

## TRANSCRIPT EP.4

### The pregnancy myths episode

[00:00:00] **Voice Note:** The old wives tale that I heard about, um, conceiving is that, um, after, after you've been together with your partner, um, you put your bum in the air, you hold your, hold your feet up towards the ceiling and you put your bum in the air. And I just want to say that I think it worked for me. So, um, so yeah, I don't know if that's true for other people, but um, I tried it and it worked, so there you go.

[00:00:28] **Vanessa Pickford:** You'll have a telltale glow about you. You can't even think about touching a cat or your intense heartburn means your baby is going to have a full head of hair. These are just some of the myths that you might have heard about pregnancy.

[00:00:43] **Vanessa Pickford:** But how much basis do they have in reality? While we don't believe the superstition that if an expectant mother looks at an ugly animal, her baby will take on their features, there are some urban legends that might be worth checking out. Welcome to the Health Wrap, [00:01:00] powered by Mediclinic Baby. In this mini series, we're focusing on trying to conceive.

[00:01:06] **Vanessa Pickford:** 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.

[00:01:24] **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 any concerns. In this episode, we chat to obstetrician and gynaecologist, Dr. Avril Moodley, about some of these funny and strange stories to find out which are rooted in truth.

[00:01:47] **Vanessa Pickford:** Dr. Moodley is a specialist with a practice in Midstream Hill Medical Park, located next to Mediclinic Midstream in Centurion, where she strives to provide women's health with a sense of *botsehali*, which is a [00:02:00] Southern Sotho word meaning femininity. She understands the importance of communication and encourages questions so her patients can have peace of mind. Welcome doctor.

[00:02:12] **Dr Avril Moodley:** Hi, Vanessa. Thanks for having me.

[00:02:15] **Vanessa Pickford:** Right. So let's kick off with you telling us some crazy things about conception and pregnancy that you've either been asked or told by parents at your practice or online.

[00:02:29] **Dr Avril Moodley:** Okay. So I think, you know, we hear a lot of crazy stuff in the rooms over the last 13 years.

[00:02:36] **Dr Avril Moodley:** Most commonly, it's always about how do I conceive a girl, and how do I conceive a boy, and then there are whole positions about it, and do you keep your eyes open, or do you keep your eyes closed? But if we're going to talk about the craziest stories I've heard, I think there are about three I can think of off the top of my head.

[00:02:59] **Dr Avril Moodley:** The first [00:03:00] one is a patient that sat in my room and told me once, Doctor, my mother told me that if I sit on a stone while I'm pregnant, that my labour's going to be very difficult. It took me a long time to answer that because I paused for a second and I tried to, sometimes there's truth to these myths and you have to figure it out.

[00:03:19] **Dr Avril Moodley:** But this one was just so absurd, I just, I was like, I don't know. I think your mother was trying to get you not to sit on any stones. The second one is not something I experienced, but I think it's probably the craziest story I've ever heard, one of my colleagues was, uh, given instructions during a caesarean section.

[00:03:39] **Dr Avril Moodley:** Uh, it's a couple that had two girls. This was going to be the second girl, and they actually wanted to have a boy. So he was asked by the grandmother of the baby, that once he delivers the baby, he must take out the placenta, and turn the placenta inside out. She needs to see it and [00:04:00] visualise that he's doing that before he cuts the umbilical cord.

[00:04:03] **Dr Avril Moodley:** So that on the next pregnancy, her daughter can have a baby boy. That's the only time I've ever heard that story. And then the third one was a patient that said that if you wake up after everyone else in the house, your baby will be quite lazy as a child. Uh, I think it was someone who was just trying to make her not lazy and then that's where that story came from.

[00:04:29] **Vanessa Pickford:** Oh my word. Yeah. Stories like that are in equal part, both hilarious and alarming, which is why sessions like this one are so important for our listeners that they have the right knowledge to inform their decision-making. After all, we've all grown up with cultural, community, and family influences.

[00:04:48] **Vanessa Pickford:** So Dr. Moodley, can you recall anything that you learned during the course of your studies that was so different to the myths you were told when you were growing up?

[00:04:57] **Dr Avril Moodley:** Vanessa, that's, that's a hard question, [00:05:00] because I think from an Indian culture point of view, a lot of people don't talk about pregnancy and conception, and I don't quite remember much stories.

[00:05:07] **Dr Avril Moodley:** But if I think about it in, in general, if you look, doctors are always depicted, especially as a kid, to fix everything and to be perfect. And when you do obstetrics in particular, not just normal medicine. You realise that pregnancy is one big ticking time bomb. Like, anything can happen, it happens so quickly, you don't have time to call a friend, and it's very different to what's portrayed on TV.

[00:05:42] **Dr Avril Moodley:** And a professor of mine once said that there's no such thing as a low-risk pregnancy until after the woman has delivered and when you study, you realise just how true, that, that is, but yet we all have this perception, you know, it's so easy. You get pregnant, you have this [00:06:00] healthy baby, and that's what life is supposed to be.

[00:06:02] **Dr Avril Moodley:** So that when it doesn't work out that way, you know, everyone is just so disappointed and more devastated at the outcome.

[00:06:11] **Vanessa Pickford:** You touched on the fact that we, we have a lot of screen influence and I imagine a lot of these sort of myths and urban legends are perpetuated by misinformation that we receive on screen.

[00:06:23] **Vanessa Pickford:** So after all, we do see numerous pregnancies and births in movies and on TV series. So, is there anything about the way that pregnancy and birth are depicted on screen that makes you want to laugh or, in fact, cry?

[00:06:36] **Dr Avril Moodley:** I think, Vanessa, you're so right in the way that movies influence the way we see things with, you know, and the way we perceive.

[00:06:45] **Dr Avril Moodley:** Things happening or how pregnancy occurs. The one thing that probably would make me laugh is often in movies, a woman has her water break in the middle of a street or in some strange place. [00:07:00] And, in reality, there's such a small group of people where your water will break before you go into labour.

[00:07:08] **Dr Avril Moodley:** There's an actual condition. We call it pre-labour rupture of membranes. And if you don't deliver within, uh, or go into labour within a few hours, we actually induce you and in the movies, they portray it as being so normal, like that's the expected process. But I think about two weeks ago, I had a patient sit in my office, and she's like, no, I'm so tired, and I'm telling her, you know, pregnancy sucks.

[00:07:34] **Dr Avril Moodley:** I told you that from the start. We must have that you know, feeling that pregnancy sucks, and we can go through it being happy. But if you think it's a dream, you're going to be miserable. So we're like, it's just like a week or two left. Just hold on, just think about your 40-week date. Not that it can happen now.

[00:07:55] **Dr Avril Moodley:** And then she walked out of the door and she popped her head and she's like, okay, doctor, I'll just [00:08:00] wait for my water to break and then I'll come in. And then I had to call her back in and tell her that's not actually how it works. You know, the movies just perceived it so, uh, differently. There's a part probably that's more passionate to my heart, it's not so funny, but what the movies also do is they give this false sense that pregnant women can do whatever they want.

[00:08:23] **Dr Avril Moodley:** They can eat for two, they can eat whatever they want, that it's allowed and accepted. And for me, it's probably the most important time for any human being to grow up nine months in utero. Nutritional status is so important. So if you allow a mother to eat what they want, and we see in South Africa, there's a growing number of pregnancy complications, secondary to obesity and gestational diabetes and hypertension.

[00:08:53] **Dr Avril Moodley:** And a lot of that is so preventable but if you take a woman's calorie [00:09:00] requirements when she's pregnant, you only need an extra 350 to 450 calories a day, which almost equates to eating an extra boiled egg or just a pregnancy snack than you would normally eat. Which, the way it's depicted, it's created this lifestyle, or this, you know, you can do what you want in your pregnancy and it will, it will all be okay.

[00:09:23] **Vanessa Pickford:** So, given how inaccurately pregnancy and birth can be portrayed on screen, what advice do you have for people who might be getting their medical information from movies or social media and the internet, or even from family and friends?

[00:09:38] **Dr Avril Moodley:** Okay, I think for gynaes, that's probably one of our biggest problems, uh, the internet, you know, bloggers, influencers, moms who think that they have four or five kids and they can just, you know, have enough experience to tell other moms what to do.

[00:09:55] **Dr Avril Moodley:** And pregnancy is very unique. It's very [00:10:00] individualised and every single pregnancy is different. I could tell you that every gynae has gone through at least 13 years of

experience before they are able, to practice as a gynaecologist and that should be enough, but it's not going to be enough for the outside world.

[00:10:19] **Dr Avril Moodley:** So I'm going to tell you a different side of the story. When someone is doing their tax returns for SARs, they don't really ask their hairdresser, "Can you please give me advice on how to fill these forms?" Unless they have the knowledge to fill in their own tax forms, someone like me, I have an accountant.

[00:10:38] **Dr Avril Moodley:** My accountant does it. I don't understand a single thing on that form, but I go with it because that is what they've been trained to do and that's what they thought about. But if we take medicine for some reason, you know, across the board, people always have opinions about how things work and what you should do and what you [00:11:00] shouldn't do.

[00:11:00] **Dr Avril Moodley:** And I think it boils down to the fact that opinions are very different from factual information. And I always tell my patients, so firstly, where is the source of your information? And what sort of qualifications do they have to give you the advice that they have? The common one, I always tell them, like, almost on their first consult, is, if I am happy.

[00:11:26] **Dr Avril Moodley:** You must be happy and if I am not happy, then you tell me, I am sorry doctor, how do we fix it and we fix it? But if your grandmother tells you, you're carrying too high or you're carrying too low or the baby's too big, she is not examining you. She's not assessing your weight. She has no factual basis.

[00:11:48] **Dr Avril Moodley:** It's just her opinion. So don't be disrespectful to her. Tell her, okay, tell her, okay, it's fine. I'm sorry. Or I will, I will do it and put it in one ear and take it out the other [00:12:00] ear. That's basically the advice I, you know, I tend to give my patients. In a general sense, I would say that when you choose a gynae, you should trust your gynae wholeheartedly.

[00:12:11] **Dr Avril Moodley:** They are giving you advice based on not just the knowledge they have, but the experience that they've gone through and what they've seen. And that makes a big difference when someone's getting information. And don't, you know, take it and you're always allowed to make your own decisions at the end of the day, but you have to use that advice because it comes with wisdom.

[00:12:36] **Vanessa Pickford:** Absolutely. Well then, further to that, let me ask you, our resident professional, for a factual response as to some aspects of conception and then pregnancy. The first is, are there any activities, rituals or foods that can help with conception? Or is that all just a myth?

[00:12:58] **Dr Avril Moodley:** Okay, so I'm going to talk about the [00:13:00] one that stood out for me is rituals, you know, thinking about someone dancing around a fire, but, um, I think you have to have two people in order to conceive unless there's fertility treatment involved.

[00:13:14] **Dr Avril Moodley:** And in a cycle, there's a very narrow window period, uh, sometimes, you know, eight hours every month where you get an egg that's released ideally. You know, the sperm fertilises the egg and then that's how someone conceives it implants into the uterus. But I often see couples come in and say, we've been trying for one year.

[00:13:35] **Dr Avril Moodley:** We haven't fallen pregnant. Uh, we want to check, you know, if, if we fine if everything is fine. And if you go back to the basics and if you look at the husband is in another country or lives in another city. They don't even time the intercourse around that. So it's like when he comes to visit on a weekend.

[00:13:55] **Dr Avril Moodley:** So in terms of rituals, I'm going to guess that that would work in [00:14:00] that there's certain, you know, timings and periods where you have to actually be intimate in order to conceive.

[00:14:07] **Vanessa Pickford:** We have a question from someone in our Mediclinic community that I would like to play with you, Dr Moodley and hear what you have to say.

[00:14:15] **Voice Note:** What link do they see between diet and nutrition and fertility? For me, there's a very, very important link that we should be staying away from meat products and things with hormones and things like that.

[00:14:41] **Dr Avril Moodley:** In terms of, you know, foods, nutrition, lifestyle, I think that's probably one of the most important factors in not just conception, but in pregnancy itself. And it's the least followed rule, is that the healthier you are, the healthier the pregnancy and the healthier the baby. But that health comes from what we eat and our nutritional status. You know, eating healthy, and exercising do play a role in terms of the way our cycles [00:15:00] regulate. When COVID happened, a lot of women were coming with increased weight gain and irregular cycles, and we didn't even use drugs.

[00:15:07] **Dr Avril Moodley:** All we did was change their diet, go back to their healthy lifestyle changes, and normally their cycles will just become regular on their own. So, you know, I think a healthy lifestyle and, you know, not smoking, cut down on alcohol, and I always say when you're trying to fall pregnant, if you really have to have alcohol, do it during your period because that's the least chance of you actually getting pregnant.

[00:15:35] **Vanessa Pickford:** Now, I remember as a mom of three boys, a lot of people would say to me when we were thinking about another child and they're obviously, oh, do you want to have a little girl and you need to eat this food or have that type of drink, et cetera, in order to change the pH to ensure a certain gender. Is there any truth to that?

[00:15:58] **Dr Avril Moodley:** Okay. I'm assuming you're [00:16:00] talking, about changing the pH of the vagina.

[00:16:04] **Vanessa Pickford:** Well, that was, that was always the suggestion that by eating certain things, the pH of the vagina would change and that would increase or decrease the risk of, of then conceiving a female.

[00:16:16] **Dr Avril Moodley:** The pH of your vagina is definitely related to what you put into your body.

[00:16:23] **Dr Avril Moodley:** It's not an outside source. You know, you can't put vaginal creams or try to change the pH. You have to do it internally. However, if you take conception let's move away from this myth for a second, but just in general. A guy's sperm is actually the influential factor in whether it's a girl or a boy.

[00:16:44] **Dr Avril Moodley:** So if it's a Y chromosome, it's a boy. If it's an X chromosome, it's a girl. There are many factors in terms of fertility treatment. If the mucus of the cervix is too thick, the sperm can't enter into the uterus and go up the fallopian tube. However, [00:17:00] what you eat as a female is not really dependent on how it's possible to conceive a girl or boy.

[00:17:08] **Dr Avril Moodley:** The other way I can put it, there is a slight theory, it doesn't always follow the rules, but if the male partner has more male siblings, they are found to generally have a higher rate of boys, and if they are younger, the sperm swims, the male sperm swims faster. So a younger guy is more likely to conceive a boy than an older male, where the male sperm has genetic abnormalities.

[00:17:40] **Dr Avril Moodley:** And then the third thing that has some evidence is that male sperms can swim faster. So if the egg is there when the sperm is released, you're more likely to get a boy. So if you, if you time it very close to ovulation, however, if the [00:18:00] sperm is there before you ovulate. Sperm can last up to 72 hours. So you actually want to start trying when you're conceiving to get the sperm in there so that when the egg is released because it sometimes can last eight hours, it can fertilise.

[00:18:14] **Dr Avril Moodley:** But if the sperm is there for longer, your, male sperms generally tend to die off because they're just fast and quick. But you know, girls are more persistent. They just stay there. So, you're more likely to get a girl on that. It's not an absolute science, but it has a little bit of factual basis to it.

[00:18:32] **Dr Avril Moodley:** Everything else is generally, you know, a story that someone made up.

[00:18:38] **Vanessa Pickford:** We'll be back with Dr Moodley shortly, but for now I want to remind you about 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. And now back to you, Dr Moodley...

[00:19:01] **Vanessa Pickford:** So once the person is actually pregnant, at that stage, are there any foods or drinks that you do need to be careful about?

[00:19:14] **Dr Avril Moodley:** Okay, absolutely. Um, I think nutrition is probably one of my most passionate things in pregnancy. I'm always told that I'm like the military in my practice.

[00:19:27] **Dr Avril Moodley:** Uh, I like it that way. If we take certain absolute no-go areas, it's your foods that can cause infections like listeria, Campylobacter, Salmonella and I think if we recall in South Africa about three or four years back, there was that listeria outbreak and recently there was another one found among meat.

[00:19:52] **Dr Avril Moodley:** Those infections things we know cause miscarriages, stillbirths, and preterm labours. And the reason [00:20:00] why we say a pregnant woman must eat food that is fully cooked and your fruit and vegetable must be washed properly is to avoid that kind of infection. So listeria we know for, for hundreds of years, um, is normally from eating raw food, your soft cheeses, like your camembert and brie.

[00:20:20] **Dr Avril Moodley:** I always say, 'cause it's a live fungal culture, your meat must be fully cooked. So if you take your hams, your polonies, your Viennese, they're processed but they also have a high listeria rate. A common one that actually a patient of mine recently, you know, we have this rule that the food must be fully cooked through and through.

[00:20:42] **Dr Avril Moodley:** If you cut it, it must be solidly, you know, your bacon must - You must be able to bang it on a wall, and it must make a sound. That's, that's what I say, that's how cooked it must be. But you find, um, a patient had a braai the other day, and her chicken, when you [00:21:00] braai meat, the outside gets braaied then it gets burned, but that bone part doesn't quite fully cook and that's why often chicken is probably one of your biggest risks for getting food poisoning.

[00:21:14] **Dr Avril Moodley:** One is 'cause a pregnant moment should never reheat chicken and eat it. You cook it, you eat it, and then it's done. And secondly, it needs to be solidly cooked. Just like, you know, your salads, eating a salad at a restaurant, you don't know that it was washed properly. Whereas if someone who loved you was giving you an apple, they would, you know, wash it fully before you ate it.

[00:21:34] **Dr Avril Moodley:** Uh, so those are your common big foods. Avoid biltong, it's very controversial, but it's dried raw meat. Avoid takeout foods, because even if you order something healthy, you don't know at



what storage temperature. With load shedding in South Africa, our foods are not currently, you know, frozen at the right temperature.

[00:21:54] **Dr Avril Moodley:** They freeze, they unfreeze. So, eating healthier meals, cooking at home [00:22:00] probably has, you know, a much better rate of avoiding complications in pregnancy.

[00:22:07] **Vanessa Pickford:** That's great advice. Now, just on something a little bit more light-hearted, a myth that I would like you to bust for us, or possibly you're going to support it, is I don't think there are many pregnant women out there who have not had some older lady tell them that if you have that intense heartburn, it means your baby has a full head of hair.

[00:22:31] **Vanessa Pickford:** What do you think about that?

[00:22:36] **Dr Avril Moodley:** Okay, so that's that's a common one. I personally, okay, it's generally not true. A lot of heartburn is associated with, uh, you know, a pregnant woman's diet in her pregnancy, uh, certain things in pregnancy itself. If we look at the physiology behind heartburn. Um, because of the hormone progesterone, what [00:23:00] happens is that your gut mobility slows down.

[00:23:03] **Dr Avril Moodley:** So when food enters your stomach, it basically stays there for longer, which is why we say you should eat small, frequent meals so you get a constant digestion, apart from keeping your glucose well maintained. The second thing that happens is when food enters your oesophagus, the entry point from your oesophagus into your stomach, there's a sphincter and that sphincter actually relaxes.

[00:23:28] **Dr Avril Moodley:** So when it relaxes and you eat too much of food, like your Christmas meals, or you know, you just feel so sleepy afterwards, what happens is it refluxes and comes back up. So it's not really related to, you know, how much hair a child is going to have or whether it's going to be a girl or boy, because that's the other misconception, but it is related more to someone's lifestyle habits.

[00:23:53] **Dr Avril Moodley:** I think there's a very much a genetic component to that and a race part to that, that we actually can't control.

[00:24:04] **Vanessa Pickford:** Yeah. Okay. I'm sure that there are many parents out there or pregnant ladies out there who are busy shaking their heads and thinking, oh, but that's not what granny says, sort of thing.

[00:24:12] **Vanessa Pickford:** But I do hope that they take your trusted advice. So right now you've had the baby. How true is it that once you've been pregnant once, once you've managed to conceive and have a baby? Then you won't have trouble conceiving again?

[00:24:27] **Dr Avril Moodley:** So I would say what's nice about the fact that if someone already has had a baby is that we know all the parts work, you know, uh, they, they don't have certain conditions where they're prone to recurrent miscarriages or genetic factors, uh, that will be an issue.

[00:24:51] **Dr Avril Moodley:** However, in saying that, as a woman gets older or even, you know, the male partner for that matter, [00:25:00] the risk of falling pregnant or conceiving as you get older actually reduces. As much as you can say, at least I've had a baby, I can fall pregnant. Uh, if someone waits too long, you know, it's harder to get pregnant.

[00:25:15] **Dr Avril Moodley:** The other factor that plays a role is that when people are younger, their metabolic system is much faster. It's better. They lose weight more quickly. Which is, you know, a lot of women are having kids in their older age. Uh, more midlife, you know, late thirties, early forties, which is

possible. But when you start, you know, going into that phase, your metabolic system has slowed down a little.

[00:25:41] **Dr Avril Moodley:** You have a much higher risk of diabetes, hypertension, and cholesterol problems, and those are all factors that can really influence conception and the outcome of a pregnancy.

[00:25:56] **Vanessa Pickford:** Right, so have you ever heard of, or I just remember from friends [00:26:00] and when we were still in our childbearing years, some friends talking about a condition known as secondary infertility. Is there such a thing?

[00:26:07] **Dr Avril Moodley:** No, no, that, that's an absolute fact. Uh, so basically you get primary and secondary infertility. Primary infertility is someone who has difficulty falling pregnant, you know, initially from the start, that's why it's primary. Secondary is when they might have had a kid before and now they have issues getting pregnant.

[00:26:32] **Dr Avril Moodley:** So that's what we call secondary infertility. The commonest cause, of secondary infertility is normally a blocked tube. And part of, as you know, you, you go as you age, you have more risk of diseases. You also can get - you are alive for longer, so you can also be exposed to more infections, uh, specifically things like gonorrhoea, chlamydia, that's one of our [00:27:00] commonest things, and the rate of blocked tubes in South Africa is actually quite significantly high, and what happens is just like how women can have discharges, those discharges can go up into the tubes, block them, and it, it's like a barrier between the egg and the sperm meeting.

[00:27:18] **Dr Avril Moodley:** So those are, those are some of your causes of or the common ones we see for secondary infertility. Right.

[00:27:25] **Vanessa Pickford:** Okay. Well, thank you. Thanks for that response. So, I'm sure that there are listeners who have had a baby and their planned vaginal birth has not gone according to their, birth plan and they've ultimately ended up having a caesarean section.

[00:27:44] **Vanessa Pickford:** The question then is with subsequent pregnancies, can they have a vaginal birth even if they've had a caesarean section?

[00:27:55] **Dr Avril Moodley:** So the short answer to that question is yes, they can, [00:28:00] but it's actually a lot more complicated than a yes, you can and you should go ahead and do it. And I'm going to explain something, but I think there's a story that I'm just going to say of, it wasn't a patient that delivered with me, but someone I saw down the line and I was taking her obstetric history and she basically told me.

[00:28:23] **Dr Avril Moodley:** You know, she delivered her first baby. She had an emergency Caesar. She didn't want to Caesar. Her baby was 4.5 kilograms and she was so upset with her doctor because they never, you know, allowed her. They insisted that she had a Caesar. So in her subsequent pregnancy, she decided to do a home delivery because she went to about three gynaes.

[00:28:46] **Dr Avril Moodley:** They all refused to do any, uh, to, you know, to allow her to, we call it V back, vaginal birth after Caesar. So they refused to do a V back and then she ended up with a midwife doing a home delivery. [00:29:00] And she was so right because she delivered at home and now she went back and she told all those gynaes that, listen, look what happened, I delivered and you were wrong.

[00:29:11] **Dr Avril Moodley:** The thing about medicine is that it's not a perfect science and we don't, we're not fortune tellers. So you can't predict what's going to happen in the future, but what you can do is know the rules of medicine, and know the experiences we have. And I thought to myself, you know, she thinks that



she did, um, you know, she proved the doctors wrong, but we have seen so many times where women have tried to deliver normally after a caesar and they end up rupturing their uterus and that's probably the biggest risk or complication of trying a VBAC is your uterus ruptures and once your uterus ruptures, I always tell my patients the baby is just floating in your abdomen.

[00:29:59] **Dr Avril Moodley:** There is no [00:30:00] way of saving that baby and rushing to the theatre. It then becomes about saving your life. Let alone trying to save your uterus so you can have another baby. And did you come all the way, you know, nine months into this pregnancy so that we can lose the child? The second thing about it is when I say it's very complicated because I've also seen a lot of women deliver normally after a VBAC and I've seen things go wrong.

[00:30:27] **Dr Avril Moodley:** The second point that you also have to remember is how and when they have the caesar. So if they had what we call a classical caesarean section, where it was on the uterus and up-down incision, you are not allowed to deliver or have a VBAC. You have to have a planned caesarean section. However, if, let's say, the indication was for fetal distress and your baby's size is adequate, then, then you are allowed.

[00:30:56] **Dr Avril Moodley:** So, your gynae has to specifically follow these [00:31:00] rules of a VBAC before allowing you to try. And there's so many, that's why our influencers and bloggers and mums who give these kinds of stories that, listen, I, I deliver it. Uh, my patient had a 4.2 kg baby, but she could have ended up bleeding out, you know, at home, and there would have not been enough time for an ambulance to get to her in the event that it didn't work out as well as, it's great that, that she was fine, but things don't always go that way.

[00:31:31] **Dr Avril Moodley:** And we need to make certain that when we make our decisions, we're also willing to live with the consequences of that.

[00:31:39] **Vanessa Pickford:** I thank you. I so appreciate your considered and rational approach to answering that question. It has been so entertaining and educational to spend time with you, Dr. Moodley, as well as giving us a few chuckles.

[00:31:53] **Vanessa Pickford:** I feel like this episode covers a lot. of valuable ground too. So thank you. Thank you for your time.

[00:31:59] **Dr Avril Moodley:** Thank you very [00:32:00] much, Vanessa.

[00:32:01] **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](mailto:mediclinicbaby@mediclinic.co.za). We'd love to hear from you.

[00:32:19] **Vanessa Pickford:** Thank you again to Dr Moodley 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. If you haven't yet done so, you can subscribe to our podcast channel and look out for our weekly newsletters.

[00:32:38] **Vanessa Pickford:** You can also download the Mediclinic Baby app for everything a soon-to-be parent needs before, during, and after pregnancy.