

TRANSCRIPT EP.3

The Age Factor

[00:00:00] **Voice Note:** We conceived our third daughter when I was 40 years old, a few years after having a miscarriage. I was studying at the time for my psychology degree. The pregnancy was complication free and I gave birth to our miracle child at Mediclinic Hospital on the 8th of August 2003.

[00:00:26] **Vanessa Pickford:** There are more women doing paid work in South Africa than ever before. A focus on studying and setting up a successful career means that many couples are having children later in life. A study on fertility and childbearing in South Africa suggests that as education levels increase in young adults, career pressures grow too, and the decision to have children is postponed, which ultimately impacts on fertility.

[00:00:53] **Vanessa Pickford:** Luckily, thanks to medical advances, women are having babies well into their 40s and while we [00:01:00] tend to see success stories on social media, what goes on behind the scenes is not so readily discussed. How being older affects fertility, pregnancy, childbirth, and more. In this episode, we'll dig deeper into what it means to be an older parent, as well as the different ways of realising your baby dreams.

[00:01:20] **Vanessa Pickford:** Whether it's through freezing and saving eggs, IVF as a single person or couple, surrogacy or adoption.

[00:01:31] **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.

[00:01:53] **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 the mother of four, so I know many of the ups and downs of wanting to conceive. 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.

[00:02:20] **Vanessa Pickford:** Today I'm speaking to Dr Johannes van Waart, director and co-founder of Wijnland Fertility in Stellenbosch, and a registered fertility specialist with extensive experience. Welcome Dr van Waart.

[00:02:36] **Dr Johannes van Waart:** Thanks Vanessa. It's a privilege to be here and thanks for asking me to do this with you.

[00:02:40] **Vanessa Pickford:** Well, doctor, we are very grateful for your time today and we are looking forward to your input on this very relevant topic. So to start off with, please can you tell me a little bit about yourself and the work you do?

[00:02:51] **Dr Johannes van Waart:** I've got a little bit of complex career and now this is actually my second career.

[00:02:55] **Dr Johannes van Waart:** In my first life I was a nuclear physicist who worked, and then at the ripe [00:03:00] age of 28, I decided to do medicine and we did medicine, my pre-grad studies, and then my wife and I went through fertility. We had one son. She's gone through three miscarriages and then we went through a fertility journey and then I specialised after that we were fortunate enough to have a bullseye and we've got our second son and then when I finished my specialisation the field of fertility was quite close to my heart and I decided to follow that and then I qualified as a fertility specialist and then we started about three years after that to set up our own fertility unit.

[00:03:34] **Vanessa Pickford:** Wow, what an incredible journey. It sounds like you've had a very interesting career to date. Well, let's dive into today's topic, which is essentially about age affecting fertility. So can you please tell me what the main issues are that older patients experience when they are trying to conceive?

[00:03:52] **Dr Johannes van Waart:** Yes, I think there are two components to this.

[00:03:55] **Dr Johannes van Waart:** Firstly, the male component and also the female component. Now, up to [00:04:00] recently, we thought that the male component was only as good as the sperm analysis, but now we have a little bit more insight, and I'll probably discuss that briefly later on. So, normally we would focus on the females, and the three factors that are very important that you should keep in mind is firstly, egg reserve.

[00:04:17] **Dr Johannes van Waart:** And we can do a little blood test to try and establish how many eggs women have left and that gives you only a global idea of the eggs that are left or the chance of falling pregnant and getting those eggs. However, along with that, you must remember that on average at age 40, 3 out of every 4 eggs that a woman will make will be abnormal.

[00:04:42] **Dr Johannes van Waart:** So, I think when 40, even if you're ovulating and you're on very good health, you're still on the back foot. And then the last thing is, the playing field is not equal. So even if you do go through processes and everything is perfect at an older age, the same little embryo that you have if you [00:05:00] go through a process like in vitro fertilisation will not give you the same chance of taking a baby home or as we would call it live birth rate.

[00:05:08] **Dr Johannes van Waart:** So I think the main challenge for us is to actually get the normal egg. Now, when you are older, if you are 40, and you find the normal egg, your chances of falling pregnant is probably quite similar to somebody of 35. It's just the journey to get that normal egg that's a little bit more difficult. So I think those are the factors we keep in mind.

[00:05:29] **Vanessa Pickford:** Right, well, I mean it does certainly sound logical that as the female body gets older then fertility levels will decrease, but you touched on it. Do fertility issues then affect men as well as women?

[00:05:41] **Dr Johannes van Waart:** Yes, definitely. I think it affects men. I think we used to think that we as good as from a fertility point of view as your sperm would be, but there are many factors that impact on sperm.

[00:05:52] **Dr Johannes van Waart:** And at the recent European Fertility Society meeting in Copenhagen, there's a big shift towards males and how to [00:06:00] care for males in the fertility journey. And the big thing that plays out now is lifestyle is incredibly important. And the things that would impact that would mostly be weight, alcohol abuse, or the use of lots of alcohol, and smoking.

[00:06:15] **Dr Johannes van Waart:** And what, what is quite interesting in that and the big study or the, the keynote lecture at the SRA meeting the European Fertility Society meeting was all about the sperm quality and if knock on effects of men who are overweight and then lose weight. So if you are overweight or obese

and you have good sperm and you are lucky enough to father a baby, that sperm will impact on the neurodevelopment of your baby.

[00:06:44] **Dr Johannes van Waart:** If you are not obese, it will be much more favourable. So that's why lifestyle is so critically important in the whole fertility journey, especially so in males.

[00:06:54] **Vanessa Pickford:** I've always found it somewhat irksome that when a pregnant woman is older than [00:07:00] 35, she is labelled as someone of advanced maternal age or worse yet, a geriatric mother.

[00:07:06] **Vanessa Pickford:** What are your thoughts on the value of these terms and how they might impact the moms to be?

[00:07:13] **Dr Johannes van Waart:** If a female gets older, there are certainly certain things that impact on the health during pregnancy. And it means that the chance of developing high blood pressure in pregnancy, the chance of developing diabetes, even obstruction in labour, intrauterine growth restriction of the baby are things that's related to, I would almost say, the physiological age of the patient involved.

[00:07:36] **Dr Johannes van Waart:** So the older you are, the more rigid the blood vessels are, the more rigid the blood vessels that supply the blood to the placenta. And those are the things that we know. So it is definitely a little bit more tricky to take an older mother through pregnancy.

[00:07:51] **Vanessa Pickford:** So basically that terminology is less to do with the individual and her health status but rather the general increased risk [00:08:00] for certain complications when the pregnant mother is older than 35.

[00:08:03] **Dr Johannes van Waart:** Perfect, I would fully agree with that.

[00:08:07] **Vanessa Pickford:** We'll be back with Dr Johannes van Waart shortly, but for now I wanted to share the details of the Mediclinic 24/7 Helpline. 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. You can call the number +27 86 023 3333.

[00:08:28] **Vanessa Pickford:** Now that we've looked at some of the problem areas in conceiving a child as an older person, Let's see if we can shed light on some of the solutions and look ahead with hope. After all, older parents are likely to have more financial security and higher levels of emotional maturity and patience and statistically, breastfeeding rates are also higher in older mothers.

[00:08:49] **Vanessa Pickford:** So the children of older parents can benefit in many ways too. So back to you, doctor. You've explained how age affects fertility. Are there any solutions that can be [00:09:00] offered to the old woman who is struggling to conceive? In fact, for anyone who is struggling with their fertility.

[00:09:06] **Dr Johannes van Waart:** Yes, I think there are a couple of things that one can do.

[00:09:08] **Dr Johannes van Waart:** We can certainly preserve fertility. And I think there are many reasons why women would postpone their journey to pregnancy. It might be for career reasons, might be they haven't found the right partner yet. So there are many factors involved. And then what one can offer is the concept of social egg freezing, or even if a patient has a partner and they are the couple that would want to have a baby, that one can freeze some embryos.

[00:09:35] **Dr Johannes van Waart:** So I think the social egg freezing is something that we see more frequently now and the whole idea would be that you freeze those eggs as young as you can possibly do that because that will impact on the health and the chance of falling pregnant. So I think those are the things that are important to keep in mind on the way forward.

[00:09:53] **Vanessa Pickford:** Now, before we talk about the freezing of eggs, can you please just go a [00:10:00] bit further into that terminology, social egg freezing? What does that mean?

[00:10:04] **Dr Johannes van Waart:** It means that people would want in society to have a baby, but they're not there yet. So, uh, they want to pursue their careers and it's almost a layman's term to say they're not doing because they are infertile.

[00:10:18] **Dr Johannes van Waart:** It's because for social reasons and reasons to extend their professional career, they're at a difficult point in their life where it's not feasible to have children, they want to make provision. It's almost like saving a little bit up for your pension. So they want to save their fertility in order to have babies later on with a healthy outcome.

[00:10:37] **Vanessa Pickford:** Right. And then what does it then entail for both the woman and potentially the process going forward for them to ultimately conceive?

[00:10:46] **Dr Johannes van Waart:** Yes, I think what it normally would do is the whole in vitro fertilisation program normally goes through four steps. The first step would be to do the stimulation where a woman actually produces the biggest number of eggs [00:11:00] that they can from a specific cohort.

[00:11:02] **Dr Johannes van Waart:** And we must remember that each cohort of eggs, or every month, has got its own individual characteristics. So this month will not affect next month and so forth. So we pick out a good cycle, we help them to make many follicles, and the follicle is the house of the egg. When those little follicles are the right size, then we can retrieve those eggs.

[00:11:25] **Dr Johannes van Waart:** So that will be the second step. The first step is the stimulation to get the follicles, then to retrieve the eggs. Then we would fertilize those eggs in the laboratory to make embryos. And the fourth step will be to transfer the embryos. Now if you do egg freezing, you only go through the first two steps.

[00:11:44] **Dr Johannes van Waart:** So you actually freeze those eggs in time and you freeze their potential to give you a baby. The step 3 and step 4 can then occur at a later point in time when the patient actually wants to fall pregnant.

[00:11:58] **Vanessa Pickford:** Right, so essentially if you [00:12:00] haven't yet found your partner or chosen the baby daddy, so to speak, you can freeze those eggs until such time as you choose to use them.

[00:12:09] **Dr Johannes van Waart:** Yes, I would agree there's one thing maybe that I can add to this. The aim of social egg freezing is not necessarily to use those eggs to have a baby. It's your backup. We very often see that the patients do find a partner and they actually complete their family on their own, and they have some eggs left.

[00:12:29] **Dr Johannes van Waart:** And I think that is the ideal solution. It's just like having a policy, a life policy, but you never use it. And, and that is very good if we can do, get to that

[00:12:38] **Vanessa Pickford:** situation. Ideally, I'm sure. Ben, how long can those eggs be frozen for?

[00:12:44] **Dr Johannes van Waart:** I think in theory they can be frozen indefinitely. I think the longest use of that is about 15 to 20 years that we know of.

[00:12:51] **Dr Johannes van Waart:** The biggest success we've had with that in our unit is just under 10 years that you can freeze those eggs, but most probably you can do it indefinitely. [00:13:00]

[00:13:00] **Vanessa Pickford:** And is there a differentiation in success rates between people who are using frozen or previously frozen embryos through IVF and going through steps three and four versus those that go through the whole process in sort of in one succession?

[00:13:15] **Dr Johannes van Waart:** I think there are two angles to that. The one angle is I think if you have a good freezing process in your laboratory, then the chance of having a baby from an egg that is frozen is just as good as if you have it fresh. But to freeze an egg is easy. To get a baby from a frozen egg, that's the tricky part.

[00:13:33] **Dr Johannes van Waart:** And that's where the lab needs extensive experience. So the track record of the lab is important.

[00:13:38] **Vanessa Pickford:** So, so ultimately, freezing eggs prior to the age of 35, regardless of the motivation, means that the pregnancy can be delayed until the woman wants to conceive, without the subsequent risks of health related complications in that little egg.

[00:13:54] **Dr Johannes van Waart:** Yes, the health complications of the baby will be similar to the age of the egg, which will be much younger, but the [00:14:00] pregnancy complications will be associated with the age of the mother when she falls pregnant.

[00:14:04] **Vanessa Pickford:** Right. Okay. Now, another route to growing a family that is possibly less spoken of is surrogacy.

[00:14:10] **Vanessa Pickford:** Nonprofit surrogacy in South Africa is legal. So essentially that means that women can volunteer to carry a child on behalf of somebody else, but they're not allowed to earn money from doing so. Doctor, what is the process for a woman or a couple who want to pursue surrogacy and are you involved with that?

[00:14:28] **Dr Johannes van Waart:** Yes, we do quite a number of surrogates. I think there are a couple of angles. I think a surrogate is not there to help the woman because she doesn't want to carry a baby. It is not something that's, that we do take lightly. It's more for the woman who cannot carry a baby because of health reasons, because if she doesn't have a uterus.

[00:14:48] **Dr Johannes van Waart:** Or even in same sex relationships where males are involved, then very often you would use a surrogate but the process to go through that is quite extensive. So the medical part is the easy part. So you [00:15:00] have to screen the surrogate. They have to have children of their own. So they have to have gone through a pregnancy successfully without any complications.

[00:15:09] **Dr Johannes van Waart:** And they have to be fully informed. But then that's the medical part. So once the surrogate has got a clean bill of health and the commissioning parents are found to be okay, um, and you must remember at the fertility unit, we are the advocates of the unborn children. So we must make sure that that baby gets into a healthy environment when it's born, then the legal process starts.

[00:15:31] **Dr Johannes van Waart:** And in order to do that, the high court must be happy that the indication for surrogacy is legal and is validated. And then there will be a high court order that will say the surrogate

can go forward and be a surrogate for that couple who needs the surrogate. So the legal process is quite extensive.

[00:15:52] **Dr Johannes van Waart:** It's quite strict and then the surrogate cannot make money from this process, but [00:16:00] reasonable expenses will be paid for. So if they have to give up their job, Then obviously, they will have to have their salary replaced, they will have to be on a medical aid to make sure that they get good care if something should happen in their pregnancy.

[00:16:13] **Dr Johannes van Waart:** And that's what we call about, talk about reasonable cost, but also the psychological impact of that. Very often from the commissioning parents, they wonder whether their bonding with this baby that's carried by a surrogate will be the same as when the mom carried it herself. And there's quite a bit of science behind that, and that's where a health psychologist involved in the fertility journey is very valuable to educate everybody in this journey of what to expect.

[00:16:39] **Dr Johannes van Waart:** And what one should do on the way forward.

[00:16:42] **Vanessa Pickford:** And is there anything that would prohibit a family member from being a surrogate?

[00:16:47] **Dr Johannes van Waart:** I don't think there's any prohibitions as far as that is concerned, but the whole interaction, the family dynamics sometimes is different. So, no, there isn't any boundaries to that, but they have to be [00:17:00] very well informed of what the psychological impact on that relationship would be.

[00:17:05] **Vanessa Pickford:** Right. Gosh, what a remarkable concept surrogacy is and a selfless gift to give a couple. In fact, the gift of a child can also come through adoption. Enlisting the services of a registered adoption agency is also a path to parenthood. As the wording on the order of adoption states, the child is hereby declared to be the legitimate child of the adoptive parents, as if born unto them.

[00:17:30] **Vanessa Pickford:** Speaking from personal experience, adoption is a beautiful way to grow your family. Now, Dr van Waart, with these alternate ways to create and grow families available to us, in your opinion, is there ever an age or a time to decide to end the journey of trying to conceive a baby?

[00:17:47] **Dr Johannes van Waart:** Yes, I think there always comes a time when one say this is not, not viable to pursue anymore.

[00:17:53] **Dr Johannes van Waart:** I think to have a baby, there are four parts to that. The first is the genetics of the father. The [00:18:00] second part, the genetics of the mother. Then the mother will carry that baby and then the fourth part is they will raise that child in that family. Now, four out of four is probably the ideal that we all strive for, but very often you can have three out of four or two out of four, one out of four and still have a very successful modern family.

[00:18:20] **Dr Johannes van Waart:** And I think what we look at is definitely look at the chance of the father to father a child. So sometimes we do find that they don't have sperm. The second thing is the mom doesn't have good quality eggs as they don't respond or there's a reason why she cannot produce quality eggs and then the part of surrogacy, which we discussed, and then the fourth part is the adoption where patients just adopt in their relationship, adopt a child.

[00:18:48] **Dr Johannes van Waart:** They're all viable options. And one can adopt sperm. You can adopt eggs. You can adopt a uterus via surrogacy and then obviously you can also adopt a child. So there are many options. [00:19:00] So anybody who wants to have a family will be able to have a family depending on your resources and very often also depending on your own personal wishes.

[00:19:10] **Vanessa Pickford:** That is incredible, really. So then, with that in mind, what advice would you give to somebody who feels like they possibly don't have very much hope right now in that process of becoming a parent?

[00:19:22] **Dr Johannes van Waart:** I think, I think you touched the button there on the spot. It's that question of how do they feel about that?

[00:19:28] **Dr Johannes van Waart:** So I think perceptions differ. I think it's very important that they speak to somebody knowledgeable to tell them whether it's worth a while to continue with the journey that they perceive, and that will be a fertility specialist. But I think even more important is the psychological guidance they would get to know where in that journey they are, what their expectations are, give them the different options, and very often guide them towards something that will work for them to have a family of their own.

[00:19:58] **Dr Johannes van Waart:** And, and there are the four [00:20:00] options that I've mentioned before. So it is a challenging journey, but professional advice here is invaluable.

[00:20:07] **Vanessa Pickford:** Gosh, that's, that is very encouraging. Thank you. And doctor, you know, as we've already touched on from social perspective, from a work perspective, from women becoming far more involved with, in terms of their, their studies and their work environments, et cetera.

[00:20:23] **Vanessa Pickford:** Is there an ideal time where women should be considering fertility, sort of an ideal age, perhaps to consider it so that we possibly aren't looking at having to pursue some of these more alternate ways to conceive?

[00:20:36] **Dr Johannes van Waart:** Yes, I think the younger you are, the better the chances that you'll at least know if it's possible to have a family or not, and it's mostly because of the age of the egg.

[00:20:47] **Dr Johannes van Waart:** So I think fertility is basically diagnosed if you are younger than 30 and for nine months to a year trying to conceive and you haven't conceived. If you are [00:21:00] older than 30, if you've tried for six months without any contraception to conceive and you haven't been successful, you must get professional help.

[00:21:07] **Dr Johannes van Waart:** And I think then all the options can be given to you and then the levels of intervening is definitely a lot less than you would if you, if you actually go through that journey when you are older.

[00:21:20] **Vanessa Pickford:** Doctor, can we end our time together with you sharing a story about your favorite miracle conception, other than your own children, that might inspire our listeners and offer hope to those who are presently struggling to conceive.

[00:21:32] **Dr Johannes van Waart:** Yes, I actually was expecting that question. So I have three very short stories and I can remember in the 23 years that I've been involved in this journey. The first one is a 40 year old mom who haven't fallen pregnant yet.

[00:21:47] **Dr Johannes van Waart:** They've been trying for quite a long while and then came for help. Obviously, because of her age, she was a little bit on the back foot and we decided straight away to go for in vitro fertilisation because she didn't have a good egg reserve. And there were a [00:22:00] couple of things counting against them. I can clearly remember the day we did the egg pickup.

[00:22:04] **Dr Johannes van Waart:** There was one little egg on the one ovary and the other ovary was stuck behind the uterus. So I had to take the aspiration needle, go through the uterus, in between all the

structures there and it was quite dangerous. And I decided to go for it and fortunately, it worked out well. We got two little eggs. We fertilize them both, transfer them both the day their twins are 16 years old.

[00:22:25] **Dr Johannes van Waart:** Amazing. That was a very nice story for me. The second one is a lady who is 32 years old and she had severe endometriosis with very poor egg reserve. She's gone through two or three in vitro fertilization cycles that wasn't successful. She visited our unit. She didn't stimulate well. We got one egg and one little blastocyst, which is a day five embryo, implanted that and she had a severely complicated pregnancy, starting bleeding at 18 weeks because the placenta of that pregnancy implanted in the cervix.

[00:22:56] **Dr Johannes van Waart:** So we had to take her to theatre four times to try and stop the bleeding. [00:23:00] We managed to do that, and she delivered that baby at 25 weeks. Unfortunately, she bled profusely, lost her uterus, finished up in the intensive care unit with 10 units of blood. That baby is three years old, and mom and baby is actually thriving at the moment.

Vanessa Pickford: Incredible. Gosh.

[00:23:15] **Dr Johannes van Waart:** And then the last story, short story, is actually a patient who was 41 years old. She went through in vitro fertilisation. We had two little embryos. We transferred them both. She expected twins. And she, however, ruptured membranes at 24 weeks. And I remember to this day, the one baby when it came out was 720 grams, and the other one was 900 grams.

[00:23:40] **Dr Johannes van Waart:** We actually wrapped them in glad wrap, because we didn't have anything else to wrap to keep them warm. Those twins today are seven years old, and they actually do it.

[00:23:52] **Vanessa Pickford:** Gosh, it's extraordinary. You have an amazing career. Doctor, last question, just for our listeners. Do you think, or [00:24:00] is it required, that if a couple or a lady feels that she possibly might have fertility issues, does she need to get a referral via her gynecologist, or is she able to go directly to a fertility specialist?

[00:24:15] **Dr Johannes van Waart:** I think if you have real concerns, you should go directly. You don't necessarily need a referral. If you go to a fertility unit or fertility specialist, you're not necessarily going to in vitro fertilisation. That's a lot of what we do, but sometimes they just need the basic examinations and a little bit of reassurance and put them on the right road and can certainly have the reassurance that they can try at home.

[00:24:37] **Dr Johannes van Waart:** But if not falling pregnant within a reasonable time, at least they know where to go to.

[00:24:44] **Vanessa Pickford:** And doctor with the IVF. What are the chances of a successful pregnancy on your first attempt?

[00:24:50] **Dr Johannes van Waart:** I think that depends very much on the parameters that we take into account, that takes into account age and the number of follicles that you get, the blastocyst grading.

[00:24:59] **Dr Johannes van Waart:** [00:25:00] So as a general rule, if you have a good blastocyst and you are probably in the age range of about 30 to 35, then probably the chance is somewhere between 50 and 60 percent for your first attempt if you get a good blastocyst.

[00:25:16] **Vanessa Pickford:** Doctor, it's been so enlightening spending time with you. I know our listeners will be better equipped to make decisions about their families and support from their loved ones with the knowledge that they have gained from this episode.

[00:25:26] **Vanessa Pickford:** So thank you very much for your time.

[00:25:28] **Dr Johannes van Waart:** Thank you very much for the opportunity.

[00:25:31] **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 contact us on mediclinicbaby@mediclinic.co.za. You can find this address in the show notes. We'd love to hear from you.

[00:25:48] **Vanessa Pickford:** Before we close, here's a story from someone who's been through the experience of trying to grow their family. [00:26:00]

[00:26:01] **Voice Note:** So I grew up with a condition called rheumatoid arthritis. From a very young age, I was told that I was never going to be able to conceive a child.

[00:26:10] **Voice Note:** Or carry a baby to full term because of my health condition and also because of the medication and steroids that I was on. I had the privilege of getting married three years ago and in October of that year I fell pregnant with my daughter, who now is two and a half years old. Because of my rheumatoid journey, I was on a medication called methotrexate and a few other steroids that didn't allow me to have a proper menstruation and be fertile for pregnancies.

[00:26:43] **Voice Note:** My gynaecologist says I was in remission for five years. I was then able to, um, conceive. Uh, I had the biggest fear of not carrying Caris to full term, but I had the privilege of giving birth to her on the 20th of May at Cape Town Mediclinic with such a [00:27:00] phenomenal, amazing gynaecologist and an amazing team.

[00:27:05] **Voice Note:** Obviously, I had a C-section because I wasn't able to do labour just with my spinal condition. But yes, um, I'm so thankful to Cape Town Mediclinic and their staff and also just their patience and their gentleness with me.

[00:27:18] **Vanessa Pickford:** Thank you again to Dr Johannes van Waart for being with me today. And to all of you who joined me, Vanessa Pickford, in listening to this episode of The Health Wrap podcast, powered by Mediclinic Baby.

[00:27:32] **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 mom needs before, during, and after her pregnancy.