Introduction and Guest Background

Welcome back once again, folks. You're going to get introduced to another good friend of ours who we've been working with for a while and who we respect and appreciate.

She is an amazing background. I can't wait for you to meet Cleopatra Abdu Camper. I mean, she's a psychologist, author, and professor. She's best known for her work on reproductive health.

And as you know, as health coaches, we have to deal with this infertility thing all the time. She's also, very well known for her work in human flourishing and longevity, these kinds of things.

Doctor Cleopatra is an assistant professor in the Leonard Davis School of Gerontology and Department of Psychology at the University of Southern California.

I funny, I just interviewed another, Trojan alumni and, but I accidentally said, UCLA. I don't think she was pretty. I knew that was coming. Yeah. So, so, anyway, your mission is to magnify the love and goodness in the world by using science and wisdom to help institutions, health care providers, and organizations support women through the stages of the mommy life stuff.

Stuff now includes, obviously, fertility, pregnancy, balancing motherhood with professional roles and aspirations. So I think this is an amazing topic and welcome, Doctor Cleopatra, it's so good to see you and to have you here.

Say hello and tell us a little bit more about your background, how you got to to all that. I'd love to thank you for having me. I'm excited to be here with you.

And I just want to say that I did my PhD at UCLA, and I'm a professor at USC, so I love both institutions and I actually am now tenured. So I'm an associate professor and I have been doing this work in fertility and pregnancy and the intergenerational health, formerly for 24 years, which is more than half of my life.

And people often ask me, why did you get into this area? Did you struggle with fertility challenges? And as you know, and because we know each other personally and professionally, I have three babies.

My babies were all born in the month of March, so I planned exactly when they would be born. Fertility has been one of the easiest things in my life, I'm really grateful to say.

But I lost my mother at birth and having that beginning to life left such an impression on me of how critical healthy reproduction is and how when reproduction goes well, we set up future generations, and when it doesn't go well, we set off this domino effect of hardship for future generations that we then have to very consciously and intentionally intercept to change the course of that family.

And I highly, highly believe in what we call the Prime minister, the time before pregnancy as one of the greatest sources of activism that we have available to us on the planet, because when we take advantage of this period of time, we literally have the power to shape the quality and expression of the genes that will pass on to our babies and our grand babies through epigenetics, and contribute positively to the state and the soul of the planet.

We know it contributes to our fertility, it contributes to our own families, but it also contributes to the state and soul of our planet. That's remarkable.

So, a bit people do ask how you got into it and you think maybe you had your own problems, but, you know, with your mom dying in childbirth, that's that doesn't happen a lot in today.

I mean, you know, that maybe it was 30 years ago or something, but, you know, you think about it being real old time, like my, my great grandfather's wife died in childbirth, but it was her ninth kid.

And, you know, back then, it was pretty common, you know, but not much anymore. So I could see the the total motivation there. What do you mean by epigenetics for kids?

How does epigenetics apply to what you do? Absolutely. So epigenetics is the process whereby our internal and external environment can shape the expression of our genes, can either activate our genes or suppress the expression of our genes.

So if you think about your genome and the epigenome, which epigenetics literally means upon or above the genetics, you can think about it as sort of, a dimmer on a light switch.

And so we can use the process of epigenetics to either turn up those genes or turn down those genes.

Epigenetics and Fertility Basics

So what we want to do in the semester, and really at every stage of the mommy life cycle, as we call it, and of the life cycle, is to turn up the expression of the genes that are working well for us, and then turn down the expression of the genes that are putting us at risk.

And what most people don't realize is that fertility is an epigenetic process. Our fertility is not fixed. It is not the case that just because you're having fertility challenges at one point, that you always have to be having fertility challenges, and we can really intercept those processes through epigenetics and help to reverse reproductive aging, slow reproductive aging, and overcome conditions of sub fertility.

You know, I've actually experienced it, but I didn't realize it was an epigenetic expression, because I guess over the years, we've had people who who were working in a health based program, you know, we have this grounding program.

We get people healthier. I once had a lady, she called me up one day, my phone rings and she goes, hey, it's it's Chuck and I, her husband, she goes, we just left the doctor's office and we're pregnant.

You know, they go, well, congratulations. And it's a bit of an old call. She goes, no, no, it's your fault. You know, like it's She goes, because she said, we gave up nine years ago trying to get pregnant.

So it wasn't even her list of complaints or dreams or wishes or they had just figured, well, we're not meant to have kids, but they've been going through this whole thing for about 5 or 6 months, and then all of a sudden it turned on whatever.

I guess what you just taught me is that it was the genes that turned on as much as anything else we thought we were doing. So is that what you meant by that kind of.

Absolutely. And and the way that you upregulate the genome is by putting into practice these health giving, habits and practices. So things like the way that we're eating, the way that we're sleeping, the way that we're moving, the way that we're interacting with other people and other beings, including pets, the way that we are interacting with nature around us, the way that we're interacting with, 24 hour cycle in the day, the way that we're interacting with the seasons, all of these forces, outside of us, these external forces are affecting the expression of our genes.

And then internally, our stress response is having a huge impact. Hormonal balance, for instance, the balance of sex to stress hormones is really critical in epigenetics.

And also in fertility, epigenetics and prime minister epigenetics more specifically. So what you were teaching this couple was affecting their epigenome and ignited their fertility, allowed them to overcome conditions of some fertility.

And what's so interesting is that we hear all of these statistics about 1 in 8 couples get diagnosed with infertility, 16% of married couples get some form of fertility treatment, according to the latest estimates from the CDC.

But what we don't talk about is what's known as in science as involuntary, childless snips. And we believe that this metric much more closely approximates human the rate of true infertility and true sterility in the human population.

So this it this number is approximately 3%. And so for the vast majority of the population, if they're experiencing difficulty getting pregnant or staying pregnant, they are probably experiencing conditions upset fertility.

But the chances that they are truly infertile or sterile are very, very small. So one of the first things that we can do when we're helping a woman, when we're helping a couple, is to teach, about human biology and the fact that the odds that they are truly infertile are so small.

So if they've been diagnosed as quote unquote infertile, to understand that diagnoses are a necessary evil of the health care system, because we need a diagnosis in order to mobilize resources to mobilize treatment, but they don't need to internalize that label or that diagnosis as being defining of who they are.

You know, that's remarkable. You're putting it that way. It's it's, it just fits. So in with our way of looking at, people's problems as being a holistic problem, you know, there's a lifestyle problem, there's a genetic problem, but it's really epigenetics that matters.

You can't ever change your genes, but you can control in a way, the expression of them is that the example they get. But, so, you know, when, when people get a diagnosis from a physician, usually it's, what you said was they have to give a diagnosis, there's a code and that will initiate the resources, meaning payments by insurance companies sometime and that and then also that would dictate that dictates the standard of care or the CPT, you know, procedure code.

I she came in, I diagnosed her with this, and I wrote a prescription for this. And it seems like I may be behind the times a bit. So in my world, you know.

But the solution back, back then when I was helping, you know, seeing clients more often, it was, it was just like fertility drugs, you know, that's that was.

That's the answer. And so what you're telling me is that just like, thyroid. Yeah. Or, you know, these other issues, irritable bowel or think it's just being treated like that.

It's just, you know, here's the diagnosis and here's the treatments and the cure without much consideration for what's way upstream. You know, what has maybe turned down that genetic expression.

Is that kind of what you're in alignment with that? Absolutely. Read. And just like you do, we think of fertility not just as as having to do with one part of the body or one part of someone's health.

So we don't locate fertility in the ovaries or the eggs or the uterus exclusively. We think of fertility as a system. And the way that we conceptualize this system is what we call the fertility triangle.

And the fertility triangle has five levels. The base is the psychosexual level. So having to do with psychology, sexuality, sensuality. The second level is what we call biotechnological.

So that has to do with the physiology but also the ecological context. The third level is neuro immunological, which has to do with the brain and the immune system.

And the fourth and fifth levels are what we call social and cultural. So what you can see by looking at the fertility triangle is that we understand the biological clock and fertility as having to do with every part of a person's health and every part of a person's life.

Current past, future. And it's really important to consider all of these things in the process of creating that positive epigenetic teams that helps to ignite people's fertility, extend their fertility for as long as possible.

For our high achieving women who are focused on education and career and know they're going to wait until later on in life to have children like I did.

And so it's really important for us to remember that fertility is not just in one part of the body or not just in one part of the and not just in one part of the life.

And the critical thing about the fertility triangle is that you can't outsource it. You cannot relinquish it to somebody else to take care of for you or to treat for you.

It is your work to do. Just like you can't have somebody eat well for you, you can't have somebody exercise for you. You can have someone teach you how to do those things, which is what we do.

We teach you how to work at every level of the fertility triangle, to create that epigenetic change that ignites your fertility and allows you to have your super baby.

And what I mean by super baby is something really specific. So when it was actually my clients who came up with the term super baby, you help us to have super babies, you have super babies.

And at first I was a little resistant to using that term because I was concerned that it has embedded in it a sort of social comparison, like one baby is better than another baby, but I can't use it as your super baby.

If you get to have your super baby, or when you get to have your super baby, it means that you get to have the healthiest, happiest, brightest, most well-adjusted baby you can possibly have.

Given your genome and your epigenome and the genome and epigenome of the person who's contributing the other half of your baby's DNA. And so you cannot outsource your fertility triangle.

It's your work to do.

The Fertility Triangle and Psychosexual Health

It doesn't matter how much money you have to invest in the problem or throw at the problem, even if you're going to be doing IVF, it's important to understand that the scientific literature is very clear that there are individual level modifiable factors that can increase the likelihood that IVF is successful and also decrease the likelihood that IVF will be successful.

So your fertility doctor, your IVF doctor cannot cannot control those things for you. You have to do the work in the semester before going into IVF to ensure that you give yourself the greatest odds of success in IVF.

IVF can circumvent the problems, but only you can address the root cause of the problems. So yeah, I mean, it makes a lot of sense because we're pro. But health coaches job is to get people to take a look, you know, you know.

So your response ability I'm just your coach I can't do it for you. Kind of like in football. You know we give the the guys stuff to do. We teach them, you know, kind of hound them sometimes, you know, but only they can go out there and Saturday and play the game, you know, you're not on the field with them.

So you got to prepare them for all that stuff. That's amazing. I don't mind the term super baby at all. You know, I think that you just mean super. Like, there's these books out now about being superhuman.

They don't mean you're better than anyone else. They just mean that you've got your stuff together, and you're going to be the best human that you could be.

Everyone has genetic, potential, and we want you to reach it, you know? So, I want to go a little bit more into the fertility triangle. You mentioned five things.

So how does it a triangle, then? I know that four and five are the social and cultural aspects. And then what would be the other points again. So that if you think of since we don't have an image in front of us, if you are familiar with the image of Maslow's hierarchy of needs.

Yeah, it's a training triangle. And then within the triangle there are two levels. So we we have the fertility triangle. We look at the fertility triangle in the same way.

And there's a very good reason why the psychosexual level is at the base of the fertility triangle, because that is, they are. So much of the magic happens.

So here we're really looking at psychological hygiene and habits. We're looking at the feedback loops between our psychology and our fertility that are orchestrated by the balance of sex hormones and stress hormones.

We're looking at one of our most fundamental mantras in the Prime Minister protocol, which is this as many moments of every day as humanly possible for you.

Step out of stress, step out of emergency, step out of trauma, and into peace and pleasure. And I know that peace and pleasure sound really nice, but they sound.

They sound optional. They don't sound important. But I always say treat pleasure as if your fertility depends on it. Because it does. Because the reality is that the same parts of the brain that are involved in, in keeping us safe, are also involved in, reproduce action.

So if if there's anywhere in yourself or in your life where your brain does not perceive you to be safe, your brain will automatically get the memo that it's not the right time to prioritize reproduction because you haven't yet ensured your safety, and so reproduction goes on the backburner.

It's harder to get pregnant. It's harder to stay pregnant. When the central nervous system, and specifically the sympathetic nervous system is activated.

So this is why that's at the base of the fertility triangle. I get it now. So so I just what I picture is a pyramid. So because triangle is generally at three points that might all relate to each other, but but you mean is there's a hierarchy of so yeah, like a pyramid, like the food pyramid, you know, even a U. S.

one. Well, that was wrong. You know, there's there's a natural. Yes, exactly. Yeah, a pyramid. Okay. That makes a lot of sense. And, what's at the very top of it again?

What was the top level thing at the very top of the fertility triangle? The fifth level is what we call cultural. So let me give you a few examples of what this means.

Okay. So number one we're one of the things we're looking at in the cultural level of the fertility triangle is aspects of your identity. So maybe your race, your ethnicity, your national origin and how the aspects of your identity affect your experience of life and your experience of your own health.

And there's a vast body of scientific literature that shows that being a woman of color is associated with accelerated reproductive aging, what's known as weathering.

And we believe that that has to do with repeated exposure to stress and particularly status based stressors, for example, experiences of discrimination and racism that are really wearing, really wearing out the body and showing up in the reproductive system as one of the first places that it shows up.

So this is one example of the kind of thing that we're working on at the cultural level of the fertility triangle. But even if you are not a woman of color or a person of color, this level of the fertility triangle is still really important to you.

Because another thing that we're looking at here is the intergenerational transmission of stress and trauma. So if

you think about it, we all have very strong beliefs about the value of pregnancy, of motherhood, of parenthood.

Good. And when we stop and assess where we develop those beliefs, where we absorb those beliefs, they almost always are transmitted up to us through other people, including our parents, our grandparents, our siblings, maybe our close friends, also our professional circle teaches us a lot about what we should believe about the the risks and benefits of getting pregnant, of entering into motherhood.

Am I going to lose my competitive edge? What is going to happen to me at work? So one of the things that we do at this level of the fertility triangle is really an excavation of the beliefs that we have internalized about our fertility, about the value of fertility, about pregnancy, and about motherhood and parenthood more generally.

So did you see your mother struggle with getting pregnant? Did you see your mother have miscarriages, or did your mother just think about getting pregnant and get pregnant?

And then maybe you heard your mother talk about how hard it is to have children, and how she had to sacrifice so much of what she wanted out of life. Once she became a mom.

And then you're automatically wondering why just the thought of becoming a mom, as much as you really want to have a baby is also really terrifying for you.

You know, I, I'm getting it, you know, and I'm just learning so much from right now. I'm so excited about it. Thank you. And I know you're going to. Yes. It's fascinating fishing.

You know, today's culture with culture is the, you know, one of the biggest issues of the day, this idea that you've already been there and done that and applied it to, us, you know, like a section of the health space, you know, that's that's you're way ahead of everybody.

But when you, when you, when you said triangle in and you said one, two, three, four, five, I went from top to bottom. But was it like the one. Is it the bottom and two is it.

So you just went over the top one. And I can relate to it because you know, my son, he's, he's 38 and he's, he's amazing guy, very successful. His wife, he's been married for 67 years, was the first person to I should everyone ask me, do you have any grandkids grandkids.

You know. And I'm like, well, I kind of hang my head, no, not yet. You know, like. Like what? Yeah. Because culturally, man, they're into their lifestyle.

They're jetting around like this weekend. They're up in Yellowstone Park having a ball, doing whatever they're doing up there, you know, and my son's a we're very active together.

But but it is a call I could see. It's a cultural influence. That's just hey, we're we're we're in our mid 30s. We've got time. You know why, rush? You know, like we're having too much fun right now.

So that's really interesting. And you got that at the top. Go back down to the bottom. What is number one again. That was this like sensual moment of psychosexual level read.

I want to respond to something that you said about the question that you always get. Are you a grandfather yet and and how culturally your, your son and his wife have decided to really enjoy their life before they step into building their family and I think that this is really, really important because we we get opposing messages from the dominant culture these days.

On the one hand, there's always the question, when are you going to get married? Once you're married, when are you going to have kids? So we're we got really family oriented messages from the dominant culture, but at the same time, we get the message that you need to focus on your career first.

You need to achieve a certain degree of financial stability. You should enjoy your life and enjoy your freedom. And so we get these really opposing messages and it's really confusing.

And I teach about something called blind fertility syndrome. And I think it's really important for people to know about this. It's the idea that we are so socialized to believe that whenever we're ready for our fertility, especially as women.

But but even as men too, because men experience a decline in fertility over time as well, that once we're ready for our fertility, we just blindly expect that it will be there for us.

Cultural Stress, Blind Fertility Syndrome, and Timing

And then we feel so misled and deceived by the society that raised us to believe that we could do all of these things and then have children whenever we're ready to do that.

So what I always say is you chances are you can if you're smart about it and you plan for it just like anything else in life. So learn about your cycle early on.

Learn about prime mastering early on so that you can use the mastering tools or the Prime minister system. About 80% of the time. You don't have to do it perfectly.

If you're 5 or 10 years out from having a baby or even two years out from having a baby, do it about 80% of the time, because doing it will help to preserve and extend your fertility for as long as possible.

So, for example, I knew I was going to be an older mom. I got a Ph. D., I did a postdoctoral fellowship, I, I went on the tenure track at USC, and I knew I was going to have children later on in life.

So I've been monitoring my I mean, I do this work so I know to do it, but I've been monitoring my cycle. I just turned 42. I still have the same cycle I had in my 20s, because I basically live in the Prime Minister and because I've been watching really closely.

So I don't want anybody to be blindsided. I don't want anyone to suffer from blind fertility syndrome. I want people to learn early in their life about their fertility, about how to take care of it so that it will be there for them when they're ready.

And I do believe you can have it all, especially if you plan for having it all. I believe you can have it all, especially if you plan for having and all you know, like in every way you know.

So now I hope the audience won't mind if I ask this. It is. But again, I'm going to go back to my son is and his wife is beautiful. And so they're so healthy. I mean, they're fit.

My son, got seven varsity letters and four different sports in high school. You know, I think first of all, he went on to win a national title at the collegiate level.

And one of the sports. But but, so it was matter of fact, it was a new, different sport. But. And his wife was a, fitness competitor, you know, they both they're both really healthy.

And so, but I also share with you that and I think people will relate to this. So I think it's okay to, to go here. My son, you know, his mom, is a woman of color.

You know, I married her in 1981, so he's mixed. You know, he he looks black, you know, but he's he's mixed, and he's half me and half, that's for sure, you know?

And he's kitchen hill for not having those grandbabies, you know, like, it's just it's just from his mom. And then the, the the wife you don't get you know they don't get along.

I think that's a big part of me. And like you know I understand. And he is the same thing. So he's doing very well. And I think I want him to have grandkids or 2 or 3 whatever.

But I want him to be happy more than anything else. And they are so joyful and happy. No, I'm not going to stick my my thumb on the scale much, you know, or at all, really.

I've been I've been as neutral as possible. So. But does hurt a her fertility wouldn't be affected by that would it. I mean or do you think there's the way that that pressure comes down on you?

Is she kind of, like if she's resistant to the influence of his his mom, you know, would that make her less fertile or. You know, I mean, if I jumped on the bandwagon, could that change anything?

I don't know, I'm just getting funny about it. But you see what I'm saying? Yeah, this is. Yeah, I understand you. And you know what? These are real life questions.

These are real life, nitty gritty questions. This is when we stop being theoretical and we really get in there and look at what's there. So anything that is a source of stress and pressure can interfere with fertility.

And I know that you you will understand that because, the HPA axis, the effect on the balance of stress and sex hormones, the effect on the microbiome, which has a huge impact on our epigenome, by the way, we can really think of the microbiome as our second genome because the, the, the, the bacteria have their own genome and they are so plentiful that their genome is as influential as our own genome in our bodies.

So that's anything that's causing us a lot of stress is disrupting the microbiome. So these these things are really important. And I will say that relationships are very often, a surprising impact on fertility.

So a lot of times we see issues in the the partnership at work in, in creating some fertility or fertility challenges. And also in, in the extended family there can be an issue as well.

So if if there's friction with the mother in law, she could be really anxious about what that's going to mean for her quality of life and peace of mind once they bring children into the world.

Because inevitably, what happens when you bring children into the world is that children are a glue. They bring in that grandparents and the extended family in a much more intimate way than that.

You were interacting with them before, in many cases. And so she might feel like it's it's really anxiety provoking to think about having a mother in law, but she doesn't get along with be around more because of grandkids or have an influence on her on the way her children are raised, etc.

it doesn't mean it's going to be enough to cause fertility challenges. And they're also beautiful opportunity for growth and for getting closer to one another, because children really are the most special kind of blue in the world, so who knows it.

Having children might bring them even closer together in terms of the mother in law, daughter in law relationship, you never know. But it doesn't necessarily have to create fertility challenges.

But anything that's contributing to her stress response is up for for influence in terms of fertility, because the HPA axis and this the stress areas in the brain are all very closely tied to our ability to get pregnant and stay pregnant.

So this is really important. I also want to touch on another thing that that you referenced, which is sometimes we do things that we think of as being healthy that actually aren't great for our fertility.

So one example is that there is what we call a fertile zone and BMI that's about 19 to 25. So anything below 19, anything above 25 is associated with a harder time getting pregnant and staying pregnant and having healthy birth outcomes and having healthy offspring or healthy children.

And that impact follows our children across their life course and into the next generation as well. We know this process at least two generations. So what's interesting is that low BMI is even more consequential for fertility than high BMI.

So I will get a lot of very fit people who feel like they're so healthy and they're completely bewildered by having fertility challenges. And it may be the case that they need to gain a little bit of weight because you need your body. Fat stores.

Number one, to produce hormones, you need to be consuming fat, but you also need your body fat stores in order to be sending the message to your brain and your body that there are sufficient resources to make and grow another human being.

We call this process. It's a broader process than this, but this is one part of it. We call it leaving the porch light on for your baby. It's like being in a dark neighborhood and you're trying to find a house, and it's much easier to find a house if the light is on.

And when the lights on, you know that they're saying, we're home, come on in. You're welcome here. We can take care of you. You want to leave your porch light on for your baby and make your porch light as bright as humanly possible through internal and external chemical messengers and the epigenome.

And so it's it's really interesting that overtraining and being really low in body fat can at times interfere with fertility. And this is in both males and females.

And we know, like I said, that lower BMI is even more consequential than higher BMI. Just like during pregnancy, we hear a lot of talk about drinking too much weight.

It's not good for the baby and there are long term, short and long term consequences of too much weight gain during pregnancy. But actually, there seem to be more risks to not gaining enough weight during pregnancy, to the pregnancy and to the baby, both short and long term.

One interesting thing is that another thing that comes up with people who are very fit and very slim is that if you are restricting your calories, it actually can program your baby to expect a world where there are not plentiful resources which could predispose them to obesity and obesity related disorders because their physiology is becoming programed in the Prime Minister and during pregnancy to expect the world that you are teaching them about.

So if you're keeping your calories down because you're worried about your what your body looks like and therefore your your baby is being your baby's physiology is being trained to expect that there not a lot of resources out in the world.

But then there are even if you don't have a lot of money, in fact, that's like even worse because then the the quality of the food is even poorer that you're eating.

So then that can predispose babies to to obesity and obesity related diseases like diabetes. So I always say if you've had a history of eating disorder now in the Prime Minister, and during pregnancy is not the time to restrict your calories, we want to be putting in good nutrients.

We want to really prioritize the things that are going to create this positive epigenetic change. We want to really prioritize good fats and high quality proteins and leafy greens, vegetables and other parts of the rainbow.

That's what we we recommend prioritizing in terms of what we call our nutritional gifts, the way that we teach people to eat in service of their fertility.

It's not the time to be keeping your fat intake way down. Obviously, you don't want to be eating trans fats and things like that, but you don't want to be keeping your fat intake way down or restricting calories.

Remarkable. Thank you so much again for picking up so many, so much good information, education and enlightenment about these things. I absolutely love your expression.

Leave the parsley. That is. Yeah, that is brilliant. That is genius. You know, you should register that as a trademark or something like, because it seems to me that it would, apply to so many things in one's life, you know, like if you want abundance, if you want to have a good job, if you want to, get to Michigan, turn the porcelain on for a man so you can attract it to yourself in a sense.

You know, I just. That is brilliant. Now, another thing I noticed you talking about, which I love, is the idea of cycles. You know, this, like you mentioned circadian rhythm.

You didn't call it that. But I know that you refer to the circadian rhythm, because if that's interrupted, that's a form of stress. And the monthly cycle, of course, and the, you know, the lunar cycle, we would call and then and then yearly cycles, seasonal changes, those are really important.

And maybe even in life there's a bigger cycle, you know, and the childbearing that's part of the cycle to the event. Is it kind of what you mean by the you're calling it the semester like not trimester but trimester prime.

Yeah. So talk about actually prime. Yeah. Oh I know it's it's actually prime and master. So and it is the time before pregnancy. It's the 120 days plus prior to pregnancy leading up to conception.

And it's during this window of opportunity that you can create this incredible epigenetic change that you will then pass down to your baby and your grandbaby.

And it's really important that we understand that women are only half the equation, or the mama is only half the equation. So the person who's providing the other half of the DNA, if they're available to Prime Minister, we use it as both a noun and the verb.

So the Prime Minister is that period of time. But we also talk about the activities that we do in the Prime Minister to prepare to ignite fertility, to prepare to have our super babies, to create this epigenetic change.

We call that prime mastering. So it's during this time we want that the other person person who's contributing DNA to prime Minister as well. And even we work with a lot of same sex couples at the fertility and pregnancy Institute.

We absolutely honor every formation of family, every type of love that exists. So we work with a lot of same sex couples. We work with women who are using a sperm donor because they're deciding to have a baby on their own, because they haven't met their their person.

I always say their their prince or princess or non-binary legal person yet. And so even if it's a same sex couple and they're using a sperm donor, for example, the the other social parent also contributes to the epigenetic change experienced by the woman who's providing the egg, who's providing the uterus.

So their role is very important as well. So it's that 120 plus days leading up to conception. That's what's called the prime minister, and we call it prime for a number of reasons.

Number one year, priming yourself genetically, you're priming your life, your relationship, your psychology, your every part of yourself. And every part of your life.

But this is also prime time. It's prime real estate. This is your opportunity. It is one of the most important and valuable windows of opportunity we will ever have as human beings.

And most people don't even know about the opportunity.

Body Weight, Nutrition, and the Prime Minister Window

And so it's really, really important that we understand the magnitude of the opportunity and we capitalize on it. I always say, I want my baby to have all these unfair epigenetic advantages, and I want every single woman in the world for her children to have that to.

Well, that's a tremendous mission. If you don't mind, switching gears just a little bit, so much about the the science. Most health coaches are kind of nerdy. You know this.

They have some nerd in them. They want to know the biology, the physiology, the chemistry and things like that. But tell me about your motivation for what you just said.

Well, why do you want every woman on the planet to have that? What? What's driving us? I because I truly believe that women, healthy women are the foundation, the building blocks of society.

When when women are healthy, when they're in healthy relationships with healthy men, they they almost always go on to have healthy children. And it just builds on top of everything, builds on top of it, creates this.

I always say reproduction is the intergenerational domino. It creates this incredible ripple out into the world and that's why I feel like there's nothing more important or valuable that I could do with my life, or that I could help other women learn about so that our children get these incredible advantages.

And, you know, I have this really unique vantage point of having experienced both sides. I was born without my my mother died giving birth to me. I had the most difficult start to life you could ever imagine.

My father did his best being a single dad of five children in a new country 7000 miles away from any of his family. With no resources and no support, and I.

I barely survived my childhood, and it was really just by the grace of God, and also because I had an incredible brain, or I have an incredible brain, and I also have incredible emotional intelligence and resilience.

So I was able to to keep popping back up, even though I fell down over and over and over again. And I always believed that there was so much more, and I knew that I would one day go on and have a beautiful life and a beautiful family, and that I wasn't going to pass down this legacy of suffering and hardship to my own babies and I.

I have three super babies. They are seven, five and two, and they're everything you could ever want. They are incredibly intelligent. They are physically dominant.

They're super athletic, they're tall, they're strong, they're amazing. They're they're they're loving. They're well-spoken. They're everything you could want.

And I look at them and they're so light and they don't have to be burdened by anything that I could have brought with me into this next generation, but that I and, you know, consciously with my husband decided it's this stops with us.

Like we will not pass this down to them. Obviously we you know, their their DNA are what they are. Your DNA are not your destiny. But my husband is the descendant of slaves.

He's he's also Ashkenazi Jewish. I mean, for sure they're there. That exists, that becomes embedded in our biology, that becomes embedded in our DNA. So for sure, that is part of their DNA, that that history, that, that intergenerational history.

But their life experience gets to be beautiful. So I have seen how painful it is when reproduction doesn't go well. And I get to see every day and live every day, thank goodness.

What it what it is and what it means when you get to have exactly the family that you've always been dreaming of having and you, you create, you know, and it takes a lot of courage to, do what you've done and even to tell about

it, you know, because it's, and, you know, it's it's just a remarkable thing.

I gosh, I'm so glad this is this is a fantastic interview. Is there something you'd like to say, to the audience? As we have just maybe a couple more questions here, about how your training is going to work, you know, for other practitioners, because I know there's health coaching, lots of ready to go.

And that's what I want to, you know, they want this. You and you said, we work with people this we work with people that we can you're putting it all together into a program so that you can teach others how to do it.

And I'm fascinated myself. I mean, I have some awesome customers for you when you get it. Really, you know? So awesome. Yeah. You're ready? Yeah. So we have we as of 2018, we created a digital version of the semester protocol.

So we've been able to serve so many more people than we were in previous years. And in by the midpoint of this year, we had already served three times as many people as we served in the whole of the year before.

So that's been really, really exciting. So along with creating the digital version that women can use and couples can use for themselves, we also have a training.

It's a beta training. It's our first time having the training available, where health coaches and other kinds of practitioners can come and learn. The semester method, become certified in it so that they will be best equipped to help women prepare and women and couples prepare for pregnancy, but also to overcome fertility challenges.

And I have to say, we have a 12 month success rate of 97%, and we deal with some of the hardest cases you could ever imagine. I'll just give you one example just to tell you how effective this system is.

We have a client who had what we call, a little girl, and we call her my birthday baby because she was born on my birthday in 2019. So she just turned one.

And her mother has. Her mother has a rapidly progressing Ms.. And her mother had six miscarriages and did multiple rounds of IVF. All of them failed. The miscarriages were tested.

They were known to be chromosomal abnormal. And finally several IVF fertility doctors said that her only option that she wasn't going to be able to have a biological child, and that her only option was to use an egg donor, do IVF again.

But to do it with an egg donor. She came to Prime Esther with us. We Prime minister for at least 120 days, so that's at least four months. Some people we recommend promising longer.

There are some rare cases. We recommend primers are a little bit shorter. And she was pregnant within the first or second cycle of trying. And she got pregnant naturally.

And she had and has a perfect healthy baby girl. So I'm I'm using this as an example to say that we deal with the hardest of the hard cases and we have incredible success.

And so when if you're in a practice where you're seeing women who want to know, what do I need to do before I start thinking about getting pregnant? Or they've been struggling to get pregnant for months or years?

Our our record as of now is 16 years. Someone was considered quote unquote infertile for 16 years and got pregnant. So that's our record so far. And if you if you encounter these situations in your practice and you want to learn more, this is the place to do it.

At the Fertility and Pregnancy Institute. There isn't anywhere else in the world where people address fertility in the way that we do. In terms of a systems approach to fertility, using the fertility triangle and using the science of epigenetics.

But also our signature is that we are science driven, but that we're big hearted because everything that we do, the delivery is always full of love and compassion and really encouraging people to believe in and connect to their own innate fertility, whether they want to get pregnant naturally or they've already decided they want to do IUI or IVF.

Well, well, Cleopatra, this interview is going to go a little bit longer than they originally. Okay. Because I have to ask you a couple questions. And for me, I love it.

Yeah. No, I'm just so open and fascinated to. And I'm going to I'm not calling you out on this, but, you know, I think that Happy Homes I was brought up where, you know, the mom was the mom and she was she was our rock.

And so and she, she fed us and called us and cared about us and, and other nurturing and things like that, which I was taught that that's what moms do.

And my dad spend most of his time taking care of the mother, you know, like he so now when so when I see families that are absent that like, yeah, yeah, mom take care kid.

You just said it yourself. You. I hope you kind of agree. Yeah. That's that's the person even though you, you grew up with that one. It's like you're stopping the cycle and you're going to that.

That's the way that, be. And so, and my dad did a really good job of taking care of my mom. Boy, you didn't say anything back. Talk to mom. You you just, you know, like, she's the queen of the castle, you know?

And and so I grew up with it, and I tend to treat women like queens, you know, like I love them all and and respect them and things like that.

Partner Involvement, Training, and Health Equity

And, and, so, you know, I just wanted to say that I feel that from you and, you know, like, how do we get the men involved in the Prime Minister program?

What's his part in that? You know, is it because it can't just be nurturing the the mom to be right now? There is more to it. So first of all, I wanted to celebrate your family and and the way your mom took care of you.

But even more, the way your dad took care of your mom. Because women, we are queens of the castle. And I married a man who treats me that way as well.

Like I'm his everything. And every day he tells me how exciting and fun it is to be married to me. And I love that we're we're going to be celebrating our eighth wedding anniversary on Monday and it is just beautiful.

Thank you so much. It's beautiful to be loved that way. I was always successful and strong and smart, but the level of growth that I have experienced is exponential.

Now that I'm loved and supported the way that I am in my relationship with my husband, I have to say there is nothing like it and that we are so close with our children, and our children are so at home in the world because of how in love and how close we are and how much we love them.

So I, I just think that that's so beautiful and I want to celebrate that. And I dream of of every family getting to have that, whether it's a man and a woman or to two women or two men or whatever the configuration is to non-binary people.

I want everyone to get to have that. So that's number one. Number two, there is more for the man to do is or the partner to do because he provides or the partner provides half of the DNA.

And so how he is living, thinking, feeling, moving, what he's consuming, how he is or isn't sleeping all of those things during the Prime Minister matter as well.

It is not just the woman's work to prepare for having a baby. We always think automatically when there are fertility challenges. The first person who gets looked at is the woman.

And even when there aren't fertility challenges, we assume it's the woman who needs to do the work to prepare because she's the one who's going to be housing the baby.

And it's true, the woman does become more important once conception has occurred, but prior to conception, both people are equal. And so we want we want the dads or the partners to be there to support our mamas emotionally in their process.

That's really, really important. And you know, what's really beautiful is we collect tons. I'm a scientist, so we collect tons of qualitative and quantitative data on all of our families, which is why how we're able to track our success rates, understand people's experiences at every level of the fertility triangle, and one of the most beautiful byproducts of the semester protocol, the system that we teach is that we always find that the couples get so much closer in the process of Prime Minister, and together they report that the quality of their relationships have changed so much that they've brought fun and intimacy and pleasure back into their relationship that they feel so connected and in tune with one another, and so ready to take on the challenge of parenting together.

Because before you have children, it's a different level of responsibility that you have in your in your marriage or your partnership. Once you bring children into your family, the the dynamic changes and the the relationship between the two people, the couple often changes.

So that's been really beautiful to watch. And I can think of a couple that that we, we worked with recently who their, their relationship was about to end.

And they know they are so in love now. And they are they have they're pregnant. They, they're ready for their baby. And if they hadn't come to Prime Minister, maybe they wouldn't have gotten pregnant.

Probably they wouldn't have gotten pregnant because they've been trying for so long, but also they probably wouldn't still be together anymore. So that that has been so beautiful.

So we want we want that to happen, but we also want the gods to get in there, to do the work, to work at the level of their psychology, to work on their sperm health, to follow the nutritional gifts.

The way that we recommend eating to to take this by the micronutrient supplementation to to think about their not just how much they're sleeping, but the quality of their sleep to do all of the exercises and practice that allow us to get out of the sympathetic nervous system and into the the parasympathetic nervous system, all of that.

That's. Yeah. Good answer. So so, you know, we don't want to just feel like sperm donors is kind of what I was saying in a way, you know, like like, it's, you know, in terms of having kids, you know, now, the last thing is, I've asked every guest and, you know, and the purpose of this, event is to bring together great minds who are have some kind of programs to expand health coaching.

So we have people who either want to be a health coach, and they're observing this in, you know what, all the various avenues. That's why I brought them together to tell you, you could do almost anything in the health space, in the health coaching space.

You don't have to be a physician. You can help others with your particular story and expertise. And obviously there's training involved. You probably should take, anyone who's not a health coach yet take at least five of these courses that, you know, the 30 that you have to pick from now.

And, people ask me, you know, aren't some of them your competitors? No, we're all in the same business. It's like, let's make the pie bigger. Let's expand and keep an expansive positive.

And and you know, this, the cup runneth over. You know, there's not even enough room. I mean, there's so much

room that you'll never you're never going to run out of sick people or people with problems that you can help with.

Never, no matter how many health care you are. So let's all go effort. Now, the question I've been asking is, what other things can we do as the leaders in the field?

But I have to say this. And you can add to that if you want to. What other things can we do as leaders in the field? But you are walk and talk and live an example of what we could do to expand this space.

I mean, just you're just being yourself and letting it flow and you're in a flow and we can see that. So, you know, just anything you want to add to it.

But you're already a walk. An example of the answer. Thank you so much, Reed. I really appreciate that. And I do think that I'm a walking example of something really important, which is that the things that people say about you and about what is and isn't possible for you are only true if you believe them.

If you don't believe them, then you get to create the reality that you see for yourself in your mind. If you do believe them, then it ends there because you give up and then they're right.

And I was the first woman of color to be hired on the tenure track in the department. The school where I started at USC, and it was brutally difficult.

I cannot describe how difficult it was. And then I had the nerve to have three babies within the span of five years on the tenure track. That is unheard of for a scientist and I, I and, you know, I, I was told over and over again I wouldn't be able to do it.

There was no way it could be done. And I did it. But if I believed what people said, I wouldn't have done it. So I just want to remind people of that number one, that's something to remember for yourself as the health coach or the the budding health coach.

And it's also something to remember for your clients. And the other thing that I'll say, one of the biggest challenges that we face in the space of health coaching and and health care more broadly, is to make it as normative and accessible as possible, to have this information and to have access to these resources.

And you call the issues of diversity and equity and inclusion are huge at this moment in our history. But I've been doing this work and centering these concerns in my fertility and pregnancy and intergenerational health work for the last two decades, and really for my whole life.

And what's really important to know is that something like health and reproduction are universal human experiences, meaning that we all share them in common, but they're not uniform health, uniform human experiences, meaning that we're not all born with the same access to opportunity to have it be healthy and good and joyful.

And so it's really, really important to remember that we each have our own unique life experience and for those of us when we when we get to a place where our cup runneth over, like we get to be right now, thank goodness that we use that to to help level the playing field in the world so that people have access to this information even when they don't have tons of money.

They're not in specific circles where this information is exchanged. And so I think that that's really, really important for us. And, you know, this is not just something that is nice or would be nice to see in our world.

There was a recent study published in The Lancet, which is one of the most prestigious scientific health medical journals. And in in this article, they called culture one of the most critical barriers to health that our nation faces and that the world faces and the there's a huge body of literature that shows that who we are, the background we come from, the way we look, the way that we're perceived in our day to day life really have an incredible impact on our mental and physical health and that of our babies and our grand babies, and just through through epigenetics, what

we've been talking about.

So I think it's really important to remember that these are as relevant as what someone is eating and how much they're sleeping is what their experience of the world is based on who they are and how they look and how people perceive them.

So don't forget that when you're taking care of people, well, we're going to remember that and we're going to keep working together on it. I'm inviting you right now to come and speak to my my group, if you will, and, because I will.

Yeah. And, I have a very personal, you know, reason for, of course, but, the world just needs it, you know, it's an amazing thing. So, I want to thank you so much for being here.

And enlightening us and exciting us and inspiring us the way that you have Cleopatra has been remarkable. I look forward to the next time we see you. And, and thanks again.

Anne-Marie, thank you for having me. And I'm happy to come and speak on diversity and equity and inclusion and health. Any time you know, you're you're you're a guy, so to speak.

You know, you're it it day by day. Yes.