Optimize Your Fertility At Any Age Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Welcome

Welcome back to the super fertility Summit. We have an incredible guest, Dr. Stephanie Estima here with us today. Dr. Stephanie, you're a world renowned health expert on female centric health span, lifespan and performance through a deep understanding of neuroscience, metabolism, nutrition, and exercise physiology, you help women make informed choices on evidence based, based health strategies and tools.

You host the incredible podcast better with Dr. Stephanie. It's top rated with more than 5 million downloads across 350 plus episodes, and you share your expertise on TV, interviews, podcasts, health and wellness summits, conferences and webinars.

You've been featured on magazine covers and millions of people have read your articles on Medium.com. You live in Toronto, Canada with your husband and your three sons, and you're an ad avid weightlifter, a former bikini competitor, and a lover of languages, we share a love of languages in common, and I can attest to the fact that you get more beautiful and fly every single day.

And I'm so excited for you to be here, because we're going to talk about cyclical living and how to regulate and improve the menstrual cycle for better quality of life and better fertility.

But we're also going to talk about something that is rarely talked about, rarely acknowledged, which is not just the desire to have a baby in perimenopause and even in menopause.

But how does one actually achieve that when all of the messages around us suggest that that's not even possible? So, Dr. Stephanie, welcome to the Super Fertility Summit.

Thank you so much for being here. I'm delighted. Thank you so much for having me. It's wonderful to have you. So I always like to think from the end. And the one thing that I would love for you to share with us as we begin this conversation is if there's one thing that you want the people listening to our voices right now to take away from today, what would that one thing be?

What do you want them to remember? What do you want them to know? I would say that if there's one thing, there's always one thing. I mean, there's going to be many actionable items and tools and strategies that we talk about today, but the one throughline that I hope everybody will take away from this is that your body has the extraordinary capacity to maximize your health.

symptoms are not the worst thing ever.

Body Wisdom and Healing Capacity

They're just your body's way of talking to you. And they're the body's way of saying that maybe you are out of sync, maybe with your cycle, maybe with the environment, maybe with the people in your life.

And there needs to be some recalibration there. But your body has the capacity to be healthy and to heal. So if you're not where you are right now, you absolutely have the capacity already have it in you.

one of the things I'd like to say half jokingly, but also in reference to how amazing the body is, you know, I said this to my, my son actually, the other week, I said, you know, if you ever feel alone, you ever feel like lonely or like, you know, friends and like the drama at school is, like I said, just think about your immune system at the drop of a hat.

You have milk of cells that would die for you. Like, literally so beautiful. Like, think about it at a drop of a hat. Your natural killer cells, your T cells, your p cells.

They will go to war for you. So if you ever feel alone, just, you know, just think of that thought. And it's a, it's a it's in some ways it's a silly thought, but in the other it's like, yeah, actually my cells will litter or die for me. So, yeah, have some reverence for the human body and that your capacity to heal is absolutely there.

That's so beautiful to feel like. Remind to remind your son that you're never alone because your body is so perfectly and intelligently designed that it is always there for you.

That's so beautiful. Also, because it reminds us that it's working so well and it wants to. The body's working so well, it wants to work so well for us.

So when there's a symptom that that feels like it's nagging, that is really upsetting, that feels like the body's betraying us in some way, that that is also our body's desire to work with us and to be with us, which is such a beautiful it's such a beautiful acknowledgment.

So thank you for that. I love that Dr. Stephanie. Tell us about. Why women are not just little men and need to live differently than men do. the story of my life, doc.

You know, I was right before we started recording, I was saying to you, you know, I spent a lot of my life kind of trying to chase this equalization. I wanted to show someone.

Maybe we can talk about type personalities, I'm sure. But, you know, I wanted to show that I was just as good as, if not better than, you know, my male counterparts.

So, like, graduating top of my class, and I was on the Dean's list and all that kind of stuff, I would say, in my ripe old age, like in my 40s, I really and I would say before that, too, I mean, this was the subject of my first book.

we are not little men. we are distinct and and different. So there's times in our, you know, when we're talking specifically about the menstrual cycle, there's times to push, there's times to pull back, there's times to rest and recover.

There's times to reflect. And I think that the faster that you can get to that understanding that, you know, even though the world may be not set up for cyclical living, when you can understand that you are a cyclical being, that you are more like the moon than you are the sun, you know, you kind of go on a 28 ish, 29 ish day cycle rather than daily.

There are certainly there are circadian, there's diurnal rhythms, certainly that we abide by as well as women.

Women, Cyclical Living, and Reverence

But the more that you can understand that there's going to be times where you don't feel like killing yourself at the gym, well, there's going to be times where, it's not appropriate to fast.

Let's say, I think the healthier you are and we stop trying to white knuckle our way through life and try to grasp on to a diet or a workout program or, you know, this whole list of I should be able to do A, B, C, and D, when you let go of that and really honor and have more reverence for what it means to be female.

I think that I think that you'll just be I, I mean, at least for me, it's been very freeing and it's been it's helped me understand, my way in the world, how I show up in the world and what my contribution, to my family and my community at large can be.

and your contributions are so, so beautiful, Dr. Stephanie. Thank you. They are many and they have tremendous depth. And I really appreciate that about you.

about listening to you, about learning from you. Which is why I'm so happy you're here. One thing that has come up a couple of times already is the word reverence.

And I think that that's really meaningful. And you, you embody that, having reverence for ourselves as cyclical beings, having reverence for our bodies and the way the innate wisdom.

And we always talk about that. Our fertility is innate to us. We don't need anyone to give it to us, even when we are struggling to get and or stay pregnant, it's still there.

We're just now turning back into ourselves to access it and to step into our full power and self authority. I don't think that we're taught to Revere our bodies to Revere our femininity and what's unique and special about being a woman.

And one thing I observe is that in my almost 28 years of working, working with women, studying thousands, tens of thousands of women and families all over the world, is that many of us are taught to be in opposition with and to our femininity and our the feminine parts of our bodies.

Oh, the period is a problem. The feminine sense are a problem. You know, the curves are a problem. and I really see that battle surfacing for women as they want to have a baby and they're struggling to get and or stay pregnant.

What what would you say to a woman who's really struggling to not just not even just Revere the the parts of her that make her a woman, but to to embrace and accept them in a world that doesn't encourage that.

Well, I think listening to summits like this are incredibly informative. I think the first place that I would start if I was unable to, you know, and I think it's a, it's a big ask, right?

It's a big ask to say, hey, you know, everything that you've been taught, you know, that we all learn the reproductive cycle for maybe a class or two.

We learn about different and, you know, anatomical parts and stuff. But I think it's a really big ask to say, hey, you know what? Maybe I'm not going to, push this week.

Maybe I'm actually going to take a recovery week, or I'm going to take a load week in the gym or something like that. It's a harder ask for people, because we've always been taught to push and hustle and achieve and succeed and all and all of that in the first place to start would be educating yourself.

So really understanding some of the mechanics of the cycle and then how your cycle overlays onto that. So there's some general physiology. You know the follicular phase is luteal phase.

The estrogen rises here. The progesterone rises here. The you know FSH rises its peak here. And then it goes away. So there's there's different sort of mechanical parts that you can understand.

But then I think the maybe empowering part is where you begin to understand what your unique rhythms are. So maybe you're we're taught, hey, it's a 28 day cycle and you ovulate on day 14.

Well, maybe you learn a little bit about your cervical fluid and you say, hey, actually my you know, my I start I actually ovulate on day 15 typically.

Or I can tell from checking my cervical fluid that egg white sort of sticky, it almost looks like you've blown your nose ish, you know, in your underwear.

You know that, like, you can start to learn where your, you know, when you're, you know, when you are fertile by understanding your cervical fluid. And then you may understand your cycle might not be 28 days, may be 32 days, etc., etc..

So I think that the, first place is sort of ground roots, like just understanding how your cycle overlays on sort of what is traditionally taught as, you know, this is a normal menstrual cycle.

And then you can also begin to observe sleep changes, which can be subtle. And then maybe even more subtle are the mood changes. Right. So, a lot of women will will describe who've been tracking their cycle for a while, changes in their mood and affect particular early in the second half of the cycle.

So we may see more sleep disturbances. We may see more sensitivity, more emotionality. it's I've often we might have talked about this last time with your on your last summit, but I think that the luteal phase, you know, traditionally, you mentioned it before, like people are like, oh your period again and oh she PMS thing and it's like, yeah, that exquisite sensitivity.

Tracking the Menstrual Cycle and Fertility Signals

You know, maybe you're crying at a diaper commercial or, you know, whatever, right. You know, it's something that wouldn't necessarily elicit that response, but that exquisite sensitivity is mean.

It's telling you something. Right? It's there's there's a there's a reason why you are more emotional. Or maybe people are getting on your nerves more in the luteal phase.

Maybe your boss or your husband or your children or your mother, or you know, someone in your life, is is getting on your nerves. And it's probably because there's some residue there.

There's probably a conversation that needs to happen. Maybe there's some, you know, relational dynamics that need to change. Maybe there's words that are that need to be said, that aren't being said, that are sort of, you know, creating that residue in the nervous system.

So I would say that understand first, understanding the mechanics and then understanding the overlay, like how you how your particular cycle changes over the course of the month.

Because what you can track, you can you know, what you measure, you can manage. Right. If you have no idea how long your cycle is, how long your bleed week is, what your cervical, how your cervical fluid changes over the course of the month.

It's almost like being lost that you know you're at sea, you have oars, but you don't have a compass, so you don't know if you're going north or south or east or west.

You're just kind of swimming, right? There's no directionality to it. So that that's where I would start. Most people is just really understanding their own circadian because, you know, our rhythms, like your rhythm and my rhythm, they're going to have some similarities.

But there's going to be some differences. Right. So understanding those unique differences in that bio individuality I think is really key. It's so beautiful.

So understanding the mechanics, the general mechanics and then the overlay of what makes your cycle unique. And remembering also that these apps that we use are more like electronic calendars for tracking the days and then really relying on them for knowing what's your day of ovulation.

What are your highest fertility days? You need you need to look at that in a different way, which we talk about in great detail in the Prime Minister protocol.

But I think people use those apps as like fact. And you have to really be careful with how your interpreting that information. One other thing that's really interesting, from the perspective of people who are have been experiencing difficulty getting and or staying pregnant, is that that greater sensitivity?

the second half of the menstrual cycle is also coincides with what will go into the two week wait. And it's very it's a very it's almost like it almost feels cruel in a way, because it's such a stressful time for a woman who's waiting yet again to see if she's going to achieve pregnancy this time.

And then she's also having the, the, the mood and the personality changes. And so there will be fluctuation because it's normal to have fluctuation as hormones are fluctuating.

But the more that we are able to have steadiness inside of ourselves over the course of the cycle, the more the more we can find some some grace and some ease in in that period of time, which is really, really stressful for women.

what? Tell us about the periods in the menstrual cycle where fasting isn't appropriate. And I just want to say that fasting in any type of detoxing or any type of activities, that it increases detoxification in the body should not be conducted within at least six weeks of conceiving or your PCD, as we call it in the Prime Minister protocol.

Your projected conception date, which you'll set from the very beginning. But earlier in the Prime Minister, that period of time leading up to conception, when we're priming our bodies, we actually strategically use, the systemic deep scrub, which has components of fasting.

So and the fasting mimicking diet we use now to preserve muscle. But, because muscle, such an important organ of fertility and longevity in general. But tell us about the periods of the menstrual cycle where you don't recommend fasting.

Well, I'll say this, when fasting was, sort of a newer ish topic kind of late, you know, like 2017, 2018, 2018. I completely jumped on that train as well and thought that we could do long fasts and women.

Again, this is just me learning that women are not men, right? So like, I'm going to do a five day fast, I see. So, I'm doing a five day, I'm going to do a five day event.

So, I, I have really softened my view on fasting for women in in particular, in part because of the consequences that it has on our fertility. So I would say that, now, the way that I like to look at fasting is we already fast overnight.

Hopefully you're sleeping 8 or 9 hours. That's a nine hour fast right out of the gate. Right. I probably will fast most days for about 12 hours. So there's going to be three hours.

Kind of split up either on either. I usually eat first thing in the morning, I eat when I wake up. So most of the fasting happens before, you know, have dinner.

And then the fasting kind of starts after dinner. So 2 to 3 hours before I go to sleep. That actually has profound I have found profound impacts on my sleep.

I used to be the girl that would wait until noon to eat. I'm like, nope, I'm not going to eat. I'm not going to do like the guys. I'm going to, you know, wait, I'm going fast.

And so and so now I don't do that. I wake up, I eat, you know, usually go get in a workout and then, you know, kind of my eating window starts, upon waking.

So I would say that for most days now, I fast for about 12 hours, maybe in the follicular phase of I'm feeling extra sprightly, which is 14. but generally it's like 12.

And so if you are a woman who is trying to get pregnant, I would be avoiding fasting prior to ovulation. And the reason for that is if you are fasting, particularly water fasts, right.

So these are when you're going, you know, you're just having water, maybe some tea, maybe some coffee something, but very low calorie, right. You're doing like 1214, 16, 18 hour or sometimes 24 hour fast.

I would completely avoid that, in the week leading up to ovulation, because your mitochondria in your will side. So in your ovary, you know, the cell is as you know, it's called the other side.

There's hundreds of thousands of mitochondria. They are the eyes in your body without actual cornea and the iris and the optic nerve like they are always sensing whether or not this is a good time for you to be pregnant.

And if they are sensing nutrient deprivation, vis-a-vis fasting. Right.

Fasting, Ovulation, and Fertility Timing

So if you are fasting and you are taking a lower caloric intake because fasting is by definition like lower calories, your ovaries are going to be like, well, this is a terrible time for me to get pregnant.

There's no food to feed the baby, so maybe we'll just skip this month. We'll just see. We'll see what it's like next month. So we see women who are and this is the other thing I'll say.

I say this with love. But women, at least at least women like me, the type A personality who's like, I'm going to I'm all in for any fasting, all in for it.

I'm going to fast for five days. Right? We tend to take things to extremes. And so you hear about fasting as a tool for autophagy, as a tool for cleansing, as a tool for weight loss.

And we're like all in. So I know she's saying 12 hours, but I'm just going to do 16 because I'm the A-plus student. I want to get the A right. I want to get the gold star on my chart. Right.

So whatever recommendation I often will find that the women that I work with and maybe just the type of woman that I try to become, who I am, that will be right.

It's like, all right, 12 hours. Okay, she's the 12, but I'm just going to do 14 because I'm, I'm, you know, I'm I'm the star here. So we tend to take things to extremes.

The ovaries are always looking up about whether or not this is safe time for you to fall pregnant. And so I would say fall pregnant. I don't really like that term get pregnant. Right.

So I would say, avoid fasting in extreme fasting in the week leading up that week to like kind of after bleed week like that week two leading up to ovulation because you might actually not ovulate.

You know, you might actually skip and you know, and ovulate, you know, over the cycle because your ovaries are like, nah, this is dangerous. There's no food for the baby.

Forget it. We'll just try again next month. Not that. And and the research shows that actually most women in the regular population. So this isn't in, in quote unquote infertile clinical population in the general population have 1 to 2 and ovulatory cycles per year or so, 1 or 2 cycles where they're not ovulate anyway, which means that's only 10 or 11 days and an entire year when you can conceive, because you although there are more days that constitute the fertile window, the egg has to be present and alive in order to be fertilized, and the egg only lives for 12 to 24 hours following ovulation.

And the older you get, the the shorter the egg lives. Right? It's like I've, I've read like 4 to 20 4 hours to 24 hours. Maybe when you're 25, maybe, maybe 35.

But it kind of goes, you know, if you're 45, you know, your eggs like around for about four hours, right? So you don't really have that much time. And and there are other things that are changing as you are in perimenopause and approaching menopause and maybe even have technically crossed the threshold into menopause, which, by the way, we can never guarantee that you can back out of menopause.

But we have had instances of prime mastering mamas who have been able to do this. And one of those things. So I let's let's go into talking about what if you want to have a baby and you're in perimenopause or even in menopause or approaching menopause one another thing that changes is that women to to one of the the earliest

signs of reproductive aging in terms of the menstrual cycle is that the cycle length will start to decrease by 1 to 2 days.

So you might you might find that you have always had, a 29 day cycle. That's actually the average cycle, like 29.3 days that last time I checked, as opposed to 28.

And it seems to be getting longer because. Like the moon, the moon is 29.5. Yeah. Right. Okay. So that that makes perfect sense, right? He said we're more like the moon. Yeah.

Rather than the sun as women. So, you might have gone from having a 29 day cycle to having a 27 day cycle. So that's one thing. And then another thing is that women tend to ovulate earlier in their menstrual cycle.

And when I say menstrual cycle, I'm not talking about the days you're bleeding, only I'm talking about the first day of bleeding to the day before you start bleeding again.

That's a full menstrual cycle. Another thing that happens is that the actual days of bleeding, which is what people often think of as their cycle, may start to shorten or may get lighter, etc.

then as you get farther along, that changes. The cycle length can increase. The bleeding can happen more frequently for longer. So. But one of the early some of the earliest signs I just talked about.

So what happens when women want to get pregnant and they're in an perimenopause? Because perimenopause starts between 7 and 10 years before menopause, and the average age at menopause is about 50 years old.

In the United States of America currently. So it might it's it's not unusual for a woman at 40 to be in perimenopause. And there are lots of women in their 30s who are starting to experience symptoms of perimenopause.

And yet there are a lot of women in their 30s and 40s who want to have super babies. What are what are your thoughts about this? Yeah. I'm in agreement with you.

I think that those are some of the earliest signs that we are seeing, aging of the ovaries is, is that shortening cycle? And as you mentioned, you know, if you go from 29 to 27 days, by definition, you're going to start ovulating earlier.

the other thing that you'll start to see is maybe even spotting. That's another early sign. So like that progesterone level is not high enough anymore.

so you'll start to see sort of brownish spots, like you're like, has my period started a much. I'll, I'll just put a panty liner on, you know, something like that a couple days before your period starts.

And part of the reason why that's happening is the progesterone levels that progesterone pro pregnancy hormone, is starting to decline. And that actually starts in our mid to late 30s.

This is why although I, I dislike the term they'll they call pregnancies over 35 a geriatric pregnancy, which is just an awful name. a minor geriatric.

I, I had all mine in my late 30s and 40s, so. Right. But I have many girlfriends who have had, you know, had children in, you know, my, my marketing director for my, my company.

She had her baby, I believe she was 42, turning 43 when she had her first child. So it is completely, completely possible to have children in your 40s.

but you do have to be aware that there are changes biological like we do. You know, the other way that we're different from men is we do have a biological clock that, you know, men can make sperm, they can be making bank up until they're like 80, right?

It doesn't matter for women. We we do have a timeline that we, that we have to be cognizant of. So, what we see is that progesterone level starts at, you know, 35, 36.

It starts to slowly decrease. And then what? We'll also begin to notice is in that second half of the cycle, the luteal phase, first of all, you need you have to ovulate in order to produce progesterone.

You will not produce progesterone if you don't ovulate. but what we'll find is, as you know, especially in the four and like early to mid 40s, that progesterone level has now come down.

Perimenopause, Cycle Changes, and Pregnancy

So low that we're going to start to see more estrogen, which is another hormone, that kind of has a secondary rise in that second half of the cycle. It will start to have our estrogen levels are going to be too high relative to our progesterone levels.

So this is where the raging PMS comes in right? This is the tender breasts and the mood and the affect. And you're running hot and you can't fit your rings on and all that kind of stuff will happen sort of early, early on.

So I think being aware. So again, we talked about understanding the mechanics of the cycle, tracking your cycle regularly is the data that you can accrue from that.

And then also that you can relate to your primary health care provider like hey, it was 29 days, now it's 27. Hey, the last couple of months has been 26.

is there a conversation to be had here around hormone replacement therapy? Maybe I'm taking progesterone in the second half of the cycle, etc., etc. all of that data can inform future intervention.

So, it is very common to see, you know, the symptoms that you described, like the shortening of the cycle. The bleed week is also shorter. And then again towards the end of our 40s and then into our 50s, you know, that, the so first we see this contraction, of the cycle, as you mentioned.

And then we see an elongation of it. So it goes from like 29 to 27, and then you skip a month and then you bleed for two weeks. And you're like, am I dying?

Do I have cancer? You know, and then and then you don't bleed again. And then it's very and then it becomes it can be very sporadic and very scary for some women.

So I think coming back and I know I might sound a bit like a broken record, but the tracking piece is so important because you can understand where if you can predict where you're going before you get there, you are not going to misinterpret your experience once you're there because someone who has missed her period, she has been an obvious artery for two cycles, and then she bleeds for ten days.

If she understands that that's coming down the line for her when it happens, she won't be so scared. She may, she may have the, wherewithal to bring it up with her primary care provider, and then they can have a conversation around what interventions, if any, need to happen at that time.

That's so. Beautiful. If you can predict where you're going, then you won't misinterpret when you get there. I think that's powerful information, because I've heard lots of women say that.

They start to feel like, am I crazy? Like, you know, and so many other things. And of course, their brain changes, their personality changes, so many things that I feel like if we had 2 or 3 hours, we would dive into all of them, because I would love to talk to you about all of those things.

We're getting close to wrapping up. I want to I have two closing questions that I want to ask you, but quickly, before we get there, we we consider body fat and muscle to be organs not just of longevity, but of reproductive longevity

and fertility, because you've got to have the right balance of the two, not so much fat that you don't have enough muscle, and not so much muscle that you don't have enough body fat. Right?

You need both. You need both of them. So talk to us about the the added layer of complexity to having the right the a fertile body composition when you want to have a child in your 30s, 40s and beyond and you're in perimenopause or approaching menopause.

Yeah. I think that, the answer is going to vary kind of depending on the person. I would say to your point, women generally women are more defensive of their fat stores than than men are.

That being said, I know many women who can override their desire to eat, and they're overly restrictive on the calories. They're overdoing it with the cardio.

They're overdoing it with the exercise. And then you get to a place where your body fat is so low that, you know, again, the ovaries are always sensing.

It's like we don't have enough body fat. So if there's no food, I can't I don't have any resources available to me. So I would say that although it's not a perfect measure, I think looking at BMI is a good general.

You know, when we're looking at healthy body fat percentages for a woman somewhere between, you know, 18 and 23, 24, you know, that that number, on the like, you want to be between like 18, 24 or 25, let's say, on the on the BMI scale.

So you're looking at, body, fat. Another index that you might want to look at is your fat free mass index. So this is looking at the amount of, sort of weight that you have that isn't fat.

So again, when we are looking at and this is really looking at is taking into account the shortcoming of BMI is that it just looks at your total weight and it's like white weight and height.

And that's kind of it. the, the, the FMI or the fat free mass index is going to take into consideration bone density or organ weight and muscle weight.

And so now we can get a better estimation of what your body composition is. So I would say that when we're thinking about, whether you are in your 20s, 30s or 40s or, you know, or 50s, really, it's you're a somewhat regularly cycling woman.

We want to be thinking about muscle mass, as you mentioned. It is also going to help regulate glucose metabolism, you know, and regulate insulin in a way that I don't think any drug or any, you know, anything will ever be able to to come close to it is a the largest glucose sink in the body.

So if you're having trouble regulating your sugar, you know, your sugar if you have a high blood glucose level, either when you're fasted or postprandial after you're eating, you know, making sure that you have an appropriate amount of, of, of muscle mass is going to help correct that.

And certainly when we're thinking about this in the context of pregnancy, that's also going to help prevent against gestational diabetes, right. So we actually don't want to have, you know, this is the terrible glucose tolerance test that they give you where they give you like the 75g of the glucose or whatever.

And then they look to see what your responses to that basically sugar drink. Right. the more muscle that you have, it's going to be better for you and it's going to be better for the baby because we know that babies, from mothers that have gestational AGD are also going to be at a higher risk for obesity and glucose regulation and metabolic syndrome later in life themselves, because they themselves have been they've been exposed to this, this environment of elevated glucose as well.

So I would say muscle is going to be protective both in the, you know, conception or preconception, period of time.

And it's also you know, if you've been exercising before you got pregnant, you should absolutely continue at the, you know, modify if you need to.

But, you know, at the same level as you see fit, while you're pregnant, because it's also going to be helping your baby as well. Absolutely, absolutely.

We we always talk about, from the scientific literature that there's an optimal level of stress exposure for our super babies in the semester and in utero.

Body Composition, Muscle, and Reproductive Health

And there's also an optimal level of, caloric consumption. So having too little stress and too much stress are equally not bad. Yeah, yeah. For your for your developing baby, even before you've conceived them.

And eating too little and too much is are also equally bad to Goldilocks. Yeah. You just want to. Exactly. Right. Yeah. In that you want it. You really you really want to be in the moderate zone.

When you get to the point in your prime Minister that you're six weeks out from conceiving and during pregnancy, prior to that, you can do a little bit more shuffling and gliding and applying more medic stress so that you're getting your system, your cells on, on their toes, etc.

but this is really, really important. Okay, so I loved I love talking with you every time. I could keep talking with you. I want to ask you two things before we wrap up.

So the first thing is, if there was just one thing, if someone could only do one thing to take care of their fertility and their the health of their future super babies.

What? What's that? One thing in your eyes? Oh, just one. I know it's so hard. One that's. So hard. It's not meant to be a trick question, but, you know, sometimes people feel it's daunting.

All the things that are out there that you could do. And so I really love to hear, like if there's just one thing that you can focus on, if that's all you've got to give, that's all you've you're you you have the ability to do.

What do you think is the most important thing? If there is only one thing, I'm going to try and answer this where it's applicable to everyone, because we want to think about what is the lowest cost, lowest barrier to entry?

I would say I would if there's only one thing I would say doubling down on sleep health and putting the phone away two hours before you go to bed. I know Instagram, you can get into the, you know, the influencers and like, oh, I want to buy that little Amazon thing and all this little.

Like, I like that thing for my home and I want those pants or whatever. Put the thing, put the phone away. make your room cold and dark. I, you know, I often joke with sleep.

It's like it's the cheapest diet you can ever. You know, you have. You need to go to eight, right? Just sleep for nine hours for a week. I promise you, you'll drop weight because the inflammatory markers are going to come down.

You're going to feel so much better. You're going to be able to probably have the motivation to go and do the workout and to eat healthy and not to succumb to sweets and all the things that we shouldn't be eating.

So I would say, if there's one thing you know, everybody can put their phone down, you know, that doesn't cost anything. Everyone can put their phone down 1 to 2 hours before bed, and you can make your room cold and dark.

So I wear a sleeping mask. there's, like, this one little light in my room. It's like a motion sensor thing, and it just bothers. So I just bought a sleeping mask so it doesn't bother me overnight.

Right. and then cold. Right. So either opening up a window or turning down the temperature, turning on the thermostat, to make your room, you know, if you're in the States somewhere between, like, 65 to 68 Fahrenheit, rest of the world, that would be, like 15 to 18 centigrade.

you know, making it, making the room cold and dark. I would say, and just putting the phone away, like good sleep hygiene, like good, good sleep hygiene habits.

I love that. And last question, what this super fertility mean to you? What what do you feel when you hear that? I think, super fertility when I think about, you know, being connected to your fertile self, it's like balanced hormones that you feel like you're worthy of investing in.

So you nourish yourself, you give yourself the foods that you that you deserve, that you move your body in the way that it requires and expects of you.

Sleep Hygiene and Final Fertility Advice

and, again, coming back to what we were talking about at the beginning, that we're just we're not little man. So honoring that we are different. We are.

You know, you don't have to be the same, as men. and there's no competition. They're always going to be men, and they're going to be great, and we're always going to be women, and we're going to be great in a different way.

And so that's what I think about with Super Fertility. It's like, how can I treat myself the way that my fertility requires and expects of me giving myself the food that it that my cells need, giving enough food.

Right. So my ovaries are like, oh, this is a great time to get pregnant. moving in a way that is going to help develop my musculature, my lean muscle mass.

That's going to help to improve my mood, reduce inflammation, the blood glucose that we talked about, and, and, you know, and bringing our hormones into balance as sort of intangible as that, you know, bouncing my hormones kind of can mean anything.

But, you know, that's that's really what it is when you can optimize and also maybe maximize your menstrual cycle. So understanding your patterns, understanding your cadence, your rhythms.

that's what super fertility is for me. I love that. So much. So coming back to honoring and revering who we are as women and with the bodies of women, and then maximizing what we have and believing that we're worthy of the energy and effort that it takes to listen to our female bodies, which I think is so, so beautiful.

You said treat myself the way my fertility requires and expects of me. I love that so much. Dr. Stephanie Estima you are amazing. I love having you here. Thank you to Super Fertility Summit.

Thank you so much. It's always a pleasure. Anytime I get to spend time with you is wonderful. So thank you for having me. I feel the same. Thank you. And mama, Dada, all parents, all parents of all genders.

Listening. I'm so happy to have you here. Join me on the next interview.