



### **Transcript for Dr. Asnat Walfisch episode**

Hadassah On Call: New Frontiers in Medicine  
Episode 27: Dr. Asnat Walfisch

**Benyamin:** This is Hadassah On Call: New Frontiers in Medicine. I'm your host, Benyamin Cohen. In each episode of this podcast, we'll get an inside look at what goes on behind the scenes at one of Israel's premier medical centers. We'll travel to Jerusalem to meet up with the doctors and nurses at Hadassah Medical Organization. From striving for peace through medicine to performing surgeries with robots, they're working on medical breakthroughs that are impacting people around the world.

**Benyamin:** That's what Hadassah is all about: the power to heal our world together. From cornea transplants to developments in pediatric oncology, we'll learn about the latest cutting-edge research coming out of Hadassah Hospital. All that, plus the inspiring stories of patients who have recovered from near-death experiences. Our appointment starts now. This is Hadassah On Call.

**Benyamin:** All right. Let's test the microphone. Test, test, test.

**Asnat:** Test, test, test.

**Benyamin:** That sounds good. Okay, so it sounds like the microphones are working.

**Asnat:** Okay.

**Benyamin:** Hello and welcome to today's episode. We are on the campus of Hadassah Hospital in Mount Scopus in Jerusalem, and we are joined today by doctor Asnat Walfisch. Thank you so much for joining us.

**Asnat:** It's my pleasure. Hi.

**Benyamin:** Hi. So, you are the head of the OB-GYN department here at Hadassah Hospital in Mount Scopus?

**Asnat:** That's correct, since January of 2019.

**Benyamin:** Oh, wow. What were you doing before that?

**Asnat:** So, I came from Soroka [Medical Center]. That's in Beersheba in the south. I was the head of the high-risk pregnancy unit there, and my fellowship was actually completed in Toronto. So, I've been overseas as well.

**Benyamin:** So, let's go back to the beginning.

**Asnat:** Okay.

**Benyamin:** I think I can tell by your accent that you're a native Israeli?

**Asnat:** Yes.

**Benyamin:** Where were you born?

**Asnat:** I was born, actually, in Jerusalem.

**Benyamin:** Okay.

**Asnat:** But when I was a few months old, my parents moved to Beersheba. My father was an idealist. He wanted to make the desert ...

**Benyamin:** Bloom.

**Asnat:** ... bloom.

**Benyamin:** Yeah.

**Asnat:** So, he's a doctor as well. He's a colorectal surgeon, and I grew up in Beersheba. I remember, during my childhood, how he used to take us to his visits in the department and to the operating theater. As kids, me and my brother always ran all over the hospital. So, we grew up in a medical environment.

**Benyamin:** Did your brother become a doctor, too?

**Asnat:** Yes, actually, I'm surrounded by doctors. My brother is a family physician. My father is a surgeon. My husband is a cardiac surgeon, and there's many more in the distant family.

**Benyamin:** Oh, wow. So, at a family reunion, that's a good place to get sick at your house, because there's lots of doctors around.

**Asnat:** Actually, the ones that are not doctors are always complaining that they don't understand the conversation. So, we try to avoid medical issues when everybody's there.

**Benyamin:** So, you decided at an early age you wanted to be a doctor?

**Asnat:** I don't know if I consciously decided it, but there's nothing else I knew. I mean, I thought work was being a doctor.

**Benyamin:** Yeah.

**Asnat:** I didn't know anything. I didn't know it's possible to do something else. But as I grew up, I realized that it's not really a job. It's a way of life. I really felt it at home, that the work was always present, and the devotion to the job, to the career, to the patients was the main thing.

**Benyamin:** Right.

**Asnat:** I mean, my father used to go every Shabbat. I come from a religious family. So, every Shabbat he used to walk with us to the hospital to visit his patients, and the phone calls. I remember him coming home from work with a little bit of blood on his clothes sometimes. So, it was always a part of our lives.

**Benyamin:** Wow.

**Asnat:** Yeah.

**Benyamin:** I grew up the son of a rabbi. So, it's the same thing. You grew up with that kind of environment, where it just becomes second nature.

**Asnat:** Exactly.

**Benyamin:** Yeah.

**Asnat:** I actually, until today, don't exactly understand what people do when they go to work if it's not being a physician, what they actually do at work.

**Benyamin:** They sit at a desk and answer emails.

**Asnat:** Right.

**Benyamin:** So, you're a relatively new transplant to ... That's an odd word to choose, a transplant. You're a relatively new ...

**Asnat:** Addition to the staff here at Hadassah.

**Benyamin:** ... addition to the staff here at Hadassah. So, what led you to Hadassah?

**Asnat:** Well, actually, Hadassah has a great name all over, in Israel and outside. So when Professor Yagel approached me and suggested that I come here, I was flattered. I mean, this is the top. This is the top of everything. So, I was very flattered, and Hadassah and specifically Mount Scopus are known for both their excellent clinical record as well as amazing research that is coming out from here. So, I was really honored to join the staff here.

**Benyamin:** What makes working at Hadassah unique, especially in the OB-GYN department? I mean, just off the top of my head, I think of ... It's such a multicultural type of hospital.

**Asnat:** The diversity is so interesting. But, at the end of the day, all women want the same. They want a doctor that looks at them, tells them that he cares about them and that he's going to take good care of them, and it doesn't really matter if they're Muslim or Charedi or whatever. But yeah, I mean, they speak different languages. They dress differently. Maybe they believe in different things. But women are women. It's the same physiology and the same human needs, I guess.

**Benyamin:** A lot of religious families have lots of children. Is there any special things that we have to keep in mind? Does that mean they're going to have maybe higher-risk pregnancies or are more likely to have a preterm birth?

**Asnat:** I mean, actually, the most important thing in families that are larger is that women try to avoid Caesarean sections, because they know that, if they'll have one Caesarean section, chances are that they'll have another and another, and the more Caesareans you have, the more complicated it gets from surgery to surgery, from pregnancy to pregnancy. That's why we give special attention to these women, trying to avoid, whenever possible within the safety limits, avoid Caesareans. So, we're putting a lot of effort into that.

**Asnat:** Actually, it's not only true for the Charedi families. It's also true for Muslim families and any woman that wants many children. In terms of a high-risk pregnancy, not necessarily. I mean, they don't have higher rates of preterm delivery. They do have some complications that are typical of grand multiparous women, I mean women who have more than six children, like higher risk of bleeding post-delivery, and if they're getting older in age, they have the typical problems that are for older age, such as higher blood pressure, higher rates of diabetes. Other than that, these women who are trained in delivering actually usually have a low-risk delivery.

**Benyamin:** Speaking of delivery, are you guys in the middle of building some new labor and delivery suites here?

**Asnat:** Actually, we're done.

**Benyamin:** Okay.

**Asnat:** These new delivery suites were opened in December 2018, and I really started here together with the new delivery rooms. It was so fascinating and exciting, because everything looks state-of-the-art, top technology, beautiful. We have ten delivery suites, some of them with a bath that the woman can have her contraction part of the delivery ...

**Benyamin:** In a bathtub.

**Asnat:** ... in a bath. Yeah, which is great. Actually, the bath looks better than in my home, so I'm thinking about taking a bath here.

**Benyamin:** In between patient visits.

**Asnat:** Exactly. I think the beautiful thing about our new delivery rooms is that, on one hand, it's top technology, and then, on the second hand, it gives you a feeling that you're delivering at home.

**Asnat:** So, the rooms are very large. There's a large space for the family as well. There's the bathtub. The colors are homey. There's the television, and then it feels like the woman is delivering at home. But we, the staff, feel safe enough to take care of her, because we are within the hospital.

**Benyamin:** I'm going to ask the typical male question. Is there anything an expectant father can do to help the situation, or should he just get out of the way?

**Asnat:** Just listen. Listening to your wife is the best suggestion I can give you. I mean, women typically need support. They need to feel that everything is okay, and they need support. So as long as you're giving her a feeling that you're with her and everything is okay and you're calm, it's the best thing you can do. Otherwise, let her and us do the rest, and nature, I guess.

**Benyamin:** After the break, Dr. Walfisch discusses her research, which explores the exact best date to perform a C-section. Plus, she reveals her secret for turning a high-stress situation into a calm one for patients.

**Asnat:** Definitely, I think the key word is communication. You have to talk with the patient. The more you explain, the more you give knowledge, the more you involve the patient in what's going on, the levels of anxiety go down.

**Benyamin:** All that and much more after the break.

**Benyamin:** Hadassah, the Women's Zionist Organization of America, takes several trips to Israel every year, and guess what? You're invited. The trips for this year are being organized and are already filling up. The trip in March will unmask the country's vibrant arts scene, and the April trip we'll celebrate Yom Ha'atzmaut, Israel's Independence Day. A trip in May will tour Israeli wineries and dine in some of the Mediterranean's finest restaurants. A June trip will showcase Israel's music scene, and an August one will be dedicated to exploring the country's vast archeological sites. If this sounds like a can't miss opportunity to you, head on over to [hadassah.org/israeltravel](http://hadassah.org/israeltravel) for more info and to explore the full calendar of trips and itineraries and to sign up for a trip. That's [hadassah.org/israeltravel](http://hadassah.org/israeltravel). Now back to our conversation with Dr. Asnat Walfisch.

**Benyamin:** So, at the beginning, you were like you don't understand what people who are not doctors do. Someone, let's say, who's a barista at a coffee shop, it's probably not as high-stress an environment as being a doctor in a hospital. So, I'm sure your day-to-day activities are probably very stressful.

**Asnat:** It's actually, I think, the most stressful place within a hospital.

**Benyamin:** Is what, labor and delivery?

**Asnat:** Yes, delivery room, because there are things that are happening just like that. Within seconds, things can change from very calm to an emergency situation. That's why people that are coming in for training here, my residents and my seniors, are people that are very good at handling stress situations and keeping it calm and together and helping the rest of the staff and the patients understand that everything is under control, acting fast, but calmly. I mean, sometimes we need to run to the operating theater within seconds to save the baby, and we do that calmly and quietly. We're used to it.

**Benyamin:** It's such a stressful, anxiety-ridden place to be for a patient. How do you, as a doctor, help ease that anxiety?

**Asnat:** Definitely, I think the key word is communication. You have to talk with a patient. The more you explain, the more you give knowledge, the more you involve the patient in what's going on, the levels of anxiety go down. So that's the way we do it.

**Asnat:** I mean, when we foresee that something may go wrong, we start talking already. We tell her, "We might need to go into an emergency situation. Be prepared. Don't worry. We'll take care of you," and we give details as to what is going to happen, where we're going, what we're going to do, exactly. The more details that we give and the more calmly that we explain it, in the right language that the patient will be able to understand what we're saying, the less anxiety she will experience.

**Benyamin:** Right. Knowledge is the key.

**Asnat:** Power.

**Benyamin:** Yeah, knowledge is power.

**Asnat:** Knowledge, for the patient, is power, and it's relieving. It's anxiolytic.

**Benyamin:** Anxiolytic.

**Asnat:** Yeah.

**Benyamin:** I hope I'm not going to be ... It's like an MCAT exam. So, you were saying that one of the interesting things about the work that you're doing is you're actually a practicing physician, but you're also doing research.

**Asnat:** Yes, definitely.

**Benyamin:** Can you tell us about some of the research you're doing?

**Asnat:** I'll tell you about my research, but first I want to tell you how important I think research is, incorporated within the clinical life of a doctor.

**Benyamin:** Okay.

**Asnat:** I mean, when you take care of patients, questions come up, and not all questions have answers. So, the curiosity is the best drive for research. Some things that you encounter with your day-to-day life, and you ask yourself, "Why did we do that? Why don't we do another thing? Why don't we test another dose or a different drug?" So, the needs come from the work.

**Asnat:** So, I want to tell you how my research started. We are doing a Cesarean section, pre-Cesarean clinic, and we have to set up dates for a scheduled Cesarean. Some women have previous Cesareans, and they know they're going to need another Cesarean. So, when is the correct day to schedule the Cesarean is the question? I mean, we know that term pregnancy is from 37 weeks and on to 42 weeks. So that's a large five-week span. Right?

**Benyamin:** Right.

**Asnat:** So, the woman will tell you, "Well, I'd like to be operated on, I don't know, the 13th of September, because it's my other son's birthday" or something like that.

**Benyamin:** We're going on vacation.

**Asnat:** Exactly, or the doctor is going to Istanbul, so he has to ... So, we asked ourselves, "When is the best time to deliver?"

**Benyamin:** Okay.

**Asnat:** So, we looked at some data, and there were some data suggesting that the short-term outcome of babies that were born between 37 and 39 weeks was not as good as the ones that were born later on, at 39 plus. We asked ourselves, "Is there an implication for the long-term health of these babies, not only for the short-term?" We know that, for the short term, these babies suffer a little bit more from respiratory problems.

**Benyamin:** Because maybe they're not fully developed yet?

**Asnat:** Exactly, although it is already considered term pregnancy. So, what we did was that we looked at hospitalizations of children until the age of 18 years and stratified them by gestational week they were born. We found out that not only the short-term respiratory difficulties were present in the early term period, 37 to 39, but also long-term respiratory, cardiac, and other problems were present. They were hospitalized more often.

**Asnat:** So, we're saying now there's the 39-week rule. Don't deliver before 39 weeks, and don't schedule a Cesarean before 39 weeks unless absolutely necessary because of medical indications.

**Benyamin:** Right. You can schedule it for 39, but she may come in with contractions at 37, 38.

**Asnat:** Oh yeah, definitely. I mean, if she comes in with spontaneous delivery, that's fine. We'll operate then, but if you're scheduling it, don't do it before 39 weeks just because it's more convenient for everybody.

**Benyamin:** Right.

**Asnat:** Use the medical indication for determining the correct time for delivery. Actually, we know, by the way, that there is also more attention deficit disorders in children that were born from 37 to 39, as compared to ...

**Benyamin:** Just during that two-week window?



**Asnat:** Yeah.

**Benyamin:** Wow.

**Asnat:** Yeah.

**Benyamin:** That's fascinating, how much data we have now.

**Asnat:** Yeah. We know about attention deficit and hospitalizations and many things, actually, lower academic performances. I mean, it's all very, very slightly lower, but when you look at very large numbers, significant.

**Benyamin:** Are there risk factors that could lead to a preterm birth?

**Asnat:** Actually, preterm birth is our main battle. My subspecialty is high-risk pregnancies, and specifically I'm interested in avoiding preterm deliveries.

**Benyamin:** What would you consider preterm?

**Asnat:** So, anything that occurs prior to 37 completed weeks of gestation is considered preterm.

**Benyamin:** For the people at home who don't know how to do math, 37 is eight months?

**Asnat:** Well, every month is four and a half weeks.

**Benyamin:** Okay.

**Asnat:** So yeah, it's delivery during the eighth month ...

**Benyamin:** During the eighth month. Okay ...

**Asnat:** ... and earlier.

**Benyamin:** ... and earlier.

**Asnat:** But, I mean, preterm is a large, large sack of things, right?

**Benyamin:** Right.

**Asnat:** I mean, if it happens before 24 weeks of gestation, usually the baby will not survive. If it survives, it will be very sick, usually. Then between 24 and 28, things become a little bit better. But still, there's a high risk for cerebral palsy, respiratory problems, and even death. After 28

weeks, things look much better. Survival rates are much higher, and then after 34 weeks, it's very, very good.

**Asnat:** But, as I told you before, even after 37 weeks, which is considered term and not preterm, it's still associated with a slightly higher risk of ... So, you see in biology, as opposed to mathematics, there are no borders. It's artificial to put borders. Everything is like a spectrum, and then it's shades of gray, actually.

**Benyamin:** Right.

**Asnat:** But when you reach 39, you're in the safe zone, for sure.

**Benyamin:** Right, right.

**Asnat:** So yeah, things have changed in the prematurity, for sure. I mean, NICUs, neonatal intensive care units, have improved substantially. We have better drugs, better equipment. Babies that are smaller survive. But still, the main battle is to postpone delivery as much as possible. We do that using drugs, using cerclages, using many things that we can to postpone, and still, the rate of preterm delivery in the United States is pretty high. It's about 14%. In Israel, it's 7.4%.

**Benyamin:** Wow.

**Asnat:** Yeah.

**Benyamin:** Are there things in the mother's life while she's pregnant that could lead to a preterm birth, like a stressful incident, like a divorce or a job loss or a death in the family?

**Asnat:** Actually, that's a great question. There's been lots of research on that, and there's no clear answer. There's conflicting evidence. Maybe it's associated. Definitely, stress situations are associated with stress hormones, and stress hormones sometimes lead to preterm delivery. But the weight of this is not as big as you would think. I mean, our bodies are strong. Our minds are stronger. Our uteruses are very strong. So, most women undergo very stressful situations, wars, et cetera, et cetera, and not necessarily deliver early.

**Asnat:** But yeah, when you're pregnant, you should take good care of yourself. I mean, eat healthy. Avoid unhealthy exposures, like smoking and alcohol. Exercise. Take the vitamins, the folic acid. See your doctor regularly. But then most chances are the pregnancy will go uneventful.

**Benyamin:** After the break, Dr. Walfisch talks about her inspiring patient stories, including one of a pregnant mother who suffered a heart attack.

**Asnat:** I have to tell you, I was very worried and stressed throughout her pregnancy, for many reasons, and during the Cesarean as well. But sometimes, there's such an overwhelming feeling when everything is okay and when the baby's born and when you hear the first cry, and you think to yourself, "Wow, I have the best profession in the world."

**Benyamin:** All that and much more after the break.

**Dina:** I'm Dina Kraft, the host of a podcast called The Branch, which tells the stories of relationships between everyday Israelis and Palestinians, Jews and Arabs. I've been reporting on the lives of Israelis and Palestinians for two decades, and people always ask me, "Will things ever get better?" No doubt, the road is long. But when peace does come, it will be thanks to the groundwork being laid by the people whose stories we tell on The Branch.

**Dina:** On our show, you'll meet musicians who perform together every night, teachers in a bilingual school, social activists who share their struggle, and even parents whose children were killed in the conflict, but who have chosen reconciliation over revenge.

**Dina:** The Branch: stories of real people forging strong connections and having important conversations, even when it's complicated, brought to you by Hadassah. Find us anywhere you listen to your podcasts or at [hadassah.org/thebranch](http://hadassah.org/thebranch).

**Benyamin:** Now back to our conversation with Dr. Asnat Walfisch. I'm sure you see so many stories. Has there been one particular story that's been a special or an inspiring story that you can tell us about?

**Asnat:** Actually, yes, many, but I'll share one.

**Benyamin:** Okay.

**Asnat:** You know that, as medicine advances, we see more and more women with serious background illnesses that are becoming pregnant. In the past, this was not possible, and now, because of advanced medicine, we see women with many difficult diseases that still become pregnant and deliver.

**Benyamin:** Such as?

**Asnat:** So, I had a patient with an artificial mitral valve in the heart, and she had a catastrophic first pregnancy, in which her medication was switched during pregnancy and she had a miscarriage and a heart attack during the pregnancy. She lost the baby. Then she came in, and she said, "I'd like to have another try. I'd like to have another pregnancy and another baby."

**Asnat:** So, we sat together, a multidisciplinary team with a cardiologist and a hematologist and us, high-risk pregnancy people. We spoke to her. We talked about all the options. We decided

on a particular drug that would be appropriate for her, which carried a little bit of a higher risk for malformations in the baby, but it was safer for the mother.

**Asnat:** So, we had the discussion with her, which is also, I don't know, an ethical discussion, maybe. I mean there's a risk here for the patient's life, for the baby's life. It's not an easy decision to make. But she was very determined, and we were all together in this, following her during her pregnancy. She took her medication. She was followed very closely, and after the catastrophic ending of the previous pregnancy, we got to a term pregnancy. We had a Cesarean section, performed a Cesarean section on her, and the baby was born healthy.

**Asnat:** She went home so happy, and she told me, "This baby is the reason for everything. This baby gives me a meaning for everything."

**Benyamin:** Right.

**Asnat:** I have to tell you, I was very worried and stressed throughout her pregnancy, for many reasons ...

**Benyamin:** Yeah.

**Asnat:** ... and during the Cesarean as well. But sometimes there's such an overwhelming feeling when everything is okay and when the baby's born and when you hear the first cry, and you think to yourself, "Wow, I have the best profession in the world."

**Benyamin:** And we're in your office right now, there's pictures of babies all over the walls.

**Asnat:** I do have the best profession, I'm telling you. I mean, yes, we have catastrophes, but they're very rare, and, most of the time, we get to follow and take care of women during, I don't know, the most exciting periods of their lives.

**Benyamin:** Do you have a typical day, or there's no such thing as a typical day for you? Every day is different?

**Asnat:** Every day is different. But I make sure that I work at the delivery room and at the department at least twice a week, because if I don't take care of patients, if I don't touch patients, if I don't look at monitors, I feel like something's missing. So, keeping in touch with the clinical life is very important for me. So, I also stay twice a month at night in the delivery room.

**Benyamin:** You sleep over?

**Asnat:** Yes. No, I ...

**Benyamin:** Or are you working the night shift?

**Asnat:** I work, yeah. I work with the night shift at the delivery room, and we're actually doing here ... So, 24/7, there is an attending physician in the building so that in every complicated situation – Cesarean, vacuum delivery, whatever – there is a confident doctor that can make sure everything goes okay. I take part in this because I love it and I enjoy it.

**Benyamin:** So, if you and I were to have this conversation again in five years or ten years, where do you hope to be then? What are your hopes and aspirations?

**Asnat:** Oh, wow. For myself or the department?

**Benyamin:** We can talk about both.

**Asnat:** Okay. So, for the department, I mean, it's a very unique department. I think that my department here is the perfect size. It's big enough so that we experience all the emergencies and rarities that can happen, and then it's small enough so that we feel like a family and the woman, the patient, can feel at home when she comes in.

**Asnat:** So, what I'm hoping is that we keep this family feeling, but then we continue our research and on our cutting-edge technologies in medicine that we're doing now. We are specializing in ultrasound. We have Professor Yagel here, and he's world-known for his ultrasounds and IUGR, which is intrauterine growth restriction babies.

**Asnat:** So, we have that. We have a great fertility unit. We are thinking about opening a GYN-oncology department.

**Benyamin:** A GYN-oncology? What's that?

**Asnat:** So, cancers in the pelvic organs.

**Benyamin:** Oh, oncology? Oh, wow.

**Asnat:** Yeah, yeah. So yeah, I'd like us to be leading in this area as well. Then we have our general gynecology department, which specializes in urinary incontinence and laparoscopies. So, I'm hoping that everything will continue, but then the feeling of family and closeness will remain.

**Asnat:** In terms of myself, oh wow. I think the best, the most important part now is the education of the younger generation. I mean, I hope to see my residents and the ones coming after them growing with the same values that I believe in, which is modesty and great medicine, but then great communication and caring for the patients. So, the combination of love, I guess, compassion, and then professionalism.

**Benyamin:** Modesty. That's an interesting word ...

**Asnat:** Yeah.

**Benyamin:** ... that people don't often associate with the medical profession.

**Asnat:** I agree. I agree. I think we should stay modest. There are many things that we don't understand in medicine, and, I mean, it's a great honor to care for patients, but it certainly doesn't make you as a caregiver more valuable. It only carries great responsibility.

**Benyamin:** You said your husband's a doctor. So, do you bring your work home with you, or is there a way that you ... What do you do to relax and de-stress?

**Asnat:** Oh, wow. So yeah, he's a cardiac surgeon. I actually met him when I was a student and I came into the intensive care unit, and I saw him performing an open chest cardiac massage on a patient. I remember his hands holding the heart of the patient. Then he was wearing a mask, and he said, "Oh, the student could come in and join us here at the resuscitation." He was so calm, and then he was holding the heart of the patient there. I was amazed. I remember that.

**Asnat:** So yeah, my dreams of becoming a cardiac surgeon stopped there, because it's enough that we have one in the family. But I think it's actually very good to be in the same profession or in similar professions within the family, because you understand each other. You understand what it means that you're stressful about a patient that you just operated on and he's not doing very well. You understand why your partner needs to leave in the middle of the night. I mean, you don't get angry, because you're in this world together.

**Asnat:** So many times, in the evening, we sit and talk about what we experienced during the day. This ventilation really helps, and it's good that you have someone that understands what you're talking about and you don't need to translate it or simplify it.

**Benyamin:** Lastly, because I know you've got to get back to delivering babies.

**Asnat:** Women are pushing.

**Benyamin:** I like to end all my interviews ... I just want to know, is there any question I did not ask you that I should have asked you?

**Asnat:** Well, you didn't ask me about my personal experiences as a mother.

**Benyamin:** Oh, okay. How many children do you have?

**Asnat:** I have three children.

**Benyamin:** Okay.

**Asnat:** Ronnie's 18. She's now in a pilot course. You know that they allow our girls to go to this course for about, I don't know, 15 years.

**Benyamin:** Okay.

**Asnat:** So, she's there, and we're thinking about her. We don't get to see her, but we're hoping, and then I have two more sons, Yonatan, 15, and Itamar is 11. I wanted to say two things about that.

**Benyamin:** Yeah.

**Asnat:** First of all, a combination of a career and motherhood is possible. I believe that it's not about ... or I don't know. Maybe I tell myself that it's not about how much time it is that you spend with your kids. It's what you do with this time. So, I didn't have a lot of time to spend with my kids when they were growing up, but I feel that they know that when I was not there, I was doing something important, and I think they respect that. They appreciate that.

**Asnat:** Then when I was with them, I always used to tell them about what I'm doing so that I didn't keep the two worlds separated. I involved them in that, but I was also trying to be involved in their worlds. I think, looking back, after many years of a career and being a mother, it's worth it and it's possible. So that's a message for young women considering a tough career.

**Asnat:** The second thing I wanted to share is that when I was giving birth to Ronnie, who's now 18, I had to undergo a Cesarean section, an emergency Cesarean section. I was then a first-year resident, and I remember how I was shaking when they took me, when they ran with me to the operating theater. I remember the anxiety. I remember what I felt, the helplessness. The doctors that were with me, they held my hand, and they looked in my eyes. They told me that they were going to take care of me, and I remember how that made me feel. I stopped shaking.

**Asnat:** So, whenever I take a woman to a Cesarean section, I remember how I felt, and I try to do the things that helped me when I was in that situation. So, I think you don't have to undergo all the experiences yourself in order to take care of others.

**Benyamin:** Right.

**Asnat:** However, it gives you a perspective that is helpful.

**Benyamin:** Right, right. Very nice, very nice. Well, like I said, I don't want to keep you from delivering the babies down the hall. So, I really, really appreciate, Dr. Walfisch, you taking the time to chat with us today.

**Asnat:** It was my pleasure.

**Benyamin:** It's been really interesting. Thank you so much.

**Asnat:** Okay. Bye.

**Benjamin:** Hadassah On Call: New Frontiers in Medicine is a production of Hadassah, the Women's Zionist Organization of America. Hadassah enhances the health of people around the world through medical education, care, and research innovations at the Hadassah Medical Organization. For more information on the latest advances in medicine, please head on over to [hadassah.org/news](https://hadassah.org/news).

**Benjamin:** Extra notes and a transcript of today's episode can be found at [hadassah.org/hadassahoncall](https://hadassah.org/hadassahoncall). When you're there, you can also sign up to receive an email and be the first to know when new episodes of the show are released.

**Benjamin:** Subscribe to our show on Apple Podcasts, Google Play, or your favorite podcast app. If you haven't already, please leave us a review on the Apple Podcast Store. It only takes a minute, and when you do, it helps others discover Hadassah On Call.

**Benjamin:** The show is edited by Skyler Inman and produced by the team at the Hadassah offices in both New York and Israel. I'm your host, Benjamin Cohen, and thanks again for joining us today. We'll see you next month.