



Steph: Hi, Katee and welcome to the show.

Katee: Thank you, Steph, it's been a while. I am excited.

Steph: I know, me too and I've obviously been one of the lucky ones to already know your very exciting news, but I would love for you to share with our listeners what your yeah, really exciting news is.

Katee: Yeah, I'm also going to be a mama. I'm having a baby due in January 2020.

Steph: Oh my goodness, so exciting. I'm absolutely loving just being able to yeah, follow your journey already and yeah, look forward to hearing about your experience so far. So we obviously wanted to record this podcast for lots of little topics that are significant, that ties together that hormonal conversation, which you love sharing about and leading up to preconception care, pregnancy and beyond. So let's talk about I guess why you're so passionate about this topic and how early it starts from that hormonal care.

Katee: Yeah, it's interesting because I certainly didn't envisage that I would be someone consulting with women wanting to get pregnant or that helping them through pregnancy or after or perhaps through infertility. I think through writing *Healing The Grumpy Athlete* and coaching athletes based on respecting their hormones for optimal performance, it naturally just happened that I fell into this world of fertility for athletes. And just to clarify as we always do, that an athlete is all of you, anyone that is involved in recreational activity. Why it became a passion was because I saw so many women having hormonal imbalance issues, as well as fertility issues or postpartum difficulty coming back to performance. So that's where the passion comes into it and this isn't just a conversation for the women because I do see this with male athletes as well, while it might not be as prevalent or as significant, it is still something important for male athletes to pay attention to.

And so for me, where it starts is when we've got our youth athletes and our youth development programs that are making their way up in sport and endurance and their training load is increasing, their stress demand at school is increasing while they're going through the biggest change of their life. I feel like if we don't look after our teenage

athletes, that's where the trouble begins way back then there's a full effect happens in the 20s and 30s as well. Or it might start in their 20s, there's a lot of different stages at which it can be a problem in terms of hormone imbalance and fertility. But if we want to minimize risks and problems down the track then it has to start with our teenage athletes for sure.

Steph: Yeah, that's exactly right and as you know and we've discussed before, unfortunately it's not a conversation that we necessarily have in great detail in our teenage years. It should be a really important part of what we learn at say, secondary school or in that athletic environment, that it's spoken about to those athletes and it's a huge missing piece of the puzzle that you're obviously doing an amazing job at changing. But it does start at grass roots level because unfortunately, fixing a hormonal issue when you want to fall pregnant is often years of an imbalance that has gotten a lot worse because it wasn't addressed early. And that can be really hard for women in their late 20s or 30s and also really challenging to find out that something could have been done a lot sooner.

Katee: Yeah, I think to avoid that emotional rollercoaster and how hard that is and I've seen so many people go through this, that early intervention is key. And I think if we can change the language around periods and hormones to be every day conversation, particularly for those athletes in their youth. To help them see that a period isn't a bad thing, to be scared of or to not want and to see the value in it and the information that it can provide a female body and a coach and the parents and everyone in their team. So if we can have the conversations early and rewire the relationship between what is a period? And what does it mean? Especially in performance I feel like traditionally it's had this negative connotation. But physiologically, it doesn't actually have to be that way and I think from an even governing body point of view, with sporting organizations, if they look at participation rates, there's often this major dropout depending on menstrual age.

So often athletes will have delayed first period, into, they might be 17 or 18 when they have their first period and they experience this performance dip because it's such a rapid change and it's quite significant. That can either lead to them dropping out of the sport altogether or having a really tough few years, when it doesn't need to be tough. And they've got this expectation that, that's when they should be at their peak and they're transitioning into state teams or going further in sport. So I think there's so many different levels of this conversation and obviously as a 15-year-old we're not necessarily having a do you want to have a baby conversation. No, it's the opposite, we're trying to prevent that, but really, for our 30-year-old plus selves and late 20s, that's where the conversation's got to start.

Steph: Yeah, I agree and it's not just about making babies, obviously because that's as you say, the least of their priorities. But setting up those foundations to understand your hormonal cycle, looking at potential imbalances that could be causing any of the symptoms, that you might otherwise be told are normal. I think that's a really important myth for us to break down because nearly everybody would associate a period with some sort of premenstrual syndrome or PMS or abnormal symptoms essentially.

And whilst you feel very different in that second half of your cycle, you still should be able to use those symptoms as information as to what your body's doing and what your hormones are doing and any imbalance that needs to be addressed. I mean a lot of the time this drop off in participation could certainly be supported. And we could see those rates decreased if we're educating our female athletes on their hormones and helping them rebalance if that is part of the reason why they're dropping out because of the way they're feeling or the symptoms that they experience, month in, month out.

Katee: Yeah and it can be really frustrating when you don't have that information and you just feel crappy but you don't know why and perhaps there's been this cultural norm that it's just the way you're meant to feel. So then a bandaid gets whacked on it and some kind of prescription and namely, it's usually the pill. When the pill can be avoided and it's, they're using it for the wrong reasons perhaps, so they might go to the pill to bandaid a bunch of hormonal symptoms when really, if the pill's to be used in teenage years, it's for preventing conception, if that at all, yeah.

Steph: The bandaid, I think that's ignoring the symptoms that your body is showing you of an underlying situation, that usually can be addressed. That the pill obviously as we know, completely hijacks the normal hormonal cycle and can have some pretty damaging long term implications. So it shouldn't be our first port of call.

Katee: No, absolutely not, and then I guess second to the youth, I see women in their 20s who've gone through or are going through amenorrhea, also loss of menstrual cycle and that might be for six months, it might be for eight or more years, which is quite significant. And again, I worry that it gets celebrated sometimes, like, "Oh yeah, I don't have my period, it's fantastic. I get to avoid that inconvenience." I think we have to change that language. It's not a great thing to be missing your period. It's pivotal to the female reproductive system.

Even if you're not trying to get pregnant or you don't plan on having kids in the future, it's vital to your health function, brain function, physical function, weight management and then later down the track, how you experience perimenopause and menopause. It's all related to these foundations that we lay early on. And so even if you are a female athlete listening to this and you're experiencing amenorrhea or loss of cycle, please reach out and take action as soon as possible. Even if you're not trying to conceive or that's not part of your future any time soon. It's really important for your overall health to get on top of that sooner rather than later and in terms of recovery, it can be shorter when you address it sooner.

Steph: Yeah, definitely and don't you think usually the people that are excited about not having a period, are the ones that are experiencing more of the symptoms that they find inconvenient or painful or that it affects their performance or their mood and mental health. Again, they're signals that can be addressed. I mean I know it can be challenging to have to experience that in the initial phases. But using that information can be so powerful to address the entire picture of that underlying hormonal imbalance and to bring your cycle back online, which includes regulating those typical symptoms.

Katee: Yeah and just thinking about it now, I've never met or consulted with anyone that's regretted taking action on these sorts of things and gone, "I wish I didn't do that."

Steph: I mean I've shared this before, I had amenorrhea for a number of years and I know that every single doctor I went and saw literally were the answer was, "Oh don't worry about it, you can deal with it later, when you want to have a family." And I was just so confused that no one was available to help me appreciate the significance of not having a period. This is decades ago now, but another reason why I love to educate on this with you, Katee, because we need to change that conversation. We need to understand that it's not a problem you deal with when you want to have a baby. You need to address it ASAP, which as you say, then changes the whole timeline if you do want to conceive and have a family down the track.

Katee: Yeah, that's it and I was fortunate, even though many of the listeners have probably heard my story a number of times on your podcast, in terms of adrenal dysfunction and going through extreme burnout and hormonal imbalance over the years, which is what's led me on my journey. So I'm grateful for all that difficulty that I went through because I wouldn't know what I know now. But I was fortunate that I only experienced a loss of period for about three months in one of my first years of long course training. However, the other symptoms that I experienced were extreme.

So also to preface that hormone imbalance and things that can inhibit performance or fertility or wellness can show up in many different ways. So even for me, who had a regular menstrual cycle and all looked good, it didn't mean that I was uber fertile and got pregnant in the first month. The body doesn't work that way, we do need to go through a period of preconception care, like you've done. One for vitality during pregnancy, but the health of the baby as well and I think you've opened up that conversation and many others have, but it's not a common conversation I would say.

Steph: Absolutely not, I think the common scenario is finding out you're pregnant, eventually going to see a doctor and being told you need to take folate and that you need to avoid raw fish and the list that we can easily Google online that also has pieces involved, that we can chat about. But yeah, I think it's such an important decision that in an ideal world, you can create a timeline with at least three months, to acknowledge that in this day and age, we're exposed to lots of toxins and chemicals. The quality of the food that we eat is impacted by big food and the folate that we're naturally available to consume in as simple as our dark, leafy greens, isn't always enough.

Then there's the whole gut health impact, especially for those that have taken the pill or a different version of contraception, which is going to interrupt your microbiome. Understanding that as the mother, you pass it onto the baby. I'm just so passionate about that because we see the implications of those that haven't addressed the preconception care or acknowledged the significance of their gut health in that pre and during the pregnancy. The repercussions of that can be quite horrible to experience when you've got a newborn and you're adjusting to mum life. That's something that I think we can largely avoid as well.

Katee: Yeah, and I can speak to I guess my own gut health journey because that was something that I knew I needed to work on and had been working on for many of years and working with real food and gut protocols. But I had one of those very stubborn guts that wasn't responding super well to protocols, typical Katee, it's just the complicated case. And it was taking a number of years and I had to step away from having the perfect gut. I was like okay, "If I compare it to my gut five years ago or gut three years ago, I'm in a much better state to conceive."

Because I had done so many protocols and wasn't getting much change in that stubbornness. I was like, I just have to go with kind of like the Pareto principle, I couldn't aim for that 100% perfection with my gut because it just wasn't shifting. I had to accept that, okay, there's a slight overgrowth of the Klebsiella bacteria and that's not ideal, but I had to go in knowing and accepting that, that would probably alter how I felt in pregnancy.

So that was just a conscious decision, knowing that I probably might have more morning sickness or other symptoms for pregnancy than someone who didn't have Klebsiella overgrowth for example. But I made sure I didn't have any parasites and had a really good growth of lactobacillus and bifido and a really good balance there. So I think a gut protocol number one, hands down. I just think from my perspective, I couldn't quite get it optimal, but way better than what it was.

Steph: Yeah, and what is optimal, I don't actually even think we know that yet from a microbiome science point of view. But again, to celebrate your journey, the years that... you didn't just decide three months out that you're going to try and fix your gut, which let me tell you is impossible unless you're dealing with a very mild if minimal dysbiosis. I think it is, it's a journey and we know in clinic that it takes at least six months to see that sort of first phase of the basic foundational changes, like regrowing an entire colony. But it can take longer than that. So I think for all of us, acknowledging that all health starts in the gut and that it should be on your radar to start early enough.

So that if it does take longer, you're not pushing out your entire family planning timeline because I've had that. In the clinic, we've had clients that have got parasites or they've got quite a significant pathogenic overgrowth and the main stress comes from the fact that they wanted to be pregnant last month or last year and they've decided to push out their timeline, which I think is a good thing. But that can cause a lot of stress when you've planned all the things that you have to do to line up the 10 months of pregnancy and the fourth trimester and what return to work looks like and so on and so forth.

Katee: Yeah, no, they're such important decisions and I think where I made sure that I guess I embodied that patience was to link all the benefits. I was like, okay, yes, there's going to be this amazing bacteria and it's going to help how I feel in pregnancy, it's going to help my future child. But also, it's going to give me foundations for better mental health, as we've spoken about, so connected to the gut. So postpartum, that was always my biggest concern. Having experienced mental health issues for 15 plus years, it was how do I build the best possible foundation?

Because I'm already going to be vulnerable, potentially, postpartum. I've got that preconceived vulnerability, how do I minimize that risk as much as possible? So that was an important part for me. Things like I've seen how long it takes to build up something simple like zinc and it's not as simple as just taking a supplement for three months. That's where the gut comes into it, we build the zinc for the immunity and then you've got the whole methylation patterns working properly.

That's taken me years to gain and I'm glad that I guess I wasn't in a rush, in terms of I didn't have a fertility timeline because I don't think I could have handled that pressure personally on myself, if I had five years ago wanted to have a child and it had taken me five years to get here. That is hard and I've had plenty of people and friends go through that and it does happen. And so I think if we can think 12 months ahead, preconception, then if something does come up, a parasite or gut dysbiosis or macro nutrient, micronutrient deficiencies, you've got time to correct it without the additional pressure because I think a fertility journey alone can be a little bit stressful depending on what framework you're coming from.

Steph: Yeah and stress is the number one barrier to conception, yeah because if you're in that state of fight, flight or freeze. Your body's not going to be that candidate to conceive and to procreate. So that's the irony, unfortunately, we have to try and remove as much stress as possible, including things like caffeine and alcohol, which is why that would go into a cleanse, the preconception program protocol because these stressors are the barriers.

And that can be the big reason, I was having a conversation with my acupuncturist last week and we were talking about some clients that we share that are going through a fertility journey and long story short, one had worked with a different practitioner, that had prescribed lots of herbs and millions of supplements, but not gone through her addiction to caffeine and how much alcohol she was drinking. As soon as she cut out caffeine and alcohol, she fell pregnant. Now it's simple in every case, don't get me wrong. But some of those real foundational changes are completely missed in the western model of fertility.

Katee: Yeah, and you bring up another good point there that's reminded me that there's this idea that once you get pregnant you start taking the prenatal vitamin and you know that starts well before that. And boosting the folate content in your foods and so forth. I find that gets missed a bit.

Steph: Oh, all the time, absolutely all the time and like I was saying earlier, you go to the doctor's and you're probably eight to 12 weeks pregnant anyway-

Katee: What's it going to do at that point?

Steph: But obviously the first trimester is where the neural tube and the spinal cords are developing rapidly, so we need that high quality folate to support that process. So being prescribed Fefol when you're 12 weeks pregnant is not ideal. A: it's the wrong type of

folate, it's extremely synthetic and not bioavailable. And B: it should have been done six months earlier. So three months before pregnancy at the very least.

Katee: Yeah, I think that's such an important thing for people to know and I knew that I didn't want to cut out caffeine and alcohol all at once. I knew I needed to do them both really gradually, when I'd previously tried to cut down on caffeine, the impact on methylation, so mood and energy, was very significant and disruptive to my day-to-day work and study habits. So for me, I needed to do them very gradually, so I didn't want to, again, I didn't want a time pressure, so I did it over six months. And that was only one coffee a day, I'm not coming from three or four, super sensitive Katee. Yeah and went down to decaf and got rid of the wine and the whiskey, which is unfortunate, I loved an occasional whiskey.

Steph: Yeah, but I mean look, you have to for 10 months and beyond anyway-

Katee: Exactly, may as well get ready for it, yeah.

Steph: Although I had a lot of friends tell me I was crazy because obviously some friends of mine that are already mothers, that thought I was crazy for cutting it out sort of 'three months earlier than I had to'. So obviously walked through the 10 months without and the juggle with nursing on the other side. But yeah, again, it's a toxin, and we've got so many of those that we're up against in this day and age. So it was really important for me to do that, and I love the point that you make around gradual because as I always say, Rome wasn't built in a day.

And you've got to understand, I would start with the biggest, I guess most influential factor is, so if you're not doing gut health, start there and deal with the wine a little bit later on. And build that protocol, which is why working with someone like yourself or The Natural Nutritionist can be really helpful because we guide you through the step-by-step of what the first priority is and layer that. Rather than you feeling like you've got to do it all yesterday, which is again a stressor that we want to avoid.

Katee: Yeah, I couldn't do this journey on my own and I've got the knowledge that I have. You know, we all need a team of practitioners for sure.

Steph: Yeah, absolutely, absolutely. So preconception care, that's awesome and something that we've spoken about before, so just before I forget, I will link up that episode where I share roughly my pregnancy journey and I'm definitely happy to share more. But did you want to add anything else there on preconception or do you want to go back and talk about the pill a little bit more and the impact on hormones and the gut microbiome?

Katee: Yeah, we can both for sure. I think for me, coming from the foundations that I had, like eating real food, regular mindfulness practices, living a low tox life, utilizing MAF principles, that 80/20 polarized approach in training. I, for years now, have had all these amazing wellness bases. And so I think the hardest lesson for me to learn through fertility journey of getting pregnant, was that, that wasn't a silver bullet. That didn't mean that it was just going to happen for me when I wanted it to. Typical A type

perfectionist, high achiever triathlete of course, but I now see, I needed to go through that journey because I needed to learn that surrender to the uncontrollable. And the timing was never going to be perfect, exactly, it was never going to be perfect.

So while it was confronting and confusing and worrisome that it wasn't happening, even though my health was great, my periods were great and everything was tick, tick, tick. I was a bit perplexed for a while, but now I see that it just needed to happen when it happened. Ironically we had said, ideally I wouldn't be only two weeks pregnant when husband an athlete was doing Ultra Man, then I needed to run around after him for three days, but of course I was. So I think for anyone on this journey, if you can take a lesson away from that, is even if you do everything right, it's not a magic bullet I guess. We need to do everything that's in our power, but also trust and surrender to whatever might be in store for us.

Steph: Yeah, I mean it's complicated because we've all got our own health journey and it's not just as simple, not for everybody, it's not just as simple as ticking those boxes. I think the timing of it is yeah, very individual, so again, I think that's why starting early takes away any of that time pressure and also, I guess for the individual, for the mother to be, acknowledging the role that you're about to start. I think that's what's really important. From the other Grace is now four months old, there's.

Katee: God that went fast.

Steph: I know, I can't believe, she's like twice the size. But it doesn't end, right? You've constantly got this responsibility to look after yourself for somebody else. I think learning that early is really, really helpful because I shared with you offline, I've got a couple of people that have been sort of following my journey with Grace and tuning into the show. And they're maybe not having the same experience as I am, with how well Grace is and how well she's feeding and how well we're working together. Fortunately realizing that they didn't do enough during pregnancy or that there was antibiotics in there for whatever reason and they're now having to reverse engineer things. And that's okay, if that's your journey, that's absolutely fine, that's where you're at. At least these people acknowledge that there is things that they can do now. But you sort of want to avoid that, if possible.

Even speaking to the postnatal depression, that's one in two, the stats are huge. But what if we just simply acknowledge the role that the gut plays, yeah. That the communication of the gut to the brain, via the vagus nerve and the impact that this dysbiosis has on our brain health. I know there's more to the picture, but if we're not looking after our gut, then of course we are unfortunately going to be higher candidate for something like PND or maybe it's mastitis, which is obviously going to affect mum and bub. And many of this could be avoidable if we acknowledge our role, preconception, pregnancy and beyond.

Katee: Yeah or easier to manage if it does come up. If you got the tools and a good foundation and a team of practitioners that already know your case and history, goes a long way.

Steph: Yes, think about the pill, nearly everyone's been prescribed the pill, whether it was as a teenager for contraception or whether it was to mitigate some of the PMS symptoms. We know that the oral contraceptive pill completely disrupts the microbiome. And so stopping the pill because you want to get pregnant, it means that you've got work to do to fix it up, to rebalance the beneficial bacteria. To hopefully, crowd out some of that opportunistic bacteria that have taken over. So we've got to acknowledge that it's not just about stopping the pill and that your hormones come back online. That can take time yeah? What's your experience there, post pill?

Katee: Oh goodness, it's probably the most common case that I see coming onto my books and into my inbox, is post pill hormones disarray, performance disarray and that's not to mean you should go back on the pill. It just means the pill was covering up all these things going on that now need to be addressed. And yes, I would try and avoid getting pregnant straight away, after coming off the pill because of the gut disruption. But also, the hormonal disruption because your body needs to learn how to make those hormones at a particular level, in a particular cycle on their own again. They've been disengaged by synthetic hormones for however long.

Technically what I said earlier in terms of not having a period only for three months is a lie because I was on the pill from age 14 to something, early 20s and that's not a period. That's a withdrawal bleed and so there's no doubt that the gut problems I had in my teens and early 20s was related to going on the pill at such young age for acne. And why did I have acne as a 13-year-old, probably because of my gut, not probably, because of my gut.

Steph: Yeah, which is the irony, yeah.

Katee: Irony and so for... this is more than half my life ago, rewind back, that's where it began and that's where parents and teenagers can intervene and change the rest of their life. And then for you and I, with our babies, we can start their foundations to minimize gut health problems. I don't know if you've touched on this, I'm sure you have, but each generation we're passing on our gut health and so generations being exposed to more toxins and pathogens. Each generation is getting worse unless they're doing this preconception work. And that's why I we're seeing an increase in mental health disorders, behavioral disorders, skin disorders, allergies and so the list goes on, yeah, yeah.

Steph: Yeah, so that's the other thing I think, I discussed this with you, Katee, about how grateful I am for my knowledge, for Grace. So not only with the foundations I've set up for her pre, during and now, while we're nursing, but beyond. So what I can teach her beyond and I didn't have that as a child, my mum's not a Nutritionist, so that's very different. But you also don't need to be a Nutritionist, it's the work that you do now to learn the foundations, to be able to pass on to the next generation. I think that's what's so powerful because we've seen in the low fat era how much damage we've done just as top level as needing fats for healthy hormones.

We've really caused a lot of dysregulation and we're now on the other side of that. And we can make such a big difference moving forward and I think it's important to educate

yourself, so that you can change the health of your family. We see that so much in the clinic and I find it so inspiring when the mom or dad or both just completely overhaul things to help their children. And doing that from day zero I think is so powerful.

Katee: Yeah, you're right, you don't have to be a nutritionist, you just need a good recipe book under your belt and you'll be fine. My niece, she's nearly two, she knows no different other than eggs and cheese for breakfast. She hasn't been exposed to cereal, that's not breakfast to her, which I think is so interesting because I don't think I would have been able to say that age five, it was like, "Cereal is breakfast."

Steph: Well I always say, I can literally still taste the milk that's sits in the bottom of the Nutrigrain and how sweet it is. I not have touched the last like, I don't even know, 25 years or something. And yeah, what we thought was healthy back in the '90s and I think yeah, how great is it that we're finally... I'm able to change that, to change the previous generation and the problems that are associated with the consumption of refined carbohydrates and sugars because that's a reality that we're facing in 2019.

Katee: Yeah, it's a big problem, it's actually a little bit overwhelming to think about like the cascade effect of these health repercussions and culturally the changes.

Steph: Full on, another example I was thinking about, that I wanted to raise was a conversation that we had recently at the natural nutritionist, about a client who had an appointment to see us and then canceled it with the idea of sort of coming back to see us when she wanted to lose the baby weight. And I don't want to point out this client, but I just want to talk about the concept that seeing a nutritionist is not just about losing weight. Of course, we can help you with that outside of your pregnancy, that's a separate conversation. But I think pregnancy nutrition is way more than just avoiding raw fish and salad bars.

Some of the information online is flawed and I do want to speak to that. But having a nutritionist or a coach or a holistic practitioner to help you navigate each trimester and how different they look, including trimester four and beyond. For me, that's so important and something that I really want people to be aware of because seeing your doctor and having that PDF of what to avoid is I find disempowering. I hate the do not eat this conversation. Of course there are things we need to be mindful of, but what about-

Katee: What do we increase?

Steph: And how to manage cravings. I mean I'm a low carb Nutritionist, but I was eating more potatoes and more white rice and more sweet potato and a little bit more of my favorite GF Precinct bread. So I know what it's like firsthand to not feel like your usual food, but to be on that tightrope between how do I do my best to feed me and bub and some of the stress that might come with that. And having guide you through those changes, as well as your increase in appetite for some or calorie requirement in T2 and T3. Having someone to help you with that I think is so powerful because you don't need to do it

alone and you get rid of a lot of the confusion and stress, if you've got someone on your team.

Katee: Couldn't agree more, even psychologically, coming from being a low carb, high fat eater, it was challenging to completely change very rapidly, within the space of a week, because it's what I needed. I didn't feel well unless I had more carbohydrates and psychologically I was like, "Crap, that's a lot on my plate. Is this right?" Even though, intuitively I knew it was still this battle as you described and the tightrope of how much is enough or how much is too much without getting too worried about it? And couldn't do that without support for sure.

And also changing from being a two to three meals a day, to closer to five. And eating frequently, that was also a really big psychological shift and stepping into the unknown. I mean LCHF is I guess relatively new if we speak about the decades of nutrition advice that's been going on, it's new. So to transition from having been LCHF for how many years to embracing higher carbs again, it was challenging. That definitely required some professional support.

Steph: Yeah, and I mean high, high relative to what you were doing, which is-

Katee: Oh yeah. This is true, this is true, it's all about my perception.

Steph: Yeah, but I always just keep in mind and this is what I teach my clients. It's a sliding scale, yeah. Your LCHF can be 150 grams of carbs a day and provided you're mostly getting it from these whole food sources, like plants and pseudo grains that are of high quality, like a buckwheat. Then it's not a problem, provided you're doing your best. I can hands on heart say that I did not consume six cups of vegetables a day, every day during my pregnancy.

And I'm okay with that, but when I share that with my clients, my fertility clients, they're quite shocked, they're quite shocked that I wasn't 'perfect' during my pregnancy, which is why I share this because I guess I've got that firsthand experience of acknowledging there are so many hormonal changes, tri-semester changes. And getting rid of the stress and the perfectionism problem is a huge part of it and just knowing that you do your best, but you probably are going to be slightly higher carbohydrate.

Especially towards the end of the pregnancy, if not sooner, smaller meals will suit you. But you don't want to sacrifice blood sugar control and therefore eating frequently, it's very different, if like for me, my meals were much smaller because I was carrying so high and my stomach volume was impacted for the whole pregnancy and most significantly in T3 of course, when bubs is much bigger. So just adjusting, but sort of understanding it through a different lens, that you're still very low carb and you do your best to get the veggies and proteins and healthy fats and make quality carbohydrate choices, like the sweet potato or potato or the white rice and doing your resistant starch where possible.

Katee: Yeah, that's it and then to clarify, that's the thing. And I attest too because I was being so hard on myself and I'm like, "In reality I'm eating potato, gluten free Precinct

buckwheat bread, having buckwheat pancakes." And even though it was different and a shift. I'm perceiving it as 'problem' when it really wasn't because it's still real food and has a lot of nutrients in it and at the end of the day, it's what made me feel better. Made me stop feeling like I was going to vomit all day. So I was like, "Well obviously this is working."

Steph: Yeah, especially in trimester one if you are experiencing more morning sickness. That wasn't my reality, but it was more about being able to strip back some of our ideals about food and what is 'perfect'. And I said to you, like I'd give myself a high five if I had two meals a day, whereas most often it was one that didn't include sort of a serve of complex carbohydrate. So what I teach my clients is to look at all right, so if you want to have the buckwheat GF Precinct bread and make sure you're obviously having eggs and avocado and some spinach to balance out the plate.

Then why don't you have some leftovers for lunch that are lower carbohydrate, like use your cauliflower rice with your leftover sate. And just have a little bit of foresight around what each meal looks like because you don't want to do GF Precinct, rice and then get to dinner and have quinoa, to then have limited your intake of veggies and proteins and healthy fats. Yeah because the reality is, if you're filling up on these complex carbs, there's less of our other macros on the plate.

So it's that awareness to where the most nutrient dense foods are and so maybe one meal a day is a really great goal for you. Everyone's different, of course you'll feel different again over the four trimesters, but work with that. Work with that concept of acknowledging that if you are going to have one serve, that at least one of your main meals, you might want to focus on more veggies. It's a really great way to get the quota of non starchy veggies up, pair it with your serve of quality protein and of course your healthy fats, your omegas threes and small amounts of saturated fats from your coconut oil or grass fed butter for example.

Katee: Yeah, I would have been in strife if I wasn't having those omega three fatty acids. Particularly for mood and so many hormonal changes and then the cravings and the carbohydrate intake would have been even greater. So that was definitely crucial and I think a shout out to the partners as someone that... by the way morning sickness isn't a thing, it's an all day sickness thing.

If that's you, I personally couldn't have done this first trimester without an amazing husband, who cooked for me frequently and put all the veggies in front of me when I just felt like rubbish and didn't want to get off the couch and eating was quite a big task. So partners, that's where you can step in and make sure that those veggies are getting on the plate and the fats and the proteins and this is a couples' conversation for sure.

Steph: Yup, absolutely, I barely cooked a meal, even now, and as I said Grace is four months. So we're even out of T4, trimester 4. Ian's always done most of the cooking anyway, but just having that, the preparation, we talk about it all the time, food prep. But for me, that is still so essential because you're not going to have time to make a healthy lunch if you've got a little one needing you. And your time is hijacked, that's a reality of it, it's really, really different. I'm not saying that in a negative sense, it's just that you've got

someone else to look after now and for me, even something as simple as having that frittata made on a Sunday that I can eat-

Katee: Just there.

Steph: Adds a quick plate of greens to, that is everything because then I'm making, that's my choice, I'm not having toast and avocado, which I could easily default to because it's ready in five, but then I'm missing the veggies and it's not the best for blood sugar control again. So I think there, the conversation is so important and before, as I was in T3, so the last trimester of pregnancy, we were stocking up the freezer. So it was so awesome when Grace was newly with us, to just reheat something that was in the freezer, to not have to cook. I still love that, it's always been so important to me, to take pressure because who wants to be cooking at 8:00 at night, when you finally got the bub to go to sleep? It's just removing that stress again, could be so helpful.

Katee: Yeah, couldn't agree more and I think yeah, that's why obviously if your partner is going through pregnancy or their early pregnancy and sick and even though if they're saying, "No, I don't want to eat vegetables," just put them in front of them and give it a crack or like kids, hide the veggies in a frittata or something yummy.

Steph: When in doubt, I just have super paleo bread.

Katee: Absolutely.

Steph: Just get your bread fix, but you get all of your veggies.

Katee: And then the other thing I've done to reframe being kind to myself, is some days were harder than others. So some days it just wasn't going to happen. So if it's like this one day out of seven, where there was one serve of veggies, whereas the rest, if I could nail it, then great. So pick your battles on the good days, it's like now is when I need to optimize getting everything in. And on the bad days being just a little bit more kind.

Steph: I love that and this also goes back to the supplement that we take. So I don't prescribe a straight folate, whether it's active or not. I prescribe a multi-mineral that's pregnancy and breastfeeding designed because the reality is that some days you won't be getting enough nutrition from your food. You're not getting your six cups of veggies a day and there are still days now where I'm not doing that.

So I've continued to take my what would otherwise be called a prenatal, but it's for that nursing support as well because you're still rebuilding from pregnancy and having to share your stores with bubs and the demands of feeding every couple of hours. I stopped for a couple of weeks and I noticed a distinct difference in even just basic energy levels. So that's something I think is really powerful and we look at how supplements, the right supplement can support this journey and it's not just about Fefol.

Katee: Yeah actually, you just reminded of something that I probably would have done differently if I had the foresight. We went overseas just after Ultra Man, so I'm three

weeks depending on what date you go off, and it was very hard to source high volume folate rich foods and veggies. In hindsight, I wish I had like a green supplement with me and could have done it that way because at the time, my prenatal supplements were making me very ill. So it was this really fine juggling act of, okay, I choose to take this prenatal today and be really sick and then the other day, I was like, no, I just can't do it. And we try to get in as many greens as possible. So I think that's something I wish I'd known to grab before I went away or overseas. So anyone that's traveling, that can be a hot tip.

Steph: Definitely, traveling and even now, I still use, I love Melrose Essential Greens. I still use that every day. Whether it's in a smoothie or mixed in with my magnesium powder, just as an insurance policy that I know how we can't ignore the benefit of greens. So do that and especially during pregnancy, if your volume of vegetables is down, then have a plan B, have a backup plan. That's so easy to do, they're like 20 bucks for a month's supply, worth their weight in gold and really, really easy to incorporate into your daily strategy.

Katee: Boom, boom.

Steph: Love it, so cool. So anything else you wanted to share? We've discussed some really, really key points and I'm sure that's some amazing take aways for our listeners, but anything else you want to share, even about what you're up to work-wise or anything else that you can give us a sneak peek of?

Katee: Yeah, sure, I mean the only thing on this topic that comes to mind to touch on, is that for anyone in this endurance world, that's doing the high-volume training and is experiencing hormone imbalance. Whether you want to get pregnant or not, please know that a regular menstrual cycle is your best report card of health. So if there are symptoms or irregularities, please reach out, get on top of it as soon as possible because you don't know what performance benefits await you. And I think that's pretty cool. I've had a client recently who, and a lot of your listeners will be familiar with MAF Method, so I can use exact examples here. They came to me and their MAF pace over a 6K test was 7.35 per kilometer, in four weeks they went down to 6.20.

Steph: Yeah, right, that's so cool.

Katee: They'd just done a four week gut protocol before that as well and have no doubt that, that made a huge impact. And what we were doing, was stringing that intensity, bringing it in wellness and rejuvenation practices, legs up the wall, mindfulness, breathing, learning to breathe properly while training is crucial. Learning to breathe while pregnant and talking is also crucial.

Steph: Yeah, and not feeling like you've been smoking a pack of cigarettes.

Katee: Oh God, I feel like that's interesting, anyway. Yes, I would just encourage that and that athlete is not at a stage of a life where they're thinking about fertility, but we still needed to focus on balancing hormones and look at the performance effect. And I think that's the main take away-

Steph: It is just a bit sort of picking apart, it is fertility, whether you're wanting to have a baby or not.

Katee: Yeah, correct, that's right, optimal fertility is optimal health, yeah.

Steph: Yeah, absolutely, I love that. So, so cool and obviously your training is a huge part of it as well.

Katee: Yes, and then in terms of what's up next for me, other than growing a baby, between now and baby being born I'll finish my post grad studies, which is exciting.

Steph: Very cool.

Katee: Really good motivator to get that done and on our last podcast I spoke about The Rejuvenation Protocol, so that's an ebook that I wrote earlier this year, that I'd everyone to jump on. So if what we've spoken about today resonates, then The Rejuvenation Protocol's a great way to implement wellness practices into your life and match them to your life's last training intensity and personalize a bit of a recovery protocol. So that's been happening and yeah, lots of good stuff.

Steph: Yeah, so good, so excited, definitely check out The Rejuvenation Protocol. I love how practical it is and a really great plan to follow, to implement some of these essential lifestyle strategies that we all hear about, but somehow don't make time for. So knowledge is one thing, but the application is where the results come from. So I'll put a link in the show notes for those that haven't seen The Rejuvenation Protocol yet, encourage you to check it out.

Katee: Thank you.

Steph: Thank you, Katee, we look forward to following your journey and thanks for being yeah, so passionate about the topic and willing to share your personal journey, As I know that's where everyone learns so much.

Katee: Yeah, thank you so much.

Steph: Take care.

Katee: Bye.