families it's quite a difficult one, but I also want to bring in cultural differences here, because in South Africa we work with different [00:23:00] cultures, and I think I needed to highlight it here because it could differ from culture to culture.

[00:23:06] **Lizanne van Waart:** So to conceive for certain cultures and the African cultures is even harder. For me, the most difficult couple to see and the more sad couple to see is where African women come into the clinic and they will say to me, Lizanne, if I'm not falling pregnant, I will lose my husband. I will be an outcast of my family.

[00:23:27] **Lizanne van Waart:** Because they will see me as a woman who can't have a child or bear a child. So for them specifically, it's quite difficult and they don't involve their families, because families will criticise them and see them as an outcast if they can't fall pregnant. So I must highlight here the cultural differences and we see it much.

[00:23:49] **Lizanne van Waart:** More um, coming into the clinic. Luckily these days there is a little bit of a shift because, in the African culture, they do believe it's only a woman's fault, for not falling pregnant. They [00:24:00] do not always realize that's a malefactor. That's quite a big one at the moment in Africa. So we

see that guys recently from even the African culture guys come forward and come for treatment plan and start talking about it.

[00:24:14] **Lizanne van Waart:** In the past, it was only the women that would come here from Kenya or Nigeria or somewhere else because they were desperate to fall pregnant and needed help. Families, I still think it's a difficult one for which parts of your family you're going to be involved or not. Some mothers and fathers or grandfathers and mothers still do not understand fertility treatment because that was not something that we talked about in the past.

[00:24:44] **Lizanne van Waart:** So it's a difficult one to understand. So I think it's again, to be open to your family. I always say the boundaries go back and say, yes, we struggle to fall pregnant. We also want children, but please don't exclude me from certain family aspects because we [00:25:00] also know it when my brother and wife would fall pregnant, they're, they're not telling me they're pregnant.

[00:25:05] **Lizanne van Waart:** I will hear it, you know, from somebody else maybe, and that's quite hard. So don't exclude me from certain aspects of the family dynamics. But also, we also that put up that bar and said we do struggle with it, we do have a plan and we have people that's helping us on our journey.

[00:25:22] **Vanessa Pickford:** You know, I'm sure that between your personal and your professional experiences, there is little you haven't dealt with over the years.

[00:25:29] **Vanessa Pickford:** So, you know, what would you say to someone who might be perhaps reluctant to get professional help because of either shame or a feeling that they should be able to do things naturally?

[00:25:42] **Lizanne van Waart:** I think it's still difficult for couples to come in and realise after they've been diagnosed with fertility treatment, now suddenly a reproductive specialist said, you know, you must see a psychologist.

[00:25:53] **Lizanne van Waart:** You can imagine they run away because it's now a double dosage. You know, I have been diagnosed with fertility. Now I [00:26:00] suddenly also diagnosed myself a, with a psychological issue. So, um, I think it's here more to approach a positive and healthy lifestyle. So, and then from there we will take it on, you know, needed to see more professionals that can help.

[00:26:18] **Lizanne van Waart:** But, so it's not only psychological, I think we concentrate a lot on lifestyle event eating habits. What's the meaning of sports for you as well? What is mental health status? So I talk about mental health, not talking about psychological issues, but concentrate. What is mental health and what is the meaning of mental health?

[00:26:39] **Lizanne van Waart:** Um, because if you're sexual for men specific, you know, if we talk about men specific, if the sexual activities are good with men, the mental health status is much better. If you eat better and you feel better because your happy hormones relate very much with the food that you're eating because your happy hormones are for happier hormones that you're getting dopamine, serotonin, [00:27:00] oxytocin.

[00:27:01] **Lizanne van Waart:** And these are released in your gut. That's what you eat. Those give you more release of happy hormones. So concentrate on that specific and not purely just concentrate on psychological issues. Then you will see that your patient will end up with you walking a journey with a psychologist or with a health psychologist.

[00:27:21] **Lizanne van Waart:** But I think the word psychologist is for them very invasive. So it's how you approach it.

[00:27:28] **Vanessa Pickford:** It sounds like your patients are in very, very good hands. Thank you. You've mentioned it a few times during the course of this interview, that really overriding theme of open communication and building respectful and trust-based relationships.

[00:27:42] **Vanessa Pickford:** So Lizanne, before we close, is there perhaps a final piece of advice that you would like to give to prospective parents on looking after their mental health whilst they are trying to conceive?

[00:27:52] **Lizanne van Waart:** Definitely start it off with healthy lifestyles, you know, balance your life. Um, you can't [00:28:00] just work where the balance is so important when you try to fall pregnant is what you eat is what you are.

[00:28:06] **Lizanne van Waart:** We see it with sperm. I don't know if you realise that if you eat a lot of fatty food, men, I'm talking here about men, then you can also with your sperm, that child of you could be abused, uh, abuse of more fat related behaviours because sperm is a very important part when you're playing and the fundamental part of creating a baby.

[00:28:31] **Lizanne van Waart:** So it's about what you eat, your habits of exercise, making time for your happy hormones, knowing your happy spaces, what is also making you happy and let's balance it out. If you don't know what it's all about, come and see people rather earlier, be proactive and not reactive. That's my wish for people out there and if you're young and you want children, if you know you want children, come forward [00:29:00] for diagnosis or for your investigations because we still can do a lot when you're younger.

[00:29:06] **Lizanne van Waart:** When you wait too long, there's less that we can do. Be more aware of fertility. It's a reality there and I also, think one of the things is miscarriages to talk about it. Miscarriages are also a reality. We know that there's a high rate of miscarriages in the first three trimesters. And sometimes it's also related to things that the way that you're living, the things that you're eating, and then also be aware of this earlier than rather too late.

[00:29:36] **Vanessa Pickford:** Very valuable advice. It's been fascinating chatting with you, Lizanne. I have no doubt that your experience and expertise have helped countless couples on their pregnancy journey and that you will continue to help countless couples in years to come. So thank you for your time and your willingness to chat with me today.

[00:29:54] **Lizanne van Waart:** As I said, it's great for me to talk about this because it's a passion for me and hopefully we [00:30:00] can help more couples in the future and build wonderful families because it's so rewarding when couples come back and you see that little one and holding them, you know, that they're holding in their arms. So it's great to be part of people's journey.

[00:30:16] **Vanessa Pickford:** If you're struggling to conceive, remember that there are many resources available to help you, including fertility specialists, forums and support groups. If you have a question you'd like us to cover, please email your suggestions to mediclinicbaby@mediclinic.co.za. We'd love to hear from you.

[00:30:36] **Vanessa Pickford:** You can also find this email address in the show notes. Thank you again to Lizanne van Waart for being with me today. And to all of you who joined me, Vanessa Pickford, in listening to this episode of the HealthWrap podcast powered by Mediclinic Baby. If you're enjoying these episodes, why not give us a 5-star review so that others can find and [00:31:00] enjoy this content too?

[00:31:01] **Vanessa Pickford:** If you haven't yet done so, you can subscribe to our podcast channel and look out for our weekly newsletters. You can also download the Mediclinic Baby app for everything a soon-to-be mum needs before, during and after her pregnancy.