The Fertility's Doctor: Age, Lifestyle, and the Untold Truths of Conception

Meg: [00:00:00] Welcome everybody to Sense by Meg Fora. I am Meg Fora. I am a baby specialist, a parenting expert. I'm an OT and the best selling author and mom of three. And I know firsthand just how much. Parenting feels like guesswork. So we're often feeling our way in the dark.

And that's why we started up this podcast is to talk about all the things that you are thinking about the questions that you have right through from pregnancy through until your baby's a whole lot older until the preschool years. And in fact, today we're going to be talking about a subject that is actually pre pregnancy.

We're going to be talking about fertility on this podcast. You are going to hear honest conversations in general about. Modern parenting in the real world. I've dedicated my life to supporting parents as they embark on the journey of a lifetime. And I would love for you to join us. And today I am super, super excited to be talking about infertility.

I have invited Dr. Jo Pottow to join us. She's a reproductive [00:01:00] medicine specialist from the Cape fertility. Clinic. And we're going to be talking about the subject of infertility. Couples and individuals are choosing to have children a lot later in life. And it's one of the main reasons why fertility treatment is becoming more and more prevalent.

That as well as environmental stresses, genetics, and other factors can also contribute to the demand for fertility medicine. Dr. Pottow today helps us to navigate this topic that is often filled with misinformation to help couples and individuals to conceive. And to make informed choices. And so we're very, very warm welcome to Dr.Jo Pottow

Dr Pottow: Thank you, Megan. Thank you so much for the invitation. It's a wonderful opportunity to chat to you.

Meg: Oh, that's really super. Jo and I met a few months ago, I think a few weeks ago at a webinar and it was just incredible wisdom and just real sense that she was speaking around the topic of infertility, which is a super prevalent

topic amongst moms[00:02:00] for many of My mom's who listening, they will have had their first baby but we're going to learn today whether or not that means that they can still have issues around infertility.

So thank you very much, Jo. Before we kick off, why don't you tell us a little bit about yourself, your background and also why reproductive meds and why didn't you go for something like dermatology

Dr Pottow: enough? I really like dermatology. No, so my name is Dr. Jo Pottow I am a reproductive medicine specialist at Cape Fertility.

I think I have had a very wayward journey to getting into medicine. But I also think it adds to the flavor. So I really get to understand a lot of the patients that I see because I actually started out in corporate. I was actually the marketing manager at L'Oreal and for three or four years, four After I had done a B, s, C and done business at the Vitz Business School, and it was there that I just thought I'd always wanted to do medicine.

And so went back to the proverbial [00:03:00] student days and started the long journey , as a mature student, I guess. There's nothing wrong with being on the older side. So

Meg: How old were you in first year medicine?

Dr Pottow: 26. Okay.

Meg: So yeah., not too much older than the rest, but still, yeah. Yeah. And having had a little bit of a career in another field, it's very interesting.

Dr Pottow: Yeah. So no, so I think I'd always wanted to do medicine, but I'd always said, no, no, no. It takes too long. It takes too long. But it doesn't go away the desire. So then I went off to medicine and yeah, when I was doing it, I was in Ghani was just my absolute favorite. It's such Happy parts of medicine, you know, delivering a baby and being part of that journey in a woman's life is just, it's such a privilege. It's actually not work. It really is such a privilege to be a part of it. And then it sort of grew from there. So I did gynecology and love that part, but I guess that's where you see those patients that come in and say, I can't for pregnancy.

I'm really struggling. [00:04:00] And so it went on from there. And so now that's all I do is I make babies. So I don't deliver them anymore. I make them.

Meg: That's super exciting. So how many years in total excluding your business degree was your medicine qualification. If you take medicine plus gynecology plus reproductive medicine.

Dr Pottow: My goodness. I don't know. I think I'm actually just too scared to add it up. I think more so, my husband and my family are like, are you ever going to stop studying? It just carries on going Oh no, many , many years. So yeah, far too long actually, but at least it's all there. So

Meg: yeah, it's wonderful.

And now you get to do what you absolutely love, which is helping people conceive babies. Very exciting.

Dr Pottow: Yes. No, it's really, it's such a, I think also what's wonderful about it. It's only 45 years old. I mean, that's how old the oldest IVF baby is. So in medicine terms, it's something really new. It's cutting edge.

There's always something new coming out. There's always something pushing the envelope, which makes it exciting as well. It's not just the same [00:05:00] old, same old. So it's a really fascinating part of medicine, you know, there's reproductive medicine. Super interesting.

Meg: Wow. So we're going to go into really deep into a number of questions, but before we do, I want to do a little bit of a quick, rapid fire with you.

And I'm going to ask you to answer these five questions with just a true or a false. So it's a tricky one. So let's have a look. So true or false, infertility is always a female issue. False. True or false, the pill causes infertility.

Dr Pottow: False.

Meg: True or false, most women will have a fertility problem over 45.

Dr Pottow: True.

Meg: True or false, if you already have one child, you cannot be infertile.

Dr Pottow: False

Meg: True or false fertility treatments can always solve the problem.

Dr Pottow:

Meg: Okay. So there you go, everybody. A little bit of a little taster of what we're going to be talking about, and we're going to go and do a [00:06:00] super deep dive into a whole lot of these.

So Jo, let's jump right in. Sure. Can you tell us a little bit about the most common causes for infertility amongst both men and women?

Dr Pottow: Perfect. unfortunately, most people just assume it's the female factor, but it really, it takes two to make a baby. That's what it relies on is male and female.

And so when you look at the data, it actually splits it up into A third is female causes of infertility. A third is male and a third is unexplained. Sometimes it's a combination of the two, or we don't actually know where the problem lies in terms of everything appears on the surface to be fine. So the leading cause I would say for female infertility is age.

It's the one thing that we have no control over, and it's not a disease that we catch. It's the fact that we've all decided to delay our fertility, bearing years. It's more important [00:07:00] for us to find the right career, find the right man or partner that you want to be with. Find the right you know, mental space, travel well, make sure that you are an emotionally good place to become a parent.

And are you going to become a single parent? All of these dynamics that you weighing up, but nobody's actually telling you that your best fertility years are passing you by as a woman. And so ultimately the only reason really, we see a lot of our patients. It's purely because they've left it too late.

And I say that for the people that are listening in a little bit of a caption of it's not that we've left it too late, but the point is we born with our eggs, we cannot make eggs and they are not all normal. And after 35, it's going to be. Substantially harder. So that's what we see in the fertility clinics.

But of course, you need a good uterus, you need good healthy tubes, and you need a good egg. So [00:08:00] if there's been a history of sexually transmitted infections and the Tube has been blocked, you're going to have a fertility issue, but it's not the most common. So in women, I would say age, I'd put it down to just age and age alone.

Because most of the other stuff we can fix, we just can't reverse age. And with men, male infertility, it's interesting with males because the bottom line is they make new sperm every minute. So it's brand new sperm. But a lot of it is induced, so vasectomy is what I see a lot of the time when you've changed your mind, you've had a vasectomy but male infertility, there can be a lot of congenital causes and infective causes, things like mumps.

When a man is, is young and he gets mumps. Nobody checks and you wouldn't in a young boy do a semen analysis to check, but it can have a substantial effect on fertility. The most common, however, is lifestyle. So those are something that, you know, women can't [00:09:00] reverse age, men can reverse lifestyle factors.

And because they can make new sperm, they have a way of improving their sperm. But poor lifestyle, heavy alcohol use, substance abuse. All of that does have an effect on male fertility. So I would say that's one of the biggest causes.

Meg: That's super interesting. So when you talk about women, you mentioned the age of 35 as where things start to decrease a little bit.

Is it a gradual decrease from like 18 to 35 or is it kind of, like a sliding door moment?

Dr Pottow: Yes. Well, you know, it's both actually. When you look at the graph we use 35, but the real sort of thing where I start my heart rate starts going up is 37. When I start to start panicking because there's a gradual decrease.

So I always say to women, you must imagine a basket or a jar of speckled eggs. It's that's what we born with. They are not all normal. The pink ones are the normal eggs. The ones that make babies, the other ones, the other colors [00:10:00] are there. They very good for us. They make estrogen, which is good for our hearts and our bones and our skin.

But they don't make babies and this jar becomes depleted over time, but it's quite interesting that the pink eggs sort of go early, so we might be left with eggs in the basket, but they're not the pink ones in the jar. So from 37, there's a rapid decline to 42. So it is that sliding door moment. And for me, I always consider those your last five fertile years, but it's not that you're super fertile.

And if you look at how many women are leaving, having their babies to those last five years and that's why we run into a lot of these, I had one baby and now I'm struggling to have the second because you had the one baby at 36, 37. Then

you had that sliding door moments. Now you're 39, 40, and it's going to be a lot more difficult to find that thinking.

Meg: Very interesting. So let's talk. . [00:11:00] Is this called secondary infertility when you have it with a second baby? Am I correct? That's

Dr Pottow: a hundred percent. So secondary infertility, you don't, to have the diagnosis doesn't mean that you've got a living child. By definition, it means that you were able to conceive before.

So even if you've had a miscarriage and you didn't have a live birth And you struggling to fall pregnant again, we would still consider that secondary infertility. So primary infertility is when you've never been able to achieve a pregnancy full stop.

Meg: And then, so for secondary infertility, one of the reasons, as you said, is the slippery slope.

You've now a whole lot older than you were for the first one. Are there other reasons why we would see secondary infertility?

Dr Pottow: Most definitely, , a lot of the time, sometimes it's even got to do with the first delivery. So you've had a baby, something's gone wrong in that delivery, or you've had a seizure and there's scarring on the uterus, things like that, that can cause you that it's something that's been induced.[00:12:00]

But on top of it, there's also things like our immune system, our immune system gets activated. It has to recognize this baby is a baby and it must allow it to grow for nine months. So a lot of women who get acquired autoimmune disorders, it comes after the first baby generally. So the topic or the causes for secondary infertility can be quite wide, but they can be broken down nicely into different categories.

And you've just got to make sure that you've ticked all the boxes and made sure which one it is so that you know, but I would say a large percentage of secondary infertility is related to age because the first one was easy, but the second one isn't. Because time's gone by interesting.

Meg: And what about diseases or disorders like PCOS and, and endometriosis?

Are there, do those have an impact on fertility as well?

Dr Pottow: Yes, a huge, huge impact. And I think that's what makes up the majority of fertility practice. You'd be seeing a lot of [00:13:00] PCOS and endometriosis. The thing is it doesn't mean because you have PCOS or endometriosis, it doesn't mean that you cannot have a baby.

It just means it might be more difficult to achieve that pregnancy. And I think that's problem is a lot of people, we put names onto things. We say, Ooh, I've got this. I've got endometriosis, so I've got a disease. The thing is diseases don't read textbooks. And sometimes some people have, there's a whole host of people that have endometriosis.

Some of them might struggle a little bit. Some of them have a terrible fertility journey and a protracted long, hard journey, but they all fall under the heading of endometriosis. I think the thing for me is that the secret is to seek help early. Because I don't know if it's just, I feel women have a, almost like this preconceived idea.

It's a rite of passage. We're a woman. We're going to have a child if we choose to, and it's not necessarily the case. And it's not that we can't have a [00:14:00] baby. It's, we might just need that help. And people are afraid or stigmatized around saying, Oh, I'm really struggling. And I can't conceive because you'll hear it over and over again.

When people say, you know, I disclosed to my group of friends, I'm struggling to conceive. And actually four out of the 10, they sat there and told me they've also been struggling. Women just don't. Talk about it, you know? So the same with PCOS and endometriosis. If you have one of the conditions, they are navigatable.

They are, we know how to treat them. We know how to assist. So the secret is get help early. Don't let this be a long, horrible journey.

Meg: So I'm guessing that the treatment for infertility secondary to PCOS, which is polycystic ovarian syndrome or endometriosis are quite different., you must have a number of tools in your toolkit that you have to draw on, depending on what is presented how do you make the choices to how you're going to [00:15:00] approach infertility and what tools do you use to promote fertility with women?

Dr Pottow: So I think it always starts off with a consultation and a history. It's amazing what you can learn from a history from both parties involved if you are in a heterosexual relationship and you're going to have a child, or if you're a

woman and you're doing it alone, or you in a relationship with another woman, the history is incredibly important because the one thing I've found is women normalize pain during a period and it is not.

Normal. So you hear so often when you say, tell me about your periods, they say it's regular, terribly painful, but I just manage , it's been like that my whole life. My mom had terribly painful periods. For me, the bells go off in my head when I hear that because it's meant to be uncomfortable with a slight pain element.

Sure. But nothing that a mild analgesic could assist with when it's severe, when you have to stop working or you can't get [00:16:00] out of bed, or you were the girl that had to go home from school because your periods were so sore, you most likely have endometriosis. And we must stop normalizing pain and saying, Oh, well, you know, we just get on with it.

It's not something that women are meant to get on with. And that's an enormous bell for me in my head. So from the history, I can see, Ooh, we might be dealing with endometriosis. And if you tell me you have an irregular period. And you always have, you've had bad skin, you've struggled with hair growth and you have to wax, you get a mustache, I'm instantly thinking, Ooh, this could be PCOS.

So I think the history is very, very important. You sort of can navigate exactly where you're going and what's next. But besides the history, a good examination with some blood tests. At the end of that, you should be able to put it together and give the person a firm diagnosis and then a plan to fix that.

Meg: Okay. Now you mentioned at the beginning that this is only a [00:17:00] 40 year old Area of medicine or 45 year old area of medicine. I think you said,

Dr Pottow: yes, 45. Louise Brown, that's her name, the oldest in the world.

Meg: So, and they've been huge advances. Subsequently, if you think about the last kind of three or four years of medicine in the space, reproductive medicine, what's been the most exciting developments that you've seen that hold promise for women?

Dr Pottow:

I think for me, because I know that we've got this ticking time bomb of this biological clock that we running out of our pink eggs and we're getting less and

less the one massive advancement, I should say, is in genetic testing. So we can test genetically test embryos when we've made them before we put them back in the uterus.

Now, just because you are a normal embryo, it doesn't guarantee a pregnancy. It's actually the converse that if you abnormal, you almost guaranteeing not a pregnancy or miscarriage. So that time to pregnancy in a woman, it's easy. We [00:18:00] speaking academically saying, Oh, well put in the embryo. See if you get a pregnancy test.

If you don't, we'll just put in another one. That enormous emotional rollercoaster that's on top of that process that we talking about is what actually is the big killer and what makes this so difficult. The science isn't difficult. It's the emotions that are. And so genetic testing where we can test an embryo and see, does it have 23 sets of chromosomes is a very good starting point because we can eliminate things like.

Down syndrome in terms of does it have a genetic abnormality, Edward's syndrome, Potter's syndrome because if we put an trisomy 16, which means three copies of chromosome 16 into a uterus, you will definitely fall pregnant with that, but most likely miscarry around eight weeks. So if we can circumnavigate that for you, it just helps you get to that baby and that end step quicker.

Meg: That's absolutely amazing because I mean, there are two things that you've mentioned there. Well, first of all, we know that fertility [00:19:00] treatment is massively expensive financially. And the second thing is it's massively expensive emotionally. And so for every time you have an infertility treatment that fails it's just a, it's a cost that can sink you and especially emotionally.

And so that genetic testing really can actually short circuit that and decrease the chances of that massive cost

Dr Pottow: Yeah. Of course it comes at a cost, but when you add it all up, it's a wonderful thing to add on. In the right patients. It's not for everybody in, but that's where you need that information and someone to guide you and say, what would be your quickest route to pregnancy?

Because that's why people are come to see a fertility specialist. They want to be pregnant in the quickest way possible in the most affordable way. And I guess

that's the problem with fertility treatments, we growing a human on the outside of the body has enormous strict criteria and controls in that laboratory.

And unfortunately, it all comes in us dollars. So everything, [00:20:00] every little dish or the little media, it's ridiculously expensive.

Meg: So if I'm a mom, who's listening to this podcast, and maybe I've got a little bit of a niggling feeling about the fact that maybe I haven't fallen pregnant and it's been three or four, six months.

What are some tips that you would give to couples? So, first of all, when should they be worrying? What's a reasonable time to, to fall pregnant? And if they are starting to worry, what should the first steps be? And then when should they seek professional help?

Dr Pottow: Perfect. Well, I think you can logically troubleshoot it for yourself in the way that you can say, right, am I fit and healthy and well.

So if you are overweight, we know that's going to play a role. So there are things that you can do all on your own and just help yourself in terms of, we don't want anything extreme. We don't want extreme sports, but we don't want extreme sitting on the couch either. So it's that sweet spot in between.

And what that sweet spot is, is 30 minutes a day of a brisk [00:21:00] walk is good enough five times a week. We know that will substantially help your fertility. A nice, well balanced diet of low GI foods. People always think we don't want any extreme fad diets or any particular thing, but a low GI diet where the glycemic index is lowered is really great.

Our ovaries don't like insulin, so we don't want your pancreas to make insulin. So you have to follow a low GI diet.

Meg: Interesting. That whole sugar thing coming in again

Dr Pottow: Always, always, I'm telling you. So our bodies don't like it. So, you know, but everything in moderation. I think it's always so frustrating or not.

I feel so sorry for people that they've followed this diet that they haven't deviated for not 365 days. They haven't had one sweet or haven't allowed themselves to have one slice of cake. It's everything in moderation, but the point is, you are overweight, it's going to be more difficult.

We know that if you are not [00:22:00] ovulating and losing 5 percent of your body weight, you can fix that problem. You will most likely start ovulating on your own. So you've already fixed your infertility problem before you've even had to leave your front door. But we know it takes time and a whole lot of commitment to follow a diet.

Meg: And then so if it's been like, let's say eight months, should I be seeking advice? So, take the average woman, 30, 33 years old, eight months down the line, she hasn't fallen pregnant.

Dr Pottow: So me, the whole thing is, is about your period. If your period. Is regular. You want to try for six months and if you haven't conceived after six months, you step it up.

Meg: What does step up mean? go and see the doctor, have more sex?

Dr Pottow: That's it. Well, you've got to make sure that you're ticking all those boxes and that you are having enough sex at the right time. I think that's the whole thing is what's the definition of time you've got to do a little bit of homework in terms of, and that's when see someone just to get the right advice or.

Speak amongst your friends online, a lot of help to [00:23:00] say, when is your most fertile time? Are you having intercourse at your most fertile time? Have you been doing that for six months? Because a lot of couples come and they've actually, they've been having intercourse at the wrong time. It's as simple as that.

It's just a timing issue. So if you've got a regular period as a woman, it means you most likely are ovulating can't guarantee it, but you most likely are, you've got a chance of conception and you try for six months. And if not, Then we need to go and look and see, is the sperm swimming? Is it getting there?

Do you have sperm? Just because there's an ejaculate doesn't mean that there's sperm. So we need to check the sperm. We need to do some blood tests. From the female point of view in terms of what's your thyroid doing plays a very big role in fertility, the hormones in the brain, prolactin, they can also play a huge role.

So we just make sure those are all normal. And that's what stepping it up is at six months. It doesn't mean that you're committing to any [00:24:00] treatment. It's just making sure you're doing all the checks and balances, making sure your

tubes are open, making sure you are ablating, making sure your hormones are all well balanced and normal, and making sure we've got sperm that can get to that egg.a

And then of course the scan at the same time when you go and see somebody to make sure that this uterus can house a baby that it hasn't got a new growth, fibroids, polyps, things that have suddenly developed over time that maybe you didn't have in your first pregnancy, or you've never been pregnant before, but you've never had an ultrasound.

So you don't know. And those are simple, easy things to fix. Doesn't mean you have to have any fertility treatment.

Meg: Very interesting. So if I've decided now that I do need to go and seek out professional help, where's the best place to start? Medical doctors, it means that the best place to start, who should we be looking for and what qualities should we be looking for in this person?

Dr Pottow: So I think the thing is that invariably a lot of women, luckily they've got a lot of online help and [00:25:00] they can see if they've got a regular period and that you can go to a GP. You can go to your gynecologist. My whole thing is it's about where if you are 30 years old. You've got time, but if you are 39, go straight to a reproductive medicine specialist, you can make an appointment.

You do not need to have seen other people or had gone through the chain of works. If you know what I'm saying, that you've seen a GP, then you've seen your gynecologist, and now you've gone to a reproductive medicine specialist. No, you phone, you make an appointment. You say, I've been trying to conceive.

I have some patients who do that after two months and say, the emotional turmoil, I'm starting to panic. Don't do that to yourself, have an appointment, get the basics. And then at least you've got the information and you've got a plan.

Meg: Absolutely. So, you are based in Cape town. If one of my moms wants to get hold of you First of all, is there a way for people in Cape Town to get hold of you?And secondly people outside of Cape Town?

Dr Pottow: 00:26:00] Yes, I would say nearly 50 percent of our patients are not based in Cape Town . So we really are this real global village. We do a lot of zoom consultations where we can get all the information we can find out, we can direct over zoom, we can organize blood tests and.

I said, sometimes I feel more like a travel agent than I do a doctor coordinating everyone's diaries of when everyone's arriving. But yes, anyone can get hold of me on the Cape fertility website. So if you go to Cape fertility, my photos there and it says. Contact Dr. Joe Patto. You just click on that, send me an email and we'll instantly be connected and then we can set something up.

Meg: is that Cape Fertility Za or.com?

Dr Pottow: Dot Za.

Meg: Okay. So Cape Fertility dot Za, and you'll be able to find Dr. Jo Pottow there. So before we run out of time, you have shared just such a wealth of information around preventative health and then around early response. And we [00:27:00] haven't really gone into the treatment strategies too closely.

And I think we won't necessarily go down that road here that people can get hold of you for that. But are there any last kind of words of wisdom that you would love to share with us?

Dr Pottow: Sure. I hope I'm not repeating myself, but it's a good premise to have a plan. I think women, well, this is how I feel.

I almost feel lost when there's too much information, when everyone's got an opinion on a subject and you don't even know where to go left or right, but you do know that you're not achieving something that you've been trying to. So if you've been trying to fall pregnant and you haven't managed Seek some help so that you can have a plan.

It does not mean, and I think a lot of people say this to me when they see me, they go, I thought I was coming and I had to do IVF. No, not at all. A lot of the time we achieve a natural conception. We just needed to tweak a few things, tweak a few blood tests, get the timing right. And we assist with all of that.

But if you've got a nice plan, like we're going to try for three months. After three months, if this hasn't [00:28:00] happened, then we're going to do this. It

just allows us that emotional toll that we were talking about, which is just so awful that most women carry around and still smile, but actually deep down inside are dying.

It minimizes that when you have a plan. So it's a journey. I know it sounds a little bit cliched, but it really is. We will get there. We will find that good egg and you will have a baby. So choose the right person to do the journey with somebody who, you know, you can trust you get on well with, because it is a process and you will get there with a plan with the right person.

Meg: Yeah. Oh, I love that. I think you've given a lot of people hope because I think first of all, infertility is often accompanied at some point by miscarriage either prior to the infertility or during the process and that level of loss. Both of your fertility, but also of potentially a baby is, really hard emotionally.

So to have somebody alongside them, [00:29:00] one is a mom, or as a woman, somebody like you would be just amazing. So, moms go out there, find the partner. Who's going to do this with you and Joe. I think you would be an amazing choice and I'm sure you've got some other fabulous doctors at your center as well.

Dr Pottow: I think that's the thing is there's five of us at Cape fertility and we all so different, which is wonderful because then you can find the right person to do the journey with. And that's it. You find that right person and you do the journey and you will get there. Yeah.

Meg: Yeah. I love it.

I really do. So for those of you who are living in hope, there is hope. There certainly is, it sounds like there's a lot more hope than maybe we even really consider starting with preventative and going all the way through to the treatments and. They, as you say, they're becoming more and more surefire as we go along every year.

Dr Pottow: Yeah,And so that we can get you to the point of being that parent that you've always wanted to. And then the real stress starts. That's what I always say to people. You think this is stressful. Wait until that baby pops out. That's when they need you

Meg: Meg. It's absolutely. And it can tell you something that [00:30:00] parenting journey that starts right from the time that you just want to fall pregnant.

It doesn't end. My goodness, my eldest is in his twenties and my heart still lives outside my body when it comes to him. So that's the journey of parenthood. So. Jo, thank you so much for joining us and for giving us hope and for just talking through a little bit , of the science in a very practical and accessible manner.

Dr Pottow: Thank you very much. Only a pleasure Meg. Thank you so much for the opportunity. Excellent.

Meg: And moms, we will see you again next week. Same place, same time for another topic. Thank you very much for joining us. Goodbye.