

# In A Bite with Charlotte Mei

Season 2 Episode 8 - Claire Pettitt

Full Transcript

## **Charlotte Mei**

Hey everyone, we're back with another episode and this time our guest is someone that I've previously collaborated with on Instagram, specifically on the topic of PCOS. And I've always wanted to delve deeper into her area of expertise of nutrition and fertility. So we'll be doing just that in this episode.

And first I want to throw a question to you. You know, in the moments where you've thought of hormonal health or reproductive health, have you ever thought of how the food you eat, could be impacting it?

In some countries, fertility rates are hitting an all-time low. I mean, just speaking about us here in Singapore, this is happening due to a number of reasons, like the cost of living or career priorities and so on. And I know that some of you may be thinking, but Charlotte, I'm not interested in having children or I'm not ready to have a family yet. Why should I be interested at this point?

The thing is taking care of your hormonal health goes beyond reproduction and it also affects other aspects of your health like blood pressure, gut health, managing menopause, addressing PCOS and even improving sleep.

So with that, let's get to our guest today. Claire Pettitt is an associate professor in nutrition and dietetics at the Singapore Institute of Technology. She is also a UK and Singapore registered dietitian and nutritionist with 13 years of clinical experience and she specializes in women's health as well as gut health.

And when I say women's health, her areas of interest lie mostly within PCOS, endometriosis, fertility, and postpartum nutrition. And we're going to be exploring these spaces in this episode.

And gentlemen, don't turn away. This episode is for you too, as we discuss how nutrition can affect sperm health and also the main differences between male and female fertility. OK, I think I've spoken enough, so let's dive right into our conversation.

One last point though, remember to subscribe to the show and please share this episode with friends and family whom you think can benefit from it. Just hit the share button you see on your screen. Enjoy this one!

## **Charlotte Mei**

I just want to first start out by understanding more about your career journey and what inspired you to, you know, become a dietitian.

**Claire Pettitt**

Yeah, sure. Well, I think probably common to most dietitians is a love of food. And I know you have this as well, Charlotte, but I think I was very lucky growing up in a household where food was a big deal. And it was important. It was a way of, you connecting and enjoying a meal together. So I think the social element of food was important to me.

But then as I went through life, so when I first went to university, I studied biology. I was very interested in science and nutrition and food generally, but I'd actually never heard of a dietitian. I didn't know that it existed.

**Charlotte Mei**

Same here.

**Claire Pettitt**

So I went to do biology and I was like, okay, let's see where this goes. And at the end of my biology degree, I wasn't really sure where to go because I actually did biology with a year in Spain, so I studied biology in Spanish as well.

So I've got a love of languages and a love of food and cultures. So I finished and I was like, what do I do with this? And all of my peers were going off to either do banking or some other totally unrelated degree or teaching. And I was like, I don't want to do any of those things. So I realized actually that I could do nutrition and just focus. I mean, I did a lot of sport when I was at uni and I you know, personally saw the link between food and health and performance and all those sorts of things.

So I thought, okay, actually, let's go. So I did my master's in nutrition. And it was only then that I realized that I could also go on to do dietetics, because lots of people on my course were doing dietetics, or doing nutrition to get into dietetics rather. So I then kind of opened my eyes up to this world where actually, gosh, you can actually have an impact on people's health conditions, you know, you can, you can work with and help people through food.

So that's kind of where I first got inspired to become a dietitian. But I think it all began with a love of food and, and just seeing that link between food and health and how it impacts our life day to day. Yeah.

**Charlotte Mei**

That's incredible. And you know, Claire, you're from the UK. What brought you here to Singapore, if I may ask?

**Claire Pettitt**

Yeah. So, I mean, as you as I've said, I absolutely love food and culture and language and traveling. I'm a mixed heritage person. You know, my dad's British, so I grew up most of my life in the UK, but I actually was born abroad and lived a little while in Saudi. My mum is Palestinian Lebanese. So we've got lots of like, you know, foodie culture.

So travelling to me is just part of life and I love living in other places and experiencing other people's culture and understanding where people come from. But actually what brought me here to Singapore was my husband. He was offered a job here. But you know, we're the kind of people who think, right, let's go for it. Let's take a challenge and see what happens. And it's such a different culture. I've never lived in Asia before.

So it was really, really good opportunity to, you know, come and eat here and live here and experience what the culture would be like. So yeah, I'm quite happy that we made that decision.

**Charlotte Mei**

Oh, amazing. And you're making such a big impact here with your role as an associate professor at SIT as well. How long have you been in Singapore for?

**Claire Pettitt**

I've been here for nearly eight years now. Yeah. Yeah.

**Charlotte Mei**

Wow, amazing. So it's like home now.

**Claire Pettitt**

It is. It's a very special place.

**Charlotte Mei**

I would like to think. Oh, that's lovely. So to talk a little bit more about your areas of expertise, you specialise in fertility and women's health. What are some of the common concerns that people see you for?

**Claire Pettitt**

So my, I guess my interest in women's health began way back when I first started working in dietetics. And I started to see, I actually ran an obesity clinic, so weight management clinic, and a lot of the women in my clinic had PCOS. So PCOS is what is the big thing for me. That's my passion. That's the thing that I absolutely love helping people with. And it started way at the beginning of my career.

But, through that and working with people who have PCOS, there's so many comorbidities, you know, health conditions that come along with having PCOS. And one of them is infertility. So it was kind of a natural progression to then actually develop a little bit more in terms of my knowledge and expertise around fertility nutrition. And then women's health in general, I think it's such an under-researched, underfunded, you know, there's just so much more we can do for women's health in general.

So, I guess it all started with PCOS —PCOS being Polycystic Ovary Syndrome. But and that's where my passion lies. But because of that, it kind of just opened open the doors to all these other women's health conditions. So PCOS is the main one that people see me for, but also infertility. So

not just for women, but men as well, obviously, you know, it takes two to tango. So it's definitely there's an impact from both sides.

Endometriosis is another one. Menopause, even pregnancy, gestational diabetes, anything women's health related to be honest. Yeah.

**Charlotte Mei**

Yeah, incredible. And you know, I also just want to take this point to talk, to raise awareness about infertility, because I don't think people understand how common it is until perhaps they themselves face it. And I've got some stats here. So, you know, back in 2023, infertility affected about 15 % of couples here in Singapore and about 17 .5 globally, which makes it about one in six people.

And I also realise, and I love that you brought up that point that it takes two to tango, because fertility is often seen as a female issue. When, I mean, I don't know the percentages here, but it's a split between, you know...

**Claire Pettitt**

It's about the same. It's 50 -50 to be honest.

**Charlotte Mei**

Oh, is it?

**Claire Pettitt**

Yeah. It depends which country, which stats you look at, but generally speaking, it's about 30 % female, 30 % male, 30 % both, and then 10 % where we don't really know what's going on in terms of the causes of the infertility. So actually both partners, both people have a role to play and there's potential to improve things from both sides.

And I think you're right, women tend to bear the brunt of it because it just seems more obvious that the one that's getting pregnant, they're the one that has to prepare their body for a baby and all these sorts of things. But even before pregnancy, there's so much that you can do to impact the chances of conception and the health of your egg and your sperm. So it definitely should be about both. But you're right, it's so underspoken about.

And I think it's a bit of a taboo thing. It's becoming less so, definitely. There's so many amazing groups out there trying to raise awareness, and especially around miscarriage, pregnancy loss, all these hard, hard topics that traditionally people wouldn't share about, but you don't realise how many people go through them until you do it yourself or you connect with some of those groups where actually people are willing to share and support people who've been going through the same things.

**Charlotte Mei**

Yeah, and I think the more we speak about it, the more we're helping people going through it, the more we learn how to manage it, the more money we'll go into research, hopefully.

**Claire Pettitt**

Yeah, yeah. So we had, there was a really awesome women's health conference here in Singapore at the end of last year. And there was some really exciting, you know, research going on generally in women's health. And you can see how the tide is turning. And actually, there is an investment in women.

And I guess the thing that really hit home for me at the beginning of the conference was that actually, it's not just about specific women's health conditions, it's about the health of women overall and the impact in society, their role in society, you know, supporting things like, you know, maternity leave and, you know, all those sorts of things make a difference because I think until we value women much more generally in society, even these individual little aspects, well, not little, but, you know, what more money in research or more money in policy or whatever. It all adds up basically. I think it has to come from a bigger perspective.

**Charlotte Mei**

Absolutely. Oh, that's great to know. And I just want to go back to an earlier point that you made. So how far ahead can someone work on reproductive health?

So for example, I was one of those weirdos, you know, obviously obsessed about health and nutrition back when I was a teenager, when, you know, my friends and I would start drinking and, you know, some people would pick up smoking, et cetera. I just couldn't help but think 'Gosh, what would this do to my reproductive health when I'm in my 30s?' I was one of those weirdos and I did...

**Claire Pettitt**

...It's very forward thinking...

**Charlotte Mei**

...Yes, and I did tell some of my close friends like, 'hey, you know, perhaps we shouldn't be drinking this much or doing X, Y, Z because it could affect our future.'

I mean, I was always that person. Gotta remind myself to live in the present.

But how far ahead can we start prepping for these things? And is it ever too early?

**Claire Pettitt**

So I think that's a very, very good question because I don't think it's ever too early. And I think like one of the things I really believe as a dietitian in this space is that everyone should see a dietitian who wants to improve their fertility. And it's never too early to do that.

So more often than not, I would have referrals from, or generally dietitians would see women or men who are actually going through infertility. That means if they've got infertility, they've already gone through a year of trying and failing to conceive. It's not too late.

You can still do things, but you can make more of an impact if you actually make these changes much, much earlier. Now, there's this window of opportunity that we call the first thousand days nutrition-wise in terms of the impact on a child's health.

So it includes pregnancy and it includes the first two years of a child's life. And it's basically saying that in those, in that critical period, what you do from an environmental perspective, so diet and lifestyle, smoking, those sorts of things will impact the health of the child in infancy, but also later on in life.

I would actually say it's more like not a thousand days, but maybe plus six months or even, you know, in advance of that, because what you want to do is prepare your...first of all the woman's body for pregnancy but you want to impact the health of the eggs and sperm.

A sperm takes about two months to develop and the health of a woman's egg you can affect it three months before it develops and is released. So actually if you're trying to make a optimize the conditions to improve the health of egg and sperm —we're talking about at least three to six months prior to thinking about conception— is when we want to start making changes for diet and lifestyle.

Now, you can even argue that it goes back way further than that, because there's some evidence to say that the environmental conditions, whether that's in, say, for example, in utero, what if you're, say I was to be pregnant right now, the diet and lifestyle that I have will impact the environment within my uterus. And so my, not only will my, my baby be exposed to all, say, whether it's hormones or all sorts of things within the uterus, that exposure impacts the likelihood of their genes expressing certain traits later on in life.

So this is epigenetics, right?

And the thing that blows my mind is that essentially, my health was impacted by my grandma's choices, right? So as a woman, if I was to be pregnant, then my baby would already have their eggs in utero when they're born. So what I was doing in pregnancy is impacting my grandchildren's health in the long term.

So there's I think you're amazing that you were thinking about these things when you were a teenager. Not many people would do that. But I don't think people think about it in that way. And actually, we only start to think about our potential children when we're at stage in life, when we're ready to have them. But actually, all of our experiences in life will be impacting our children's life later on if we have them, if we choose to have them, if we're lucky enough to have them.

#### **Charlotte Mei**

Yeah, yeah. Yeah, I mean, I don't want to sound like a Debbie Downer here being like, oh, you got to be like, you know, super helpful. I mean, sorry, super healthy and, you know, avoid all the not ideal things and, you know, not have fun. Not saying that, but it's about achieving a balance and I guess thinking about the consequences of certain actions.

**Claire Pettitt**

Absolutely.

**Charlotte Mei**

Gosh, I sound like a mom. So I just also want to define infertility because I feel like this word can be thrown around and you made a point earlier.

So it's about going through 12 months of trying and not succeeding. Am I right?

**Claire Pettitt**

Yeah, exactly. Yeah.

**Charlotte Mei**

And so what are, I mean, I know there's a long list of causes of infertility, but what are some off the top of your head that you can share?

**Claire Pettitt**

So there's some that we can't really help with, you know, if there's like structural issues or, you know, actual physiological things going on. But from a diet and lifestyle perspective, where we can have an impact. So there could be medical health conditions that are impacting your fertility. So if, for example, if you've got things like celiac disease and you're not managing your condition well, then you're essentially putting your body into a state of malabsorption.

And so you are not getting all the nutrients, the micronutrients especially, that are required for a healthy pregnancy. And so often we see that people who have uncontrolled Celiac disease, not well managed Celiac disease, actually have higher risk or higher rates of infertility.

Same for things like diabetes. Poor blood sugar control can massively impact the health of your ovaries. It can increase risk of miscarriage and it can increase risk of infertility generally.

Other conditions would be things like PCOS. So with PCOS, we tend to see that women either have irregular periods or no periods. They've got in hormone, hormone imbalances, which all impact their fertility. So we could also think about other women's health conditions like endometriosis.

So it could be a medical issue that could also have a nutritional link where we could make a difference. And then I guess other causes, well, you tend to see reduced fertility later in life and that's because our egg quality declines a lot.

**Charlotte Mei**

Boo!

**Claire Pettitt**

And I think there's so much awareness about this now. And then you see, I mean, there's all these people going through their like egg freezing journeys and all those sorts of things that life has

changed and people don't get married and have children when they're 20 or whatever, you know. So it's a big change in our society and in the way people live their lives.

So it's great to see that people are actually raising awareness that you can do those sorts of things. Yeah. So age can have a big impact as well as all those medical health issues, but generally nutritional status can have a big role as well.

**Charlotte Mei**

Yeah. And I want to speak to you about weight as well. And this is a space that you used to work in. I feel like people often talk about overweight. We don't talk enough about being underweight. And how does that affect infertility or one's fertility status?

**Claire Pettitt**

Yeah, so the evidence that we have does show that weight can impact fertility. So I think it's important because you mentioned both overweight and underweight and it is definitely a J-shaped curve that we see in the evidence. So you get higher risk at low weight but also at high weights. So it's not just linear, it's not just about addressing obesity.

It's actually trying to understand what's the underlying mechanism. And that's what we don't really know. So it could be to do with adipose stores, like fat tissues actually, you know, it produces hormones, it impacts our hormone balance. It impacts things like insulin resistance, which can impact, you know, blood sugar control. There's so many potential metabolic complications related to having higher fat tissues.

And I guess it's perhaps something similar, if we're underweight, that actually we don't have enough body fat. So we need enough body fat stores for our body to actually feel like it's in a stable place and is well-nourished enough to sustain a pregnancy. If we're not actually nutritionally complete and well-nourished, our body is very clever, and which is why when we go through periods of stress or...

I mean, stress, intensive stress on the body. So if, for example, in conditions like hypothalamic amenorrhea, where we're under eating, over exercising and overstressing the body, our periods just stop, our reproductive function slows down and the body goes, 'No, I'm not going to waste my energy on that, the energy that you are giving me, I'm not going to have a healthy menstrual cycle because I could not sustain a pregnancy right now'. So our bodies are very clever.

But I think we're still trying to really understand the real mechanisms behind the links between weight and fertility.

**Charlotte Mei**

Right.

**Claire Pettitt**

But I think it's great—



**Charlotte Mei**

—And I'm sure it's...

**Claire Pettitt**

—Sorry, go on

**Charlotte Mei**

And I'm sure it's not as simplistic as just saying, oh, it's your weight. You have to lose weight or put on weight.

**Claire Pettitt**

Yeah, and one thing that we don't necessarily think about when we think about weight and fertility is nutrition quality, right? If you're under eating, then you're missing key nutrients, you're probably going to have deficiencies, and those will impact your chances of fertility.

But equally, if you are overeating, or, you know, in a bigger body, it doesn't mean that you have a really good quality diet, and that actually you there's still potential to improve things from a nutrition perspective.

So actually, a couple of years ago, developed a nutrition screening tool, which helps to identify women who could benefit from some kind of nutritional intervention in terms of improving fertility. And the reason that we developed this tool, I did it with some colleagues in the UK, was because we were actually seeing that most of the referrals for dietetic intervention in infertility were to do with weight loss.

And it's not necessarily the same here in Singapore, but you know, UK and the US, there's all these BMI cutoffs for access to fertility treatment. You have to be a certain weight or size to be eligible to have IVF, for example. So a lot of the referrals are just about weight loss.

And you know, this lady is interested in, you know, ART, then please support them with weight loss so that they can achieve it. But actually, if you look at their overall diet, the quality of their diet, the makeup of their diet, they're probably missing out on nutrients. And this is really common in people who are then told, well, you must lose weight, because then they end up restricting. And they cut out certain food groups. They'll cut out carbs, for example, or completely go off meat, or whatever it might be.

So you then see people who are bigger bodies but also nutritionally deficient because they've been given poor advice and all they've been told is it's all down to weight. And really it should be much more complex than that and it should be a bit more holistic.

**Charlotte Mei**

Oh, good. Yeah, so now we know that there is clearly a link between diet and fertility and reproductive health. What are some dietary strategies or what are some nutrients people should look out for?

**Claire Pettitt**

Yeah, so there's growing evidence in this space. It's much like most of the nutrition science. It's a young science, right? And it's growing, which is exciting. There's definitely more interest in it. It's not always easy to do interventional studies in this sort of population, right?

You can't always say to someone who's pregnant, you go on this diet and then...you go on this one, which is what you think is worse, but you know, so it's not very ethical to do that sort of work. So a lot of it is observational research, actually. But that's fine. It's just looking for links. A

nd what we're seeing is that the Mediterranean style diet seems to have growing support for it had positive impacts on fertility. So that's including lots of fruits and veggies, including things like olive oil, legumes, or some oily fish, whole grains, nuts and seeds, all those really nutritious foods.

Minimal, but not excluding anything, but like moderate intake of red meats and even alcohol. Although that can be controversial in this group.

Commented [1]: cough 25:38

So the research is very supportive of that style of eating. So if we're thinking about dietary patterns, which I actually think is a much more healthy way to look at it, because often it's boiled down to what key foods can I eat, or which key nutrients do I need to include, or which supplements do I need to take.

But if you can improve your dietary patterns overall, and 80% of the time your diet is in line with a Mediterranean style diet, then you can feel pretty self-assured that you're doing pretty well in terms of optimising your nutritional status to improve your chances for pregnancy. So that's the basics.

I mentioned earlier that perhaps sometimes people might exclude things and carbohydrates tends to be a big one. And this can be, depending on which, what's the cause of infertility, this can be a bit problematic because the, there's more and more evidence that shows that actually including things like whole grains can have a positive impact on ovulatory infertility.

Commented [2]: 26:06 cough

So ovulatory infertility is a type of infertility where actually you're not having regular periods and you're not ovulating regularly. So including whole grains seems to have a positive impact on improving that and regulating menstrual cyclicity.

So if people tend to you know, go the other way and cut carbs out completely, then they're missing out on that opportunity to improve things. It doesn't, you know, I think often people will jump to those like fad style approaches, which is cut certain food groups, but it's much more nuanced than that. It shouldn't just be about carbs are bad. It's about, okay, which kind of carbohydrates do I need to include and why and how much?

So whole grains are quite high in fibre, they tend to be low GI, they have a good positive impact on blood sugar control, and they're full of micronutrients. If you're having the whole grain rather than having something that's been refined, most of the micronutrients are in the outer casing of the grains, right? So actually that's where you want to include that. So the whole grain is what you want.

And variety, you want lots of different kinds because every, this saying of eat the rainbow, it applies across all different food groups. Eat different types of those foods. So you'll get different specific plant phytochemicals from different plants. So like whether you're having oats or quinoa, or if you're having rye or spelt or all those different grains. Which, you know, more often than not, it's just rice or pasta. And actually, if you can increase for rice, you're going to get lots more out of your diet.

So then the other aspect is thinking about antioxidants. One of the key things that a Mediterranean style diet does is it's very anti-inflammatory. It's been shown to have real links to an anti-inflammatory type picture in terms of how it impacts your body. And that's what we're looking for to optimise fertility. You want to reduce inflammation within the ovaries to improve egg health. You want to reduce inflammation in the uterus if you're trying to think about implantation.

Same goes for male fertility. You want to reduce the amount of oxidative stress, reduce that stress within the sperm so that you can have improvements in some of those sperm parameters, you know, motility and shape and all those sorts of things. So when it comes to antioxidants, we're talking about lots and lots of different fruits and veggies, as well as those whole grains.

So variety, I think, and adequacy are some of the key components of a really nutritious and optimal diet for fertility.

**Charlotte Mei**

Yeah. I also want to talk really quickly about fats. I think along with carbohydrates, fats is the one thing that people demonise and want to cut out immediately. But we forget that there are actually a lot of beneficial fats out there. Can we speak about that?

**Claire Pettitt**

—fats are essential and especially for fertility, right? In line with this anti-inflammatory picture, omega-3 fats are really key. And actually it's probably one of the most researched nutrients in terms of pregnancy, fertility and impact on, you know, infant health.

So I would say, again, in line with an anti-inflammatory picture, but also the Mediterranean style diet, it includes lots of unsaturated fats, olive oils, avocados, nuts and seeds, oily fish, all of those sorts of food products have got good quality, good types of fats that will have a positive impact on fertility.

And you're right, it's often the thing that people think, 'Okay, well, I can't eat any fat'. Yes, there is a link to saturated fat and highly processed red meats, which will have more of those saturated fats and a negative impact on fertility.

But it doesn't mean that fat overall needs to be excluded. In fact, it is quite the opposite. It's again about the nuance, the type of fat and how much.

**Charlotte Mei**

Yeah. And so this is more of a thought exercise. I'm just throwing it in there. You know, you and I were based in Asia. And yes, you know, we advocate for the Mediterranean style diet. However, one question I always get is, well, how do we apply that in the Asian context if I'm not into eating Western foods? So what are some of your go-to foods in the Asian context that you would advise your clients?

**Claire Pettitt**

So I'm really pleased that you brought this up because this is actually something that there's really hot topic in terms of research at the moment

**Charlotte Mei**

Oh great

**Claire Pettitt**

—is how do we define a Mediterranean diet? Like what are the actual, you know, there is no, there is no agreed definition. Like if you think about nutrient content, like what are we talking about? Like how much omega -3, how much like tons of nutrients, right? Tends to be more of a food group based thing, but then you say, okay, well actually a lot of these foods aren't common here in Asia.

So, it's something that we're, there's some of my colleagues doing some work on this at SIT actually, it's quite exciting. But I think that oily fish is definitely one thing that we can include here. And I think—

**Charlotte Mei**

—sardines—

**Claire Pettitt**

Yeah, exactly. Oh my gosh, I was always that person who'd come to work with their salad and tin of sardines and then I'd crack open in the lunch room...

**Charlotte Mei**

I know

**Claire Pettitt**

Sorry, it's me...

**Charlotte Mei**

You and I both

**Claire Pettitt**

Do you know what? Actually, that was my one thing that I managed to do in the later part of my pregnancy. I mean, I loved oily fish and that sort of lunch before I was pregnant. But when I was pregnant, I just went off everything. Oh my goodness.

All I could eat was Cheerios for a good 20 weeks. Anyway, when I could finally eat sardines again, I was very pleased in my pregnancy to have my whole grain salad and...crack open a tin of sardines. So sardines, yes, definitely oily fish is a key one. But there's a lot of nuts and seeds here as well.

Like it's not like none of these foods exist and we don't consume them, we just eat them in different ways. And so I think it's just trying to adapt and incorporate them into recipes. I think for me, the biggest one is olive oil, because it's such a different flavour. It's so different. So that's to me the biggest challenge. I don't know if you've ways to incorporate it that actually match with Asian cuisine because I think it's real...

**Charlotte Mei**

Well, you know, I have to admit I do some of my stir fries in olive oil and I'm okay. I think it's about being flexible. It's not super strong, you know, once you season your food. And I mean, I love the flavour of olive oil anyway. But like you said, it's about, you know, being creative in the kitchen as well.

You know other foods that I like to talk about, you know, we have a lot of soy products here —what a great source of plant protein when I was living in the UK I think I only had like one brand of tofu that I that came in a Tetra pack and I was like this is not tofu!

And here we've got you know, a whole host of them and you know rice is a big thing here and we've got different types of rice to explore and You know, I'm mindful because a lot of the time when we speak about the Mediterranean diets like quinoa or or spelt or rye bread, but we forget the types of greens that we have here. I think we always think about what other people have that we don't have.

When I was in the UK, another thing I missed was our Asian greens, the leafy greens. We've got tons of them. A lot of my people that I see, they say, 'Oh, you know, kale is expensive.' I'm like, 'you don't have to eat kale.'

You know, kale's cousin, kailan, chai sim, you know, all these things, sweet potato leaves, you've got them at your doorstep and they're so affordable. So it's, yeah, it's about changing your mindset.

**Claire Pettitt**

Yeah, great folate source as well.

**Charlotte Mei**

Yeah, absolutely

**Claire Pettitt**

Yeah. You mentioned soy, and I actually want to touch on that because we didn't talk about protein. And I think this is something that gets missed a bit. And actually, again, observational research, but still worthwhile discussing, is that the type of protein that you consume can impact your fertility as well.

And what the evidence is showing us is that actually having a bit more plant-based protein is helpful in improving fertility and reducing a bit of those animal-based protein sources. So you're right, soy can be a really good addition and it's easily accessible here.

**Charlotte Mei**

Yeah. Would you know of any maybe recommendations in terms of servings a week perhaps for plant-based protein?

**Claire Pettitt**

So it really depends on people's baseline diet. I don't expect people to make massive changes if it's not achievable for them, right? So if they're not including any at the moment, then even just bringing it up to once a week is a positive change, right?

There isn't the evidence to say this is how many servings a week, but I would say if you can try to have maybe two or three times a week plant-based and then the more poultry type meats are okay to have a bit more often than the processed or red meats. But definitely oily fish twice a week.

**Charlotte Mei**

Yeah, yeah, awesome. And you know, for people listening in, I just want to also highlight this point that we're not, or at least when I talk about diet, I like to talk about adding food and not so much about subtracting, 'Oh, you shouldn't eat so much of this.'

And you know, naturally, food will displace one another. If you add more plant protein, you can still have as much red meat as you like, but over time, that will also reduce.

**Claire Pettitt**

Exactly.

**Charlotte Mei**

So that's one approach that you can take with these foods.

So Claire, we spoke earlier about egg quantity, which we can't control. What about egg quality? You spoke about things like whole grains and antioxidants, oily fish, unsaturated fats. What's the last one? Protein. Outside of this, what else can women do to improve egg quality?

**Claire Pettitt**

Again, really what we're focusing on with optimising egg quality is reducing the oxidative stress within the ovaries. So it depends on people's comorbidities, what else is going on with them as to what they need to manage. But I like to encourage people to take this holistic approach because actually things like exercise can also have an impact, right?

**Claire Pettitt**

But that's, again, a bit in line with weight, under versus over-exercising. They can both cause stress. So it's trying to get that sweet spot in between, where you're doing enough but not too much to

cause stress. I think it's actually also important to think about supplementation. Now, I'm totally in line with you in the approach that it should be about food first and what you can add in. And if you add enough of variety, then you will automatically reduce some of the things that perhaps are having a bit more of a negative impact. So yeah, great.

But when it comes to optimizing fertility, there are some key nutrients that we recommend in terms of supplementation. And that would be things like folic acid.

We know that there's a link between folate and your achieved effects. So we're trying to prevent any negative impact. But folates also, I think, underrated in terms of its impact on reproductive function generally. So it's an important one to take as early as possible. And it will impact, if you think about the overall impact on reproductive function, it will impact egg health.

And then the other one that I also recommend is vitamin D. But I would say that needs to be done on a personalised basis. So it's very common and easy to get vitamin D levels tested nowadays. We all think we live in Singapore, it's great, you know, we're all in the sun, but most of us avoid the sun. Most of us hide in our office with our AC and go on the MRT and like, you know, we don't go out in the sun enough to actually have a good level of vitamin D production from sun exposure.

So actually testing vitamin D levels is not a bad thing. And it's a good idea to supplement to your levels. A general vitamin D supplement is okay, but it's better if it's personalised and you know what kind of dose you need to be taking. Yeah.

**Charlotte Mei**

Yeah, on that point about vitamin D, I mean, I'm someone that loves the sun. I'm pretty much a walking plant. And I was surprised to know that I too had a low vitamin D status. And that's like, you know, that truly is the importance of doing blood work. You know, you never really know. Even as a nutritionist, I can be like, oh, yeah, I know what I should be eating. But at the end of the day, you know, like seeing the numbers for itself is where the true evidence lies.

**Claire Pettitt**

Yeah, absolutely.

**Charlotte Mei**

And I also wanted to speak a little bit more about the difference between males and females, eggs and sperms. So with our eggs, we're born with them, they're with us for life, egg count goes down. What is the case for men? Because we don't speak about that very much.

**Claire Pettitt**

So it takes about 72 days for sperm to develop. So that two months basically before conception is a really key time for male sperm health to be optimised.

There's actually a lot of crossover. There's a lot of crossover between male and female fertility in terms of nutrition. And again, Mediterranean style diet is actually what we advocate for male fertility as well. Now, there are a few key nutrients when it comes to male fertility.

So things like, I mean, it's probably really commonly known things like zinc, you know, which really linked to sperm production. And also omega -3, selenium, those specific micronutrients and key nutrients that actually can have a positive impact on sperm quality. But if you think about overall diet, for males, the impact of fats can be quite important and reducing saturated and trans fats. We don't have that many trans fats in our diets these days. I mean, the way that food is produced has really changed. So it's generally less of an issue, but really like red and processed meats are key sources of saturated fats. So changing that for that omega -3 type fat is key.

**Claire Pettitt**

There's also a bit of a link between sweetened beverages, stevia sweetened beverages and harm to male fertility. But again, observational work, so not causation. There's other aspects of male fertility that we kind of need to consider and things like exercise. And actually heat. So heat in their groin area can have a real impact on sperm production. Alcohol intake as well can have an impact.

So I think generally speaking, there's definitely some common principles, but it's just like some key nutrients or issues to highlight with men compared to with women. And often you see that it's the women that have made the changes, you know, the women. They're already on it. They've already done their research. They've cut the drinking, they've cut the caffeine and all those sorts of things. And then there's the male who's still out for his Friday night drinks. But yeah.

**Charlotte Mei**

Which brings me to my next point. I mean, because it takes two months for sperm production, can men kind of go like, 'Yeah, you know, I'm just going to live my life, do whatever I want, but ok, two months before, I'm going to get my act straight.'

Can they just wait till that two month mark?

**Claire Pettitt**

Hmm. I mean, so I think we still have to bear in mind that there's this epigenetic changes potentially later in life, right? And you can still have the long term effects from what you've done in life. It's not just about egg quality and egg health. Sperm health is also, it's impacted in the same way. So you could take that short sighted approach and just think right for the immediate short term the health of my baby will be fine.

But actually if you're thinking lifelong health, then it's the same as with women. You know, want to try to optimise things as much as possible in order to give your baby the best chance in life.

**Charlotte Mei**

Absolutely. Now that's a great point there...uh...

**Claire Pettitt**

I would say though, I would say though, I think sometimes it causes a lot of stress on people to do things perfectly. And which is why I said, you know, if 80 % of the time you're following a good dietary pattern, and actually, you know, you can get away with having a, I don't know, indulgent



weekend here and there, when most of the time, your diet and your lifestyle is actually in line with these types of principles.

**Charlotte Mei**

Yeah, absolutely. And I also take the approach of, I mean, I do follow this principle of the 80 -20, but also that it doesn't have to be so extreme that you can have a little bit of a treat every single day. And feel that satisfaction and not have to wait till, I'm not really a fan of the idea of a cheat day, for example, where you go all out. So it's about a more consistent balance over time.

**Claire Pettitt**

Yeah. So I actually work from a very non diet perspective when I work with, especially women, well, with all my clients, that's the approach that I take, but it works really nicely in women who have PCOS. I find that they are often chronic dieters. They've gone through a lifetime of blaming themselves for their condition, trying to improve things because they've been given very poor and inadequate advice which doesn't really give them the tools to make a change. And actually they end up in a place where they have a very bad relationship with food and with their body.

And actually if we can help encourage more, more interoceptive awareness, encourage them to be in tune with their body and understand how different, I don't know, exercise, movement, food makes their body feel, then they can actually start to make changes which, will, they change because they know it makes them feel good, not because it's something that someone's telling them to do, or they're following some certain diet rules, etc.

So for me, intuitive eating is actually a really useful tool in this group. And it's in line with those thoughts of it's not about achieving. It's about understanding that all foods are good foods, and they all have a place in your diet. It's just understanding how much you want to eat in this given moment.

Is this what I actually want? What's driving my hunger right now? Is it because I'm actually physically hungry or is it because I'm feeling emotional or is it because it's the best time to eat because I don't have any chance later on today? So there's all sorts of reasons why we eat and why we choose the foods we choose.

So all this advice that is out there around the best diet for fertility, it has to all be taken in this bigger picture where actually you don't want to end up creating a new set of rules for yourself and then causing actually more stress because the impact of stress on fertility is also huge.

So, you know, it's got to be holistic. It's got to be, I want to say, a gentle approach. We can only do what we can with the knowledge that we have, but it's not about setting strict rules and guidelines for people to follow. It's about understanding the impact of our choices, but making choices from an informed place and how it fits within our own body and our lifestyle.

**Charlotte Mei**

Yeah, no, I'm really glad you brought that up, Claire. In fact, our previous episode was with Evelyn Tribble—

**Claire Pettitt**

—Oh wow!—

**Charlotte Mei**

—the queen of intuitive eating—

**Claire Pettitt**

—Yeah! Amazing—

**Charlotte Mei**

And you brought up a point that reminded me of what she said, that each of us have a different, well, different things give us pleasure and satisfaction when we're eating. And it's so important to know that.

Like, for example, for me, if I don't have crunch in my food. You can give me all the food in the world, but I won't feel satisfied. And it's so important to be in tune with what your body wants and needs and to also honour hunger. And hunger is not a bad thing to feel and it's not something to suppress.

**Claire Pettitt**

No, no, no. And, you know, generally speaking, it's when I try to help people understand and relearn Interoceptive Awareness, because we're naturally good at this when we're born, right, but we kind of grow out of it because we're taught not to follow our internal cues.

But if you think about, you know, if you need to pee, you notice that, 'Oh, my bladder is full, I'm uncomfortable. Oh, gosh, I need to pee.' You don't say, 'Oh, not time for a pee right now. You're going to have to hold that.'

**Charlotte Mei**

Hahaha...

**Claire Pettitt**

....you know, you honour that feeling and you say, 'Okay, right, I'm going to excuse me a second, I just need to go to the bathroom.' And we don't do that with hunger, especially if we're chronic dieters. We've got used to that feeling of hunger. And it's seen as a good thing, right?

If you're a chronic diet, 'I'm hungry, great, I'm not eating enough, I'm losing weight' you know, and we eventually become accustomed to it. And we just don't listen to those hunger signals anymore. So it can take a bit of time for people to relearn —what does hunger feel like to me? What does it actually, how does it show up in my body?

And often we recognize extreme hunger, you know, when you're actually, your belly is rumbling and you're going to like smack someone in the face—

**Charlotte Mei**

—Gonna pass out. Yeah. Hahaha—

**Claire Pettitt**

—you know, that you get that *hangry* feeling. It's just, no, that's extreme hunger. But the more gentle signs of hunger, we've got accustomed to ignoring them. So we just do not pay attention to them anymore in chronic dieting. I mean, so it takes time to relearn that.

And often, so with PCOS, we often see there's a big connection with disordered eating, especially binge eating, it's quite common. We don't really understand the mechanisms behind it. There's also a connection between other mental health issues, you know, depression, anxiety, body image issues. But when it comes to binge eating, it could be because they've gone through so much restriction, and actually the poor dietary advice has not helped and they end up know, under eating during the day and then overeating in the evening could be many reasons.

But if you're somebody who has had binge eating, then actually you don't tune into fullness either. You know, the reasons why you're eating is not physical, physical hunger, it's not to satisfy, you know, your body's need for fuel. It's totally different. And a lot of the work that we do is actually around understanding —how do emotions show up in your body? How do you recognize different signs of stress or sadness or whatever it is that drives your hunger?

So that you can actually cope with those before you get to the stage where you're so overwhelmed with that emotion that you can only use your coping mechanism of food. And it's a very clever mechanism, right?

Emotional eating is actually really physiologically clever and it's valid because when we think about when we're babies, right, we're every time we cry or something's wrong, we're comforted with the breastfed or with given food, you know, and, and it's, it's comforting food makes us feel good. If it didn't make us feel good, we would never have gone out and found more food, you know, thinking about evolution. And we so food has to make us feel good, because otherwise, we just wouldn't bother. It's quite hard work. Not so much hard work nowadays. You know, you just dial up deliveroo. But before we needed the drive to eat. It had to be pleasurable.

So comfort eating is actually very physiologically normal. It's a normal thing to do. But the problem lies when it's the only way that you can cope with your emotions, right? And it's something that you overuse. Emotional eating is actually normal. And we eat in times of happiness. We celebrate with food, right? In sadness, you know, if people are some, you know, we've had a challenging event, we meet with our friends and we sit together and we eat and we, you know, it's, food is about connection. And it's about emotions.

But when we have no other coping mechanism to deal with our emotions, that's when it becomes a bit more problematic. So there's a lot of work to do around, I guess, recognizing emotions and then

copied with emotions. So for me, the dietary approach is actually not just about diet, it's holistic, it's about understanding the impact of food on your body.

But also, okay, yeah —how else am I looking after my body? Am I looking after myself? What's my self care aspects, you know. And I don't mean going to the spa and this, that and the other, like — how do you look after your body? How do you make sure that your stress levels are low? How do you relax? Is exercise part of your routine because it's a calorie burner? Or is it because it helps you release all those happy hormones and feel good and manage your stress? Like, there's so many different approaches to how we manage stress, that it's often lacking because nowadays we don't always prioritise ourselves.

And I say this as well from a women's health perspective. This is coming back to that point that actually women's place in society is important. We need to value women in society, whether it's in the home, in work, whatever it might be, in families. It needs to become, we need more support for women. And I think actually that is something that's changing. You can see all these women's groups and there's a lot more support for women making the choices that they want to make, not things that they feel like they have to do.

And I've totally gone off track there, but I think it's all connected.

**Charlotte Mei**

No, I, oh, it is so connected. I'm soaking it all up and you're bringing up such important points here. And when it comes to disordered eating patterns, a lot of the time it's psychological as well. And that's why, again, we go back to the holistic approach. And it's just as important to see a dietician as it is to see a psychologist, for example, and not just going to a GP.

**Claire Pettitt**

Yeah, absolutely. And I think they should be done alongside each other. You know, I think often work with a dietician, especially if it's related to poor relationship with food and body, brings up a lot and that you need psychological support alongside it.

**Charlotte Mei**

Yeah, I do have this wish that, you know, one day all health professionals could work together. If only we had a centre where everyone just shared their notes about a patient and I could just go there and I will have a forum of all my medical professionals and they can chat.

**Claire Pettitt**

So I would say that's what it was like working in the NHS in the UK, because it's a very MDT focused system. And I used to work in a gastro team and we had the doctors, we had the dieticians, we had the nurses, we had specific gastro nurses who might work on like ostomy care, for example, things like that. If someone's had a merely ostomy or colostomy or whatever. So there's...it's a much more MDT focused way of working.

And I noticed change, I think, I wonder if it's private health care versus, you know, national health service. But I don't know, I feel like it's, it's, it's an important part of work with patients to be patient

centred, to really put the person first so that actually you have a much more fluid service and care that you can offer to that person.

**Charlotte Mei**

Yeah. 100%. Okay, it's good to know that it is a possibility. So I have three questions here that I received through my audience on Instagram. They're such good questions and I just want to chat with you about them. The first one, and you know, I've been seeing so much of this on Instagram now and there are some people who, you know, their entire account and niche is built around the idea of diet or rather cycle syncing.

So this person asks, *how effective is diet cycle syncing in the fertility journey?* So basically for our listeners, it's syncing your diet to your menstrual cycle and being in tune with your changing hormones throughout the month.

**Claire Pettitt**

Yeah, it's a good question. And I think, generally speaking, I'm not a fan of tracking. But I do think there's a lot of value in tracking your menstrual cycle. I don't always advocate for tracking your food intake and your exercise and all those sorts of things. I think there's a lot more potential for a negative impact when you do that, especially if it becomes a bit of an obsession.

But tracking your cycle can have really, really helpful impact, you know, if you're trying to conceive, but also from thinking about my PCOS ladies, like it can really help understand how things are changing as we make changes to diet and lifestyle.

So the theory is that our hormone levels change through our cycle. We know that, right? This is why actually, why a lot of research was never done in women because we change too much. Men are constant. You don't need to worry about fluctuations in hormones that impact your metabolism or your heart rate or this, that and the other. They just have a much more constant body. Whereas women, we change a lot over the course of a month. So it's harder to do research in women because there's so many compounding factors.

Anyway, our hormones change over this course of our cycle, because that's natural, that's what they're supposed to do. But then obviously, as we have a change in oestrogen levels, progesterone levels, testosterone levels, it impacts things like our gut function, for example, you know, you get that *period poo*, some people call it, you know, just you might get constipated, and then you get diarrhoea.

So there's all these impacts on our actual bodily functions. And there's a link between changing your your diet to, I guess, support or minimise those symptoms or the changes that happen because of these changes or fluctuations in hormones. So there is a little bit of science behind it.

But the impact then on fertility, that I think is questionable. I think it's very, very important to understand your body and tracking your period is part of that so that you can obviously, if you're trying to conceive, you probably are tracking because you want to know when's the best time to make a baby. But actually, if you think about how syncing your diet to try and optimise your

function, your symptoms throughout your cycle, yeah, okay, fine. You know, you might have perhaps more omega threes that might help reduce inflammation and reduce period pain, or you might have more high fibre carbs if you're thinking about minimising constipation.

So it does have value, but I don't think it necessarily impacts your fertility directly, if that makes sense. Yeah.

**Charlotte Mei**

Yeah, yeah, 100%. And I just wanted to add the point that, you know, going back to what we said earlier, we don't want to do it to a point where it actually stresses you out. Going, 'Oh, I really want to have this right now, but if I'm in this point of my cycle, I probably shouldn't.'

There are now personal trainers who build programs around one cycle as well. But again, like you said, you know, understand the nuance, take it with a pinch of salt.

**Claire Pettitt**

So along that line, like I do agree, there are points in your cycle where because of your hormones, you feel stronger or you feel more tired, you know, but this is where interoceptive awareness is valuable. Because if you can actually just read what your body's telling you, then you can say, wake up in the morning, go, 'Oh, gosh, I don't feel like going for a 30k run today. I'm going to do some yoga instead.'

Like, no, you can make a sensible decision based on what your body's telling you, not what and you know, a trainer's telling you or an app's telling you, like, this is where I feel that apps sometimes have gone to the extreme and we're constantly relying on external cues. And actually we should just be able to stop and slow down and listen to our own bodies and make a decision informed on, you know, what we need rather than what someone's telling us to do.

**Charlotte Mei**

Yeah. Yeah, I fully appreciate that. The next one, very interesting. Are there any dietary strategies to help older women when it comes to fertility? Is there anything we can do?

**Claire Pettitt**

I assume this is around the decline in egg quality as we get older, because that tends to be what we focus on. And we know this is the one thing we cannot change. There's no elixir of life. We cannot slow down ageing. But as we age, our egg quality goes down. There are a few key things that we focus on more so in over 35s, which is what we term, it's like a geriatric age in terms of fertility.

**Charlotte Mei**

I know, it's terrible, isn't it? I recently read about that, that's terrible. Yeah.

**Claire Pettitt**

I think language is so important in the medical world and I think there needs to be a lot of changes. So yeah, I don't I don't agree with the terminology, but yes, the science shows us that as we get older, egg quality does decline.

CoQ10 is a supplement that you can take or you can try to include foods that have CoQ10, but the evidence is mostly around supplementation and that seems to protect egg quality. So it's often found in things like fish and organ meats and oily foods like some of the olive oils, even soybean oil, those sorts of things, but also nuts and seeds.

So again, like all the foods that we've already talked about, but if you look at the actual research, a lot of it's more so using supplementation. So CoQ10 could be a supplement worth investigating if you are thinking of conceiving annual over 35.

**Charlotte Mei**

That's great advice, Claire.

**Claire Pettitt**

Another one is actually melatonin. Melatonin, our production of melatonin tends to decline as we get older. So there is a bit of evidence now using melatonin supplementation or again, food sources, eggs and fish mostly. But yeah, those would be the two key ones.

But again, I think it really, you know, those, when it comes to supplementation, I think you need a really personalised approach. So it would be a, you know, full assessment and then actually saying, well —have you got enough dietary sources? And is this supplement worthwhile for you in your specific circumstances?

**Charlotte Mei**

Yeah. All right. This last one, I thought was very interesting. I haven't had the chance to look into the research here. So this was more anecdotal. Someone wrote in saying that she has been going through egg retrieval and she saw better success after following her gynaecologist's recommendation to consume four egg whites a day.

So I believe the general recommendation was to consume more protein, more high quality protein, but also specifically egg whites. I'm wondering if it has to do with albumin? I mean, yeah, let's talk about it.

**Claire Pettitt**

So I don't know of any evidence that would support specifically egg whites or even albumin, to be honest. The higher protein aspect —yes. But as we mentioned earlier, it's more about plant -based proteins to support optimising fertility rather than animal -based proteins.

But saying that, eggs are actually a really, really nutritious food. If you think about an egg is the beginning of life. It's got all the nutrients that we need for fertility. It's a really good source of choline, vitamin D, a lot of the micronutrients that we need, protein and fat as well.

So I actually encourage people to have eggs in their diet when they're trying to conceive. But I wouldn't be so specific to, you know, highlight only egg whites and you need four a day. Like, again,

this is this, this idea of just a *superfood* or like a *fad diet* that's going to fix all your problems, it doesn't exist.

But including a variety of different foods, different proteins, different, you know, fruits and veggies, different whole grains, that's where you're going to get the most benefit to your optimised fertility because of the variety and the adequacy. So I do think eggs are a good food, but I wouldn't be so bold as to say specifically 4 egg whites a day.

**Charlotte Mei**

And you know, Claire, I'm sure you would agree with this and you've seen it a number of times, but the minute you tell someone one very easy and simple thing to change in their diet, like have 4 egg whites, immediately there's a downstream consequence. You would, overall, your diet would see an improvement. So that could also be one of the reasons behind it, I would think.

**Claire Pettitt**

Yeah, absolutely. You know, as soon as you make one change, it has a knock on effect and there are other changes. So often, and this is often why people who make carbs, for example, I keep coming back to this, but it's so common, like they often report that they've had a benefit.

And it's not because of necessarily the carbohydrates, it could be like if we're talking, say, for example, about weight loss, you know, actually, it could be because when they eat bread, they put butter on it and they have it with a, you know, bacon sandwich. Like it could be because they've or because normally they order in and the food that they order is a subway sandwich. But actually now I'm not having that. I have to cook at home. So I've made, you know, rice and salmon and vegetables.

So actually the the changes is not just what you've taken out. It's what you've then added in or how you've changed the rest of your diet. And you do see beneficial effects. But what's the important change and what's actually causing the improvement in the outcome? Can't tell.

**Charlotte Mei**

Yeah, yeah. The story with carbs is always, what are you actually eating with the carbs? The carbs is not the problem. What are you eating with it?

Well, Claire, you shared so much of your time and your insights. I really want to thank you. I just have one last question before you go. And this is one I ask all my guests. We're all foodies. You've spoken about it as well.

Now, I want to know, and I would so curious to know your answer for this one because of your culinary heritage. What's a dish that you haven't had for a while, that you would love to have right now....that takes you back to specific memory perhaps.

**Claire Pettitt**

Oh gosh, I find it hard to pick one dish!



So as I said, so my mum's Palestinian-Lebanese and we used to get together with our family as I was growing up, like twice a year. My family lived all over the world. So we would come together and it was always about food. And for me, my *teta*, my grandma, she always made *Kibbeh*, which is a lamb based, actually you can make it as a meatball or you can make it flat baked and it has pine nuts and all sorts of like spices like baharat and cinnamon and bulgur wheat in there. And it's absolutely delicious and you have it with *labneh* which is like yogurt.

But also I can't go without mentioning my favourite which is *Knafeh* which is a Palestinian dish which is actually like a cheese based I say dessert but we used to have it for breakfast. It's delicious and it's got phyllo pastry and shredded with cheese and then you put a syrup over it. It's absolutely delicious.

So yeah, those would be my... And this is what I love about food is the memories. Like this is what, you know, it makes this connection in your brain and you can then come back to all those like really enjoyable moments or special times. So yeah, I love food.

**Charlotte Mei**

Well, I hope you'll be able to have those two dishes at some point if you make them at home.

**Claire Pettitt**

Yeah, let's see. So actually I was so lucky. I saw my mom, my family at Christmas and my mom made a *Kibbeh* for me. She knows it's my favourite. So I did have it a few months ago, but it's one that's very close to my heart.

**Charlotte Mei**

That's wonderful. Thank you for sharing that with us, Claire.

**Claire Pettitt**

Thank you so much for having me, Charlotte. I've loved our conversation. It's so good to talk about fertility and women's health in general. So yeah, appreciate the invitation.

**Charlotte Mei**

Absolutely. And you know, for anyone listening in, if you want to follow Claire's work, you can follow her on Instagram. She shares lots of yummy recipes as well and her website. Thank you

**Charlotte Mei**

Oh that was such an enriching conversation with Claire, I learned so much and I'm sure you have too. And you know, just going back to that point she made about epigenetics and how, you know, the way that you're living your life today, what you're eating can impact your future generations to come. That blows my mind and it really changes things, doesn't it? Something to think about there.

And y'know just to summarise the conversation, it's the importance of a holistic approach when we're looking at reproductive health or any aspect of health in general. And that the dietary guidelines for improving fertility status, honestly, it's completely in line with the general guidelines

for overall health. So it's not that complicated. You don't have to have too much information in your head.

Again, I loved how we spoke about the Mediterranean diet in the Asian context, and I can't wait to see the results of the study that Claire and her colleagues are looking into.

I hope that you've learned something here. And I think the main point as well is not to stress about all of it, because as Claire mentioned, that could also backfire. It's about aspiring for balance rather than perfection.

And if you found this episode useful, please do share it on to your friends, your family. There's a very quick link that you can just click on your screen.

You can share through WhatsApp, through Instagram stories. I would love that. I would really appreciate that. And to find out more about Claire's work as well, you can check out her work on social media as well as websites. She's also on a bunch of podcasts, really. So you can just search her name and they will come up.

And I'll see you in the next one! Thank you.