

(TC: 00:00:00)

Dr Hazel Wallace: Hello, and a very big welcome back to The Food Medic podcast. I'm your host, as always, Dr Hazel. I'm a medical doctor. A registered associate nutritionist, author and founder of The Food Medic. Just to flag, in this episode, we will be discussing some things that may not be appropriate for little ears so you may want to listen at a later time, if that's the case.

This week, I'm joined by Jordan Jones who is a physician assistant, women's sexual health educator, and founder of the Vaginas, Vulvas, and Vibrators podcast. She's passionate about women's health and sexual education and her goal is to provide a safe place for women to learn about their bodies. According to the survey by The Eve Appeal, 65% of women say that they have a problem using the words 'vagina' or 'vulva' and nearly 40% of sixteen to 25-year-olds resort to using code names such as 'lady parts' or 'women's bits' when discussing gynaecological health. Lack of basic anatomical knowledge is also an issue with women in the younger age groups struggling to correctly identify the five areas that can be affected by gynaecological cancer. That is the womb, cervix, ovaries, vagina and vulva on a simple diagram. And just over half of women aged 26 to 35 were able to label the vagina accurately. So guys, the aim of this podcast episode is to first of all just learn a bit more about our female anatomy and, also, to have an open discussion about sex and sexual health. On this episode, we talk about the female anatomy, orgasms and low libido, STIs and discharge, and also plastic-free period options.

Jordan, thank you so much for coming on The Food Medic podcast.

(TC: 00:02:57)

Jordan Jones: Yes, thank you so much for having me. I'm excited to talk with you today.

(TC: 00:03:01)

Dr Hazel Wallace: Yes, absolutely. So, first of all, I would love to hear a bit more about you and who you are and what your area of interest is.

(TC: 00:03:10)

Jordan Jones: So I am Jordan Jones. I am a physician assistant working in the United States. I primarily work as a locum, so a travelling physician assistant in primary care. But my true interest is in women's health and sexual wellness. I recently started my own podcast, 'Vaginas, Vulvas, and Vibrators', and that focuses on women's health and sexual wellness and that is my little passion project.

(TC: 00:03:37)

Dr Hazel Wallace: Yes, and, like, we were just chatting before. It's how I came across you. Just for some of our listeners, can you please explain what a physician assistant is? Because it's a relatively new term in the UK but I know that qualification has been around a lot longer in the states.

(TC: 00:03:56)

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Jordan Jones: That is a good question. So a physician assistant is somebody who is licensed to prescribe and treat medical conditions. We are not doctors. I function underneath a medical doctor but I am autonomous and, kind of, work on my own to care for my patients.

(TC: 00:04:15)

Dr Hazel Wallace: Great, cool. Just so we have that covered off because I know I'm, like, pre-empting the questions. But I know one of my friends, who I went to uni with, actually went on to study to be a physician assistant so I had a bit of insight into that. So, let's just jump right in. One of your first episodes on your podcast is about female anatomy, reproductive anatomy. And just, kind of, going through all the different parts of the genitalia but using your hands to describe it. And I found this really, like, creative and insightful and I was like, I mean, it's a really great way for listeners who aren't able to physically see you but to be able to have that step-along process. So, let's start there if you don't mind giving us another run-through.

(TC: 00:05:01)

Jordan Jones: Absolutely. So, female anatomy is something that I think a lot of people aren't really taught about in school. We learn a lot about male anatomy. I don't know how the education system is in the UK but female anatomy is, kind of, forgotten about. So, the way I like to describe it to my listeners and to my patients, I have them make a peace sign. So if you want to make a peace sign (talking over each other 05.23).

(TC: 00:05:24)

Dr Hazel Wallace: I'm making a peace sign now.

(TC: 00:05:26)

Jordan Jones: Okay, slip your thumb through it and then flip it upside down and that is, kind of, the general overview of what a vulva looks like. So, if you look at this, at the top or the back of your hand is, that's, kind of, your mons pubis or the fatty tissue where there's pubic hair. Below that is your vulva. And your vulva and your vagina are not the same thing. There's a huge misconception with that. Your vulva is the external anatomy. So that includes your labia, your inner and outer labia. So your fingers, your pointer, and your middle finger, are going to be your outer labia. Inside of those, are going to be your inner labia. And then your thumb is your clitoris. And your clitoris, you only see a little bit there but if you take a look from the side, that clitoris, kind of, runs deeper into your body. And it's actually shaped like a wishbone and can be stimulated through the vaginal canal and even the anal canal. Then below your clitoris is your urethra and then, below that, is going to be your vaginal entrance and that is where your vagina is.

(TC: 00:06:39)

Dr Hazel Wallace: Amazing. Thank you for that description. I think it's also just, for me, really refreshing to hear you use correct terms and I like that, kind of, qualification between vulva and vagina because I think we just often use the word 'vagina' to describe anything that, kind of, resides down there which is really important to decipher between. And, also, I do agree. Like, at schools, we brush over these things and I think there's still such a taboo about talking about anatomy and the reproductive system and sex and sexual health and periods and anything that's largely due to the female reproductive system. So, for me, this conversation was really important to have. Also, from a

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health perspective because if we don't feel comfortable talking about our body parts, then we're not going to be comfortable seeking help when we need to.

(TC: 00:07:35)

Jordan Jones: Absolutely.

(TC: 00:07:36)

Dr Hazel Wallace: Okay, so, I did put out a question box on Instagram before I knew that we were recording this podcast because it's a little bit more left field to the content that I usually put out and I was interested to see what questions people had. And, oh my gosh, there were so many questions. So I'm just going to dive right in and one question that kept coming up was, well, a series of questions around the concept of an orgasm. First and foremost, what actually is an orgasm? And why is it so difficult for women to achieve orgasm, especially through penetrative sex alone? And then a couple of other people were saying that they've just never been able to reach orgasm. And I know you did a podcast on this already so let's just start the conversation there.

(TC: 00:08:25)

Jordan Jones: Okay, so, an orgasm, by definition, is a feeling of intense, physical pleasure and release of tension that is accompanied by involuntary rhythmic contractions of the pelvic floor muscles. So that's the generic definition. There are a lot of different theories about what is an orgasm. The model that I follow is the four different phases. You have your libido, your arousal, your climax, and resolution. And a lot of women have a hard time orgasming because 80% of women need clitoral stimulation to achieve orgasm. So penetrative sex alone is not going to result in orgasm for most women. There are other things that can be going on that affect your ability to orgasm. So medication is one of those. If you're a smoker, that decreases blood flow to your genitalia so that can affect your ability to orgasm. Birth control pills can also affect that. And a lot of different chronic diseases can have an effect on your ability to orgasm, too, if you have a nerve disorder or like a neuropathy of some sort. There's a lot of things that can be going on that affect your ability to orgasm.

(TC: 00:09:40)

Dr Hazel Wallace: Okay, and so for women who are struggling, you did mention that, you know, for majority of people, penetrative sex alone for women isn't going to be enough. And so I guess thinking about ways that we can overcome that. Obviously, let's just say we've ruled out any medical issues (TC 00:10:00), we've looked at medications and all of that and so we know everything is a-okay. What are some of the things that people can try and test at home or, like, within their sex life that may be able to help them, kind of, improve this or even try to get to the bottom of it?

(TC: 00:10:17)

Jordan Jones: Yes, so foreplay, I think, is really, really, really important for a lot of women. And focusing on clitoral stimulation, other types of stimulation that feel good prior to penetrative sex. And maybe having that orgasm prior to penetration, that would be one of the big things that I would probably recommend.

(TC: 00:10:38)

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Dr Hazel Wallace: Yes, and I guess for women, figuring out what works for them as well is super individual. And prior to even getting into a relationship with another person, like, figuring out what works for you is also really healthy and natural and something we should be encouraging.

(TC: 00:10:56)

Jordan Jones: Absolutely, and using toys whether it's alone or with a partner, you know, the toys can be very helpful for getting that clitoral stimulation as well. And finding out what you like and don't like.

(TC: 00:11:08)

Dr Hazel Wallace: Absolutely. (Advert plays 11:08-11:39) And, I mean, you mentioned when it comes to our libido, there are lots of things that can be affected and it might be because we've got a certain underlying health condition or medication. But also, it's hugely psychological and there are lots of other things going down. One listener sent in a question to say, 'Why am I not interested in sex anymore? And is it normal in a relationship for it to fizzle out? What can I do?'

(TC: 00:12:07)

Jordan Jones: Yes, so that is a good question and I think it varies from every individual why they're not interested in sex. There's a lot of things that go into it such as, like, their chronic disease, anxiety, depression. Thyroid dysfunction can affect your libido. Medications. But, ultimately, stress can affect your libido. Your menstrual cycle. So you may notice during different times of your menstrual cycle, you are more interested or less interested in sex, as well, or intercourse. And I would say it is pretty normal in a relationship to ebb and flow. And sometimes things are going to be really great. Other times, they're not. And communication is really, really important when it comes to a relationship and talking to them about what you like, what you don't like, what's going on right now. And I would strongly encourage a sex therapist for everybody. I think that is a wonderful resource. Do you have those in the UK?

(TC: 00:13:07)

Dr Hazel Wallace: We do. We've got psychologists who specialise in sex therapy but it's not really something that's widely available, especially, kind of, under our-, so we've got a national healthcare system. I don't think that it would be available via NHS. So it would be private healthcare if someone was willing to pay money. But, I guess, if it was massively compromising your relationship, it is worth the investment.

(TC: 00:13:33)

Jordan Jones: Absolutely.

(TC: 00:13:34)

Dr Hazel Wallace: So it's really, kind of, just looking at your lifestyle and whether there's stress involved, communicating with your partner, and seeing it from there. But, I guess, like you said, it's going to be normal that things are going to change throughout a relationship and you won't feel as amped up as you were in the beginning.

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Jordan Jones: Well that, and also, you know, through a life span, your sexual desires may change. So, typically, you have, we'll just use teenage boys as an example, but teenage boys are going to have a higher sex drive. A lot of times, for women, when they hit menopause, some their sex drive, decreases, some it increases. So, throughout your lifetime you're going to have a varying amount of desire based on what's going on in your life and your hormones, too.

(TC: 00:14:22)

Dr Hazel Wallace: Yes, that's absolutely true. And then looking at, kind of, other problems that can go wrong. Some women experience pain during sex and not just during the first time but ongoing pain. Is this something that comes up in your practice quite a bit and can we discuss maybe some causes and where women can find support for this?

(TC: 00:14:44)

Jordan Jones: Absolutely. So dyspareunia, or pain during intercourse, is something that happens a lot but I don't think we're talking about it as much as it happens. And there are a lot of different causes for dyspareunia. It could be muscle spasms so you're having, like, constant muscle spasms and you're unable to relax your pelvic floor muscles. That can cause pain during intercourse. Lack of estrogen so especially when you become menopausal, your estrogen decreases but that can thin the tissue of your vaginal canal and that can cause pain with intercourse. So those are, kind of, the two common ones I would say with dyspareunia. Some women who have endometriosis have pain with intercourse. But dyspareunia is something that's happening a lot that we're not talking about. And my recommendation for getting support with that is going to be a pelvic floor physical therapist. Do you have those?

(TC: 00:15:41)

Dr Hazel Wallace: Yes.

(TC: 00:15:42)

Jordan Jones: Oh, awesome. So that's something that I recently learned about in the last couple of years. It's not something we're taught about in school but I'm finding that they treat a variety of different things, including dyspareunia, they can even help with, like, orgasms, too, like, if you're having difficulty achieving orgasms. That can be tied to your pelvic floor muscles as well. So, they are also a wonderful resource for dealing with that.

(TC: 00:16:10)

Dr Hazel Wallace: Yes, absolutely. And, I guess, thinking about some other causes, it's also important to make sure that you're not having any other symptoms that can be related to, like, an STI or an STD because, I guess, that could be a cause of pain as well.

(TC: 00:16:26)

Jordan Jones: That can be a cause of pain and, also, vaginal lubrication. So vaginal lubrication is extremely important. 80% of women prefer sex with a lubricant and if you are not lubricated or if it's a longer session or for whatever reason, everybody should be using a lubricant. But if you're not using a lubricant, sometimes that can cause friction and cause pain as well.

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(TC: 00:16:51)

Dr Hazel Wallace: And is there any particular, kind of, do you recommend, like, water-based and non-perfumed lubricants that won't cause irritation?

(TC: 00:17:00)

Jordan Jones: I absolutely recommend a water-based, unscented, unflavoured lubricant because if you have something that's flavoured or scented, that can throw off your natural pH of your vaginal flora and cause other issues. So I definitely would go with unscented, generic, water-based.

(TC: 00:17:20)

Dr Hazel Wallace: Yes, absolutely. It's funny how they're almost harder to come by these days because there's so many, like, fancy, flavoured, multi-coloured ones on the market these days. But that brings me onto our next question. You had a podcast titled 'WAP or Time for the Doc' which made me laugh. And I think when it comes to vaginal discharge, I think a lot of women know that a little bit is okay but I still find I'm getting questions like, 'Well, how much is too much, and how do I know if something's wrong?' And so when it comes to discharge, what are some of the signs when things aren't quite right?

(TC: 00:18:00)

Jordan Jones: Yes, so vaginal discharge, I think it's important to pay attention to what is normal for you and it does change throughout your lifetime. But something to look for that would indicate that there's something off would be an odour. So if you have, like, a fishy odour, a new odour, if you have itching or if there's changes in, like, the consistency. So maybe it's cottage cheese-like, maybe the colour is yellow or green. Those are all indications that something could be off.

(TC: 00:18:33)

Dr Hazel Wallace: Yes, and also when you're going to the toilet, if it's painful when you're having a wee and you're having discharge as well, that's a good sign.

(TC: 00:18:41)

Jordan Jones: That is definitely a good sign to go and run to the doc real quick.

(TC: 00:18:45)

Dr Hazel Wallace: So we already actually covered a podcast on STI so if people want more information, go back and listen to that. But one question that came up for this particular podcast was a lot of women was specifically genital herpes. And I think it would be really good to cover it off because there seems to be a lot of concern around it, a lot of stigma, a lot of confusion and I just thought maybe it would be nice if we covered off what causes it, can it be treated and how people can continue having a healthy sex life with a diagnosis?

(TC: 00:19:21)

Jordan Jones: Yes, so genital herpes is fairly common. In the US, it's about one in six people have genital herpes. And what it is, it's a virus. So think of, like, chickenpox. Similar, chickenpox is also a virus. It's, kind of, the same idea. It's spread via skin-to-skin contact so this is where condoms don't always protect you from

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everything because you will have some skin that comes in contact with skin that's not covered by a condom. And so it's a virus, it's spread via skin-to-skin contact. There are two different strands. You have HSV-1 which, most commonly, is the one that you see as oral herpes. (TC 00:20:00) A lot of people get that in childhood but you can also see that genitally as well. HSV-2 is more commonly known as the genital herpes. That can be transferred orally but there's not really any cases of that but it is possible. So as far as treatment goes, there is no permanent treatment but you can take medication to reduce your viral load. So a cyclovir or valacyclovir, I'm not sure if that's what it's called over there, 'Valtrex'.

(TC: 00:20:33)

Dr Hazel Wallace: Yes, same names.

(TC: 00:20:35)

Jordan Jones: Okay. So you can take antivirals to reduce your viral load to prevent spreading it but that also can help reduce your outbreaks. And, typically, the first time you have an outbreak, what you can expect is fevers, chills, kind of not feeling very good, and then you'll notice lesion. And this lesion a lot of times starts as little bumps that then open up and start oozing. And you're most contagious when it is oozing. You're less contagious when you have no active outbreaks. But it is always still possible to pass the virus and, ultimately, it's a skin disorder. That is the easiest way to explain it.

(TC: 00:21:19)

Dr Hazel Wallace: Yes.

(TC: 00:21:20)

Jordan Jones: So to prevent spreading it to a partner, I would say avoiding sex during outbreaks. So, kind of, learning what your symptoms are before having an outbreak. Because a lot of people have prodromal symptoms so they, kind of, feel maybe a tingly sensation. They know that they're about to have an outbreak. Some people, I've heard, feel like they have a UTI and it-, burning with urination prior to having an outbreak. So you've got to learn, kind of, what your symptoms are to avoid intercourse prior to an outbreak. You also want to use condoms. Condoms are going to help reduce the spread but, at the same time, there is still always a risk. And then using the antiviral medication which reduces that viral load can help reduce the risk of spreading it. But at the end of the day, you know, when you go to be intimate with somebody, I always recommend disclosure. Letting them know, like, 'Hey, I've got this skin disorder. Is that cool?'

(TC: 00:22:20)

Dr Hazel Wallace: Yes. (Advert plays 22:21-22:50) And I think that's tough for people. You know, opening up about these things but the more we talk about it and the more we normalise it, like you said, one in six people. That's super common. And I imagine, like, a lot of people listening to this will have come into contact with it before and someone's just not, you know, mentioned it or whatever. So definitely learn to have these conversations and not just about herpes but STIs in general.

(TC: 00:23:49)

Jordan Jones: Right, and when it comes to herpes, a lot of people don't even know they have it. So some people will never have that initial outbreak. Some people will just carry the virus and never have an outbreak. If you have it, you could be carrying it and not even know it.

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(TC: 00:24:05)

Dr Hazel Wallace: And, I guess, if you are carrying it, for people who are where-, it's not like it's going to cause any harm apart from if it does, you know, develop into blisters and that can be painful.

(TC: 00:24:18)

Jordan Jones: Exactly, yes. There's no long-term consequences. It's just this skin disorder that may pop up every now and then for you, maybe more often for you. It just, kind of, depends on how your body responds to it.

(TC: 00:24:30)

Dr Hazel Wallace: Yes, and, kind of, triggers for an outbreak are different for everyone, right? But it's normally, like, periods of stress or illness or smoking.

(TC: 00:24:39)

Jordan Jones: Yes, stress, illness, inflammatory response. Even for some people, the friction from intercourse can increase their likelihood of having an outbreak, too.

(TC: 00:24:50)

Dr Hazel Wallace: That's interesting. Okay, and moving on from STIs, let's briefly chat about periods. Again, this is something I love talking about and have talked about it extensively. But I know you've covered this topic before as well and I'd love to just cover off some plastic-free period options which is something I'm personally trialling out myself. A trial and error, definitely lots of errors. But, like, just chatting up Mooncups and period pants and also biodegradable tampons.

(TC: 00:25:21)

Jordan Jones: Yes, so I also love to talk about this stuff and have recently decided to trial and error and a lot of error on this as well. But I didn't know this stuff existed until this year. I had no idea that these options were available and what a game-changer it could be for somebody, especially women who have really heavy periods where tampons don't always do enough. Like you got to change them all the time. So, Mooncups. I'm assuming that is similar to our menstrual cups?

(TC: 00:25:57)

Dr Hazel Wallace: Yes, same. But I think Mooncup is maybe a brand. But, yes, menstrual cups is the universal term.

(TC: 00:26:03)

Jordan Jones: Okay, so menstrual cups are these plastic devices ultimately that you insert into your vaginal canal and they form a suction over your cervix. Your menstrual flow flows from your uterus through your cervix. And they can be in place for about twelve hours. They vary in size and shape so picking one can be, kind of, tricky because if you've never had a kid, you're going to want a different sized one than somebody who has had a kid. If you have weaker pelvic muscles, a shorter vaginal canal versus a longer vaginal canal, there are a lot of things that go into picking one. But what's nice is you can leave it in for twelve hours and

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then you can take it out. From what I've heard, take it out in the shower because it can be a little bit messy. Have you tried the Mooncups yet?

(TC: 00:26:54)

Dr Hazel Wallace: Yes, I've tried one and, yes, it's recommended to take it out in the shower but, obviously, if you're out and about, you can just do it in a toilet cubicle. But then you have to wash it out in the sink so there are logistical things that I'm still figuring out. But, yes, generally, like, people take it out in the shower.

(TC: 00:27:12)

Jordan Jones: Have you heard of Flex Disc?

(TC: 00:27:14)

Dr Hazel Wallace: No.

(TC: 00:27:16)

Jordan Jones: What I found is they have this brand. I think the brand is Flex but Flex Discs, and they're just like the menstrual cups except they're disposable. And the material is more of a soft-, it, kind of, feels like a condom, this, like, soft material. It's not hard like the Mooncups or the menstrual cups. And you insert it the same way, you insert it into your vaginal canal. It's a little bit bigger, probably like a two-inch circumference. So what is that? A six-centimetre circumference? And you insert it into your vaginal canal and it collects your menstrual flow and then when you go to take it out, it can be a little bit messy but you can just throw it out. You don't have to worry about rinsing it or anything like that. So that's really great if you maybe travel or are always busy, you don't have to worry about rinsing it.

(TC: 00:28:08)

Dr Hazel Wallace: Yes, but I guess then-, I assume that it's made of material that's not biodegradable, is it?

(TC: 00:28:14)

Jordan Jones: I believe they are. The brand-,

(TC: 00:28:18)

Dr Hazel Wallace: Oh, really?

(TC: 00:28:19)

Jordan Jones: I want to say it is biodegradable but that may not be true.

(TC: 00:28:22)

Dr Hazel Wallace: Okay. So you haven't tried them yourselves, personally?

(TC: 00:28:26)

Jordan Jones: I tried the discs, yes.

(TC: 00:28:28)

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Dr Hazel Wallace: Yes, okay. Cool. And then the next, kind of, things. Period pants, which I was, kind of, like-, when I initially came across them, not really sure how I felt about this, and now I am converted more so towards the end of my period where I've got, like, you know, when you go into bed and maybe you're, kind of like on your last few days, I think they're amazing.

(TC: 00:28:50)

Jordan Jones: Yes, I got those when I did my podcast episode. I'm like, 'Okay, I've got to try these for myself because I can't really talk about it and not have tried anything.' So I grabbed them and I definitely find that they're great for bedtime so that you don't have to wear, you know, a tampon or something else to bed. And they're really nice because you put them on, they're super absorbent, depending on the kind that you get, they can hold up to, like, four or more super tampon worth of blood flow. So it's a really great backup method, too, if you have really heavy periods. You can use your menstrual cup, your tampon, but then also wear your period panties to help give you some more protection and a little bit more comfort. But after you use them, you just, kind of, rinse them out and then you throw them in your washing machine and you can wear them again. Let them air dry and they're good to go.

(TC: 00:29:40)

Dr Hazel Wallace: Yes, I'm honestly converted. And then I guess the third other period-free option is the biodegradable tampons which, kind of, speak for themselves. It's just a tampon except they're a bit more environmentally-friendly and that's, kind of, what I'm using at the moment. And they come with these reusable applicators (TC 00:30:00) that, personally, I feel like are more comfortable to use than the plastic disposable ones that you get normally. I don't know if you've had any experience with these.

(TC: 00:30:10)

Jordan Jones: I haven't tried those yet. I've tried organic tampons but I haven't tried biodegradable tampons just yet.

(TC: 00:30:18)

Dr Hazel Wallace: Yes, I mean, I haven't noticed any difference in terms of comfort or how much they hold. Like, honestly, like I'm converted.

(TC: 00:30:26)

Jordan Jones: Are your biodegradable ones, are they organic in like scent-free and unbleached cotton?

(TC: 00:30:32)

Dr Hazel Wallace: Yes. I use a brand called 'Dame'. I'm not paid to say this but, yes. I don't know if they're available where you're from, but 'Dame' like D, A, M, E, they're great. I know there's a couple of others on the market over here. And, actually, I feel like they've, kind of, come out of the wellness industry, sort of, from a first and foremost organic point of view and now they're biodegradable. And some of them are CBD infused which I haven't gone near because I don't know how I feel about CBD on my tampons yet. I don't know if we've got any evidence to say that inter-vaginal CBD is going to do very much either.

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(TC: 00:31:15)

Jordan Jones: Yes, one thing I noticed with the organic tampons is that there's a decrease in odour. Same with, like, the menstrual cups in the disc. You have less odour because it's when the blood touches the air that it creates an odour. So it can help limit that as well. I also noticed with the menstrual cups decreased cramping.

(TC: 00:31:37)

Dr Hazel Wallace: Oh, that's really interesting.

(TC: 00:31:39)

Jordan Jones: Yes, they're known for doing that. I'm not really exactly sure why that's the case but they are known for that.

(TC: 00:31:45)

Dr Hazel Wallace: Yes, I guess it's worth saying with the cups, you have to be really comfortable with going down there and, kind of, putting your fingers inside of you because I think after speaking to some women, when I explained how you insert it and how you remove it, they, kind of, got a little bit queasy. So, I mean, over time, I'm sure people will get really used to it and I know some women absolutely love it. But you do have to be comfortable putting things up inside you.

(TC: 00:32:13)

Jordan Jones: Yes, there's definitely a learning curve and it's a lot, your first couple of times. The birth control option that I used to use was a NuvaRing so I'm used to that same mechanism. So, for me, it wasn't that bad. But I can definitely see if you're not used to inserting things in your vagina, taking things out, it's going to look very different. It's unique.

(TC: 00:32:34)

Dr Hazel Wallace: Yes, absolutely. And also, I do know some people or, of a person, who forgot it was up there and didn't remember until a couple of weeks later which they were wondering why there was really bad discharge. So remind yourself, they can be comfortable so remember to take it out.

(TC: 00:32:54)

Jordan Jones: Yes.

(TC: 00:32:55)

Dr Hazel Wallace: Okay, well, finally, what's the biggest takeaway from this episode or in general that you really want all women to know?

(TC: 00:33:02)

Jordan Jones: I think the biggest thing for women to know is that we are all unique. Our anatomy is all unique. That your inner and outer labia may not be symmetrical, they may be different colours. They are different from everybody else's and embrace that. I encourage everyone to go grab a mirror and take a look at their anatomy. Can you identify all of your genitalia? Do you know what normal is for you? And also, on

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that, like, what makes you happy? Like what feels good for you? And I encourage you to spend some time learning what, kind of, sensations or touch that you really like.

(TC: 00:33:46)

Dr Hazel Wallace: Yes, absolutely. I love that. Well, thank you so much for joining us today. Where can people find more about you?

(TC: 00:33:53)

Jordan Jones: Yes, thank you for having me. You can find me on Instagram at Jordan D'Nelle. You can also find my podcast on iTunes, Stitcher, iHeartRadio, whatever you listen to. 'Vaginas, Vulvas and Vibrators' with Jordan D'Nelle.

(TC: 00:34:13)

Dr Hazel Wallace: Amazing. Okay, guys. That's all from me today. I hope you enjoyed today's episode. I know it was slightly different than our normal content but I, for one, found it really informative. Please do let us know on social media. You can find me under the handle 'The Food Medic'. Have a great week and I'll see you again next time.

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