Dr. Afrouz Demeri (00:03)
This is a time to really look at what's going on. Trimester Zero is especially important. If someone wants to have a child in a year or two, look at your health now and try to really understand your cycles.

Priya Bathija (00:19)
So you've decided to start trying for a baby. But there's so much information out there about what to do first, and some of it is conflicting. Should you order an ovulation testing kit or download a cycle tracker? Maybe you should start taking prenatal vitamins. But which one? Are you exercising too little or too much? What foods should you avoid? Or should you just pull the goalie and hope for the best?

I'm Priya Bethija and this is the Women's Health Playbook. I've spent over two decades working to help make healthcare in America better for women. I've heard from women all over the country about what they're grappling with when it comes to their health. When it comes to getting pregnant, everyone knows that actual pregnancy is split up into trimesters one, two, and three. But have you ever explored trimester zero? It refers to the three to six months before you get pregnant.

It's all about optimizing your health and your partner's health to create the best possible outcomes for fertility and pregnancy.

So today we're gonna explore the mysterious Trimester Zero and get your questions answered about what you should and should not be doing while trying to conceive. Like what tests to ask your doctor for right away, how to advocate for yourself in the process, and why shutting out the noise and taking an individualized approach is always better.

Our coach for today is Dr. Demeri.

Dr. Afrouz Demeri (02:02)
Yeah, I've my twentieth year of practice as a licensed naturopathic doctor. I specialize in endocrinology and natural fertility.

Priya Bathija (02:11)
She also created Trimester Zero, a self-paced course for couples that would like to conceive within the next year.

Dr. Afrouz Demeri (02:18)
And Trimester Zero actually came to me by accident. I had a miscarriage and then I had my daughter after that. And she had a lot of health issues. And as I was sitting in the hospital, a sick kids hospital in Toronto after her seventh surgery, I thought, this doesn't sound right. This doesn't feel right.

Priya Bathija (02:39)

She had just bought a house, and they'd had an inspector look at every part of the building to make sure it was solid. And she says it got her wondering why we don't get a similar kind of inspection ahead of conception.

Dr. Afrouz Demeri (02:52)
And I realized we don't have that doctor. No one really helps anyone get pregnant as in inspecting and making sure both partners are in the best shape they could possibly be to have a healthy pregnancy and child. And I thought, everything starts when you're pregnant.

Priya Bathija (03:12)
And she wanted to start a larger conversation about optimizing the health of both parents to be.

Dr. Afrouz Demeri (03:19)
Trimester zero was honestly created because I really wanted to have more kids and I wanted to have healthy kids. And I realized first of all, no one looked at my husband at the time. He wasn't even in the rooms when I was being scrutinized, I was being examined.

Priya Bathija (03:36)
She says instead, we just cross our fingers and hope it goes well. And if after a while nothing happens, then we book the inspection.

Dr. Afrouz Demeri (03:45)
And I just thought that is backwards. You don't move into a house and then go, now there's a leak or now this is not working. Let me see what it's all about. It's almost too late.

Priya Bathija (03:56)
And so she started talking more and more about the time before conception.

Dr. Afrouz Demeri (04:02)
It's not complicated. It's not putting more pressure on women. We already have too much pressure. It's actually saying we got to prepare the couple. And of course, trimester means three. So at least for the three months before pregnancy, but hopefully more, because sometimes three is not enough. You know, we might need six months, we might need nine months, we might need a year to get ourselves checked, make sure everything's working well before we can see.

Priya Bathija (04:32)
In this conversation, Dr. Demeri walks us through what we should actually be thinking about when trying for a baby, and how proactive health optimization, lifestyle adjustments, and preconception testing can make all the difference in the process. Plus, why her suggested starting point is a bit unconventional.

Dr. Demeri, thank you so much for joining us today on the Women's Health Playbook Podcast. I'm so excited to have this conversation about Trimester Zero. This period before that you

mentioned can be anywhere between three to nine months is called Trimester Zero. Can you tell us what that means? Why is this period so important?

Dr. Afrouz Demeri (05:21)
I love to say that this is most important in my opinion. And the way I start this with couples is I always start with men. And most people are shocked when they hear me say that because I don't think anyone's ever come out and said we gotta start with men. And the reason is they get a new batch of sperm every sixty-four to seventy-four days, and then take another twelve days to twenty-one days to mature. So about ninety days we can mature and impact the health of that sperm, which is half of the DNA of this child.And that's why I say trimester zero, because it's what we can impact in that time, and that's all we need to get a new seed.

Whereas women, we have most of the seeds I call them, or eggs that we will ever have, at least for now before stem cells and things take over. But whatever we have, we have. And that gets to mature in about 90 days. So the follicle that's in your ovaries right now, when we're ovulating, so what are we, October? So three months ago, so July, August, September, those three months have been shaping what I'm ovulating today. And so that those follicles get to mature, there's liquid around it, your nutrients, your inflammation, your

Everything that's around there gets to shape it. So it's like putting a little seed in the ground and it depends how good the soil quality is, how much water we are giving it, how much sun it is getting. We get to shape what it becomes. And so it is a very important, crucial time. It doesn't mean it's gonna fix everything. That's not what we're trying to do. We're just saying if we're maturing it and we're growing it and we get to impact what's called epigenetics, which we'll get into in a second.

Why not? Why not do this crucial thing? And as I said, it takes about ninety days, minimum. And that doesn't mean that that's all we do is we just say, hey, magic pills, take this for 90 days before and everything's gonna shift. No, it's just the minimum. And I'm hoping to bring more awareness so that your primary care doctor checks these things. When you say, hey, I want to have a kid maybe in a year from now, that they are the ones doing some preconception testing and health and planning and not waiting till it's, you know, you've got stage four endometriosis that you didn't know, or you have something severe that, you know, and now age is becoming an issue with egg quality that we don't have time.

So sperm and eggs actually take about roughly three months, and that's why we say trimester.

Priya Bathija (08:08)
Dr. Demeri, if we start with the man, can you just tell us some of the types of ways that a man's environment and health during this trimester zero can influence pregnancy and then the short term and long-term health of a baby?

Dr. Afrouz Demeri (08:27)

Yeah, so we have some data from a long time ago that looked at how the genes turn on and off. So we know that we're gonna pass on certain genes, and that's important, but we can turn these like a light switch. We can turn something on or off. And that is shaped by the environment, meaning what we're eating, our stress levels, inflammation, infections, toxicants, kind of the pool, like I said, that's around that.

So if I can get a new batch of sperm, of course I'm going to work on what he's eating. And again, none of this is like scrutiny, like restricted, but just awareness. Maybe he's having, you know, something that's full of glyphosate, which is a pesticide, right? That's commonly found. And we can see this, that when we change his diet, the urine goes down in terms of what it was releasing and trying to get rid of the body. But

I start with a man because it's easy. It's the easiest shift I can make and the fastest. And why not? I feel like if there's only three months they can give me, because the rest is her pregnancy, breastfeeding. And they love it. They just didn't realize that they could play a part in this, you know, they just thought they're that support when something goes wrong, or waiting a year, or three miscarriages, and that's when they come in.

But no, every generation has a photocopy of the last. And when I photocopy a piece of paper, if a corner is blocked or turned, or there's a smudge, that next generation is getting those SNPs. Basically, part of that DNA didn't get translated properly. And that we can impact, especially in sperm, in just 90 days with diet, lifestyle, sleep, cannabis use, alcohol, so many things that are not.

That's difficult to change. And the impact you see, sperm parameters go up. We see the DNA fragmentation. So the damage done to the sperm DNA improves. And so that's why I love starting with the guys. And of course, we're also working with the females too. I'm not saying that's all we should do, but it needs to be split. It needs to be half and

You know, there's lots of research on men taking certain things, optimizing their antioxidants, optimizing folate, their nutrients, blood flow, reducing heat to the scrotum. You know, there's there's things that science has shown that we can do that's again not difficult to impact the quality of that embryo or that child.

Priya Bathija (11:10)
So we talked about sperm. Are the eggs similar? Are there similar types of things we can do or are there differences? You mentioned the period might be a little bit longer. Yeah. But what other differences are there?

Dr. Afrouz Demeri (11:24)
So the difference is that we have periods and we're ovulating every month, and our hormones are a little bit more complex than men. Men typically have the same amount made all the time. Now, sperm is declining drastically since the 1970s. So we do have a problem with sperm, and I'm not sure where we're going to be in 10, 20 years, what's going to be considered normal,

because our normal right now is pretty low. It's the fifth percentile. Women have estrogen in both parts of their period cycle, the first two weeks, the last two weeks, and it's going up and down and up and down, and then progesterone goes up after ovulation. So we need a lot more hormones to be regulated and in the right place. We have the thyroid gland, we have our pituitary, we have blood flow that's really important.

So there is a lot more that I usually look at when I'm looking at females, especially if there's any kind of autoimmune disease like Hashimoto's or rheumatoid arthritis or anything that is going to be dangering that embryo because we don't want anyone's immune system to think this is outside of me, it's bad for me, I'm gonna go attack it. We also may have clotting issues like antiphospholipid, anti-cardiopin antibodies. So there's a little bit more complexity in terms of testing and making sure that things are running smoothly with women versus men.

Priya Bathija (12:53)
So you mentioned, you know, a primary care physician should be helping with this preconception planning and phase. What does that look like? What does a woman show up and ask for from their primary care? How does that conversation get started and how does it look?

Dr. Afrouz Demeri (13:14)
Well, that's what I'm proposing. I'm not saying that we should. I would love a world before I die that Trimester Zero is part of medical school training and it's more advanced. It's more than just checking for HIV, checking for syphilis, telling a couple you can have two cups of coffee, you can have a few drinks, and basically just, you know, looking at really basic th things like I mean, they're not basic if there's a problem, like hepatitis.

But we're not really going in terms of actual quality of life, quality of pregnancy, the DNA expression of a gene. We are just doing the basics to make sure, let's say, like the house isn't gonna fall apart, right? And all I'm asking is, let's check for some of these things, like I just mentioned. Like how is your ovulation? When are you ovulating? Do you even know the quality of that ovulation? How much progesterone is being made after?

How is your thyroid function? You know, we don't want it just to barely make the range, which is pretty large. And fertility, we want it to be under two, you know. So checking for TSH, checking for Hashimoto's, checking for like, I have so many women who are fainting and they're bleeding so much. They have heavy, heavy cycles and they have really bad cramps, or they didn't even realize that they were not ovulating. They're having ovulatory cycles.

And all of this data is all I'm saying is let's get it ahead of time. If someone's fainting, if someone's having really low blood pressure, their periods are seven days long and they're clotty. Something's off there. So I always say start talking to your doctor about symptoms you're having.

If you're fatigued. If all of a sudden you notice that something shifted with your hair, something shifted with your energy, something shifted with anything. Pain, your weight, your cravings,

something's not right. There's a reason. Your intuition is saying something's off here. And don't just accept that, well, that's normal because you're a female or that you know, your labs look normal, so everything's fine. That's

The conversation I would bring up, especially if you're having symptoms. That's usually where I start the story. Like, tell me your story. How are you doing? You know, what are you experiencing? How's life? And if they're like, you know, I'm having migraines and I have headaches and I have this symptom and I have vaginal, you know, odor and I have painful this and that, it's like we gotta look at that. We gotta look at why. Why is that happening? What's causing it?

Priya Bathija (15:51)
Yeah. So this ideal world that you propose where we have primary care physicians asking these questions, making space for these conversations for women to share these things that are happening. If a woman wants that, how does she ask for it? What does she say?

Dr. Afrouz Demeri (16:08)
Yeah, so it's preconception counseling, you know, and it should be there for both parties. And the American organization, ACOG actually recommends preconception counseling for every woman planning a pregnancy that thinks this is since 2019. So you ask for it by name. You say, I would like a preconception visit. And you don't just ask for the basics. You say, you know, can you really look at all the symptoms I have and can we please make sure we're doing a full thyroid panel?

Can we check my micronutrients and make sure my iron, my ferritin is at least 30? And so you want to guide them. Again, they are the doctors, they know what to test, but not settling with just like what I said, which is an obstetric panel, which is what I got, which is just HIV, syphilis, all of those basic things. We want to go a little bit deeper and ask for a preconception visit.

Priya Bathija (17:03)
And what if a doctor pushes back and says, You're young, you're healthy, just try to get pregnant for a year and then come back and we'll see.

Dr. Afrouz Demeri (17:12)
Yeah, exactly.

Priya Bathija (17:13)
What can patients do to advocate for themselves?

Dr. Afrouz Demeri (17:16)
So I usually say you can say like I'm not asking for a fertility treatment. I'm asking for a preconception baseline, which is recommended by ACOG for anyone planning a pregnancy. And if they refuse, this is tricky, but I usually just say, 'cause I've had doctors like when I've asked for thyroid panels. I remember I was at Kaiser and you know, every clinic and hospital

has its guidelines, and I respect that that maybe the doctor wants to order it, but they're not supposed to if it's not

truly medically necessary as in there's nothing in their mind thinking that, hey, this person may have this disorder. I'm going to check it. Like I remember checking vitamin D status when I was working at the university and I would get insurance telling me that it's unnecessary because there's no proof that they had it low. And I said, but if I don't check it, I will never know if it's low. So you can always say, could you please note this in my chart that I requested these tests and they were declined. And

I find usually at that time the doctors will order them. And again, hopefully you have a team. So this is not me against the doctor. It's like I want there to be that, you know, let's do what's best for you, especially if you've been trying for six months and you're over 35. And definitely in anyone who's over 40, I mean, or if you have irregular cycles, or you know you have endometriosis, or you've had prior losses, or you know that maybe your man is smoking weed or maybe it has some extra visceral fat or is sedentary or has high blood pressure. Just, you know, a lot of times people tell me, like I know something's off. And usually it is. And we need to investigate. And we shouldn't just settle with, well, there's no treatment for that anyway. So it doesn't matter. Like I'm not gonna run your Hashimoto's numbers, which is when the immune system attacks the thyroid.

I often find a lot of my patients will say their doctors didn't run it because they said your TSH is fine and it's not fine 'cause they don't feel fine. They're tired. Their hair is brittle. You know, they're like f so foggy in the head. So and then the men I always say you can nowadays just ask for a semen analysis with DNA fragmentation and thank God you can even run it from home. You can go to Fellow or Legacy and order your own test if it's not going to be ordered by a doctor.

Priya Bathija (19:39)
That's really helpful. And I actually read a meme this morning that said female intuition should be a clinical guideline or clinical factor. And I think it's so important to the point that you made that women and men, you know, express what they're feeling because they know their bodies best and then work with your care team to make sure that we're looking at all of these factors in that trimester zero period.

Dr. Afrouz Demeri (20:08)
Yeah, and I just wanna add that the mental emotional impacts we can make and help our patients. And I know I've been in primary care where you know, we don't have a ton of time with patients and there's only so much we can do. I understand the limitations of our insurance health care model when you've got seven to ten minutes. It's impossible to talk about the mind-body, but it's so important that so many of my couples, especially the females, feel so stressed.

They feel so overwhelmed. You know, they're reading all these different books and all these different things on social media. Everyone's telling them, don't eat this, don't take that, take this

supplement, get this test. This is important. This is not important. And often what I'm doing, honestly, the first thing is supporting their nervous system.

Because when a body is in that state of confusion, overwhelm, fight or flight, it cannot go into that restorative, even good quality sleep. And they're like, I'm getting I'm in bed, you know, I'm getting my eight hours, but they're waking up during the night, they're not restoring, they're not waking up refreshed. And their nervous system is on edge, it's scared, you know, and that impacts the ovaries. We know that the nervous system is going directly to the ovaries, but telling a patient that stress is bad for them, they already know that's not helping them. So my job is to how can I calm their nervous system by providing

some sort of advice or some sort of framework so that they feel, okay, I'm okay. Instead of just feeding data like, you're too old, you know, your AMH is low. I had a patient yesterday who said her doctor told her she probably had one egg left. I mean, you can't even say that to a patient. She's 42 and I said, you know, we don't know. It could be, but I doubt it, you know, but telling someone that, you know, it's like there's a placebo that most doctors are afraid of and giving patients false hope.

But so much of what we do in medicine, unfortunately, is like the nocebo effect, which is, you know, data from 30 years ago, where there was no trimester zero, no one was helping men and women really do anything, showed this outcome. And therefore, let's use that data now to tell women that, well, we have data. It's like, yeah, but that data is so old and no one was doing anything back then. We were not looking at anyone's nutrition and all the toxicants that were in their body and their stress and we can't do that. We need to upgrade. And that's why I'm so excited that there are so many more universities, there's more research coming out on Trimester Zero, you know, on things to do or not do before conception. Hopefully that data should improve.

Priya Bathija (22:53)
What are some of the evidence-based lifestyle and nutritional interventions that you would recommend couples consider during trimester zero?

Dr. Afrouz Demeri (23:02)
So I always say diet is huge, right? Because whatever we can control, what are we doing every day? What are we doing with our time? So I often start by individualizing my intake so that I understand what kind of lifestyle I am going to recommend depending on what they are doing in their life. If someone is, you know, behind a desk and a computer in a hotel with zero natural light, it's very different than someone who's playing golf for four or five hours as a teacher and exposed to maybe more glyphosate.

So there is no one thing I always say, but we always start with sleep. That's my number one. Sleep is the most important lifestyle marker that I will say impacts sperm and egg. And then nutrition. And there's no one fertility diet that's going to suit everyone because someone who

has PCOS and maybe is sensitive to dairy and because it's been tested and proven versus someone who has a gluten sensitivity versus someone who doesn't have a sensitivity.

I'm not going to tell them, hey, you can't eat all this because for the general population, all of these things are inflammatory. But in general, I would say plant forward. We want lots of different colors. We want what's in season, as much as possible, at least the dirty dozen, to be organic. So food is information for those genes that light to turn on or off. But it's complicated because there's so much debate on the food, you know, but we do have data on the more Mediterranean-ish I say, the better, you know, whereas someone might not like fish or there might be a lot of mercury in the fish they're eating. But I say do the best that you can. To be honest, most of my patients know what sits well with them. They know what they need to eat. And so I don't like giving them diets and handouts.

But in general, I say, please get enough protein. Make sure you're nourishing your body. It's not just about what I eat? It's do you feel nourished or are you stressed when you're eating because you're following an order and tick-tick-tick? You know, that's really important is giving your body nourishment so it can digest it and absorb it. And I find a lot of patients who come to me, you know, they're in the fourth round of IVF, they're so tired and they have so much guilt.

Around their diet that they were told and all the Pilates and exercise they were told to do. And I'm trying to say, what can I help again? Make them feel like 1% change, that 10-minute walk or 10 minutes to bed earlier, one more glass of water, you know, to hydrate, like simple things. That's often where we start and then we stack things on habits, like when you're showering in the morning, can we do this? You know, when you're having your lunch.

Can you make sure it's without your phone? Or can you go outside and just get some natural light? At night, can you be conscious of all the blue light that's stimulating you, which is going to suppress melatonin, which is so important as an antioxidant for fertility and air quality? So it's really simple things.. What am I doing with my day? How am I eating and nourishing myself? Can I have more anti-inflammatory fruits and vegetables?

Can I limit the amount of meat I'm having? That's very inflammatory because maybe it's fast food meat, maybe it's deli meat. Can I hydrate more? Do I need more movement in my day? Am I sweating enough? Right? So those are the things that there's evidence for that.

Priya Bathija (26:41)
Speaking of stress and regulating the nervous system, what are some of the practices or tips that you recommend to couples to manage their mental health through this period of trimester zero or maybe fertility or maybe throughout the whole pregnancy? I have a feeling some of these are helpful the whole time.

Dr. Afrouz Demeri (27:03)
Hundred percent. And if anyone watching who has been around kids, you know, yes, they're joyful, but they also trigger and bring up I have two teenagers right now, so this is like I'm feeling

things that I'm wondering. This is not the first time I'm feeling this. They're triggering old wounds. They're triggering things that I had from way long ago that

You know, pregnancy is also a stressor on the female body, you know, postpartum depression, anxiety. There's a lot of women coming in with certain things. There's some who have less. There's fathers who are on medications for some of these mental emotional disorders. And so it's a really important time. I've actually got a whole chapter on this in the book because A, we wanna feel safe.

That is the most important thing I would say I am assessing and most people don't realize. They're like, of course I feel safe. I live in a nice house. I'm in California. Like I don't feel threatened by my husband or anyone. And I don't mean that kind of safety. Of course that's important. But your nervous system has to feel safe enough to want to reproduce, to actually ovulate. Stress could be from not eating enough. It could be over-exercising. It could be even changing temperatures and you know, moving and your job.

But I would like people to find, if they can, a support system and know that if they have any symptoms mentally, emotionally, there's ways we always test in trimester zero. There's questionnaires that are validated. You know, I have therapists that I bring on board always because not to fix anything, not to say, you have this problem and we need to deal with this right now before you get pregnant. No. It's just to create a container, to create like your team so that if you want to explore some of these fears that you have. You know, a lot of people have fears, whether it's just giving birth or what kind of parent they're gonna be, or you know, they have so many things they're asking me in trimester zero about the day they have their kids. And I say it usually doesn't get easier. You're gonna have a lack of sleep at the beginning. So it's really good to take care of your mental and emotional state in trimester zero. You'll see that you'll have a healthier pregnancy, and we know that.

The state of the mother and father, but we have so many in utero studies of how that can transfer through you to the baby. So we're not doing it out of fear of causing damage to our child. No, because we want to feel good about being pregnant. We want to have a beautiful experience. We're working so hard to have this baby. We want to enjoy it when they're here. And I do think it's a really important topic that we don't address, you know, enough.

Priya Bathija (29:45)
Yeah. If there's a listener who wants to start their trimester zero checklist today, what are the steps that they should take this week?

Dr. Afrouz Demeri (29:56)
Okay. First is probably I would say if you haven't already, draw your timeline. And timeline is basically your life. If I was to watch a movie of your life from zero until let's say you're 40 now, what has happened? What medically do you think is important that should be there? So this is your story, right? Someone tells me, like I had a patient this morning who said she was 10, she had a car accident. Ever since then she's had sciatic pain and she's been on pain meds.

That's important for me to know because usually muscles get tighter during pregnancy and I want to know this data, right? So looking at your story, looking at what symptoms started when, what could have been the cause, that's where I would start. Then I would book labs for both of you, including a semen analysis with DNA fragmentation. He can order it to come to the house and just get him checked.

Also, for him, I would look at inflammation, his lipids, his iron, his D, folate, everything that is important for him to be healthy. I would start with laps so that we can see what's going on. Are you ovulating? Do you know when you're ovulating? How is your cervical mucus? And then start with swapping just one thing in, three things out. So whether it's a a good quality prenatal or an antioxidant-rich diet like more blueberries or the purple polyphenols like blackberries or acai or you know, just think of what can I add that I like that I enjoy and I'm gonna maybe remove heating things in plastic or I'm just gonna get rid of all the plastic. We don't need it, you know, and it's not good for the environment anyway.

Or, you know, I love my, I don't know, products that I put on my face and it literally says parabens or something on there. Or the guys like the laptop on their, you know, on their lap, heating, hot tub, sweating, like, you know, that would be the second thing. It's just swapping things out and finding a more low toxic lifestyle so that later when this child comes, it's gonna be better for them, right? We don't want all that going in. And then lastly I would say sleep, protecting your sleep. I always say get to bed earlier. Get to bed earlier in a very dark room. No screens before bed if possible and looking at if you have a fourth, making sure the guys are lifting weights, you're lifting weights, you are working out and enjoying it.

Priya Bathija (32:31)
I think that's a great top list of things to get started with. Is there anything else you'd like to add or resources listeners can access that would help them navigate Trimester Zero?

Dr. Afrouz Demeri (32:44)
Say don't take the the saying of it's just bad luck or believing that something's wrong with you if something's not working, if you've had a pregnancy loss, if you are over the age of 40 and been told that, you know, you need an egg donor, or I have so many patients and I feel you, or you're egg freezing and you haven't done anything and you just are trying to get more numbers.

This is a time to really look at what's going on. Trimester Zero is especially important for that. But even if someone is, you know, just newly married and wants to have a child in a year or two, you don't want to wait. Look at your health now and try to really understand your cycles, your fertility. What is my fertility status and assess it right now for yourself, for your own well-being.

Priya Bathija (33:35)
Dr. Demeri, I've loved this conversation and I'm so excited that you have a book coming out. As soon as it's out, please let us know and we will share it with our listeners as well so that they

can get the benefit of your experience and wisdom in this area. So thank you again for being with us. This has been a fantastic conversation.

Dr. Afrouz Demeri (33:57)
Thank you.

Priya Bathija (34:02)
Thank you for listening to the Women's Health Playbook. While our experts can't provide you with direct patient care and medical advice, we hope that you have been armed with the resources you need and the questions you can ask your healthcare providers. We ask that you review these recommendations and reach out to your care team to discuss which approach is right for you. If you want to dive deeper into the tactics and resources we discussed today,

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