



BASIC INFORMATION

DESCRIPTION

The health of both partners before conception is vital to the development of a healthy baby. The man's sperm and the woman's ovum are the foundation for giving the baby the best start in life. As soon as you decide to have a child, you and your partner should assess your lifestyle to determine if any changes are necessary, and should schedule a visit to the doctor for prepregnancy planning, counseling and physical exams.

NUTRITION & DIET

- Both partners should eat a well-balanced diet. Women should include adequate folic acid intake (spinach, broccoli, kale). Folic acid supplements are often recommended for all women of childbearing age to prevent certain birth defects. For men, better nutrition helps assure healthy sperm.
- Women should try to get to their normal weight before conceiving. If underweight, a diet to increase weight is appropriate, but keep it healthy. If overweight, try to lose the excess pounds. Don't crash diet. Strenuous dieting can start off a pregnancy with a nutritional deficit.
- To be safe, a woman who takes vitamins or supplements in high doses should discontinue their use.

SMOKING

Both partners need to stop smoking. In addition to a variety of health risks, it can lead to decreased fertility in both men and women and is hazardous to the pregnancy. A smoke-free home will provide a more healthy environment for any child.

ALCOHOL USE

Men and women should discontinue alcohol use when trying to conceive. In women, it can contribute to miscarriage, a low-birth-weight baby and fetal alcohol syndrome. In men, heavy alcohol consumption may cause sexual problems that make them infertile and possibly damage sperm, as well as reduce their number.

DRUGS OF ABUSE

Men and women need to discontinue using any illicit drugs. Drugs of abuse can be dangerous in a pregnancy, including risk of miscarriage, prematurity, and birth defects or death of the fetus. In addition, their use may inhibit conception. For men, drugs of abuse may cause sexual problems.

EXERCISE

A regular exercise routine is important to both men and women. It leads to improved health, less stress, helps take off excess weight and improves the quality of life. It helps a woman prepare for the physical requirements of pregnancy and delivery of a child.

EMOTIONAL HEALTH

- Couples need to assess their emotional health, both as individuals and as a couple. Are both partners emotionally ready for a pregnancy? Are there unresolved psychological problems for either partner such as stress, depression or anxiety? These problems may create difficulties with conceiving and be heightened during the pregnancy when both a woman and a man go through various mood swings.
- Couples should have an emotionally healthy partnership before trying to conceive. Pregnancy, childbirth and child-rearing bring on a whole new set of stresses to both partners and if the relationship is already encountering problems, having a child is not the solution. Any domestic violence situations need to be resolved. Seek counseling for unresolved conflicts or if there is an abusive relationship.

GENETIC COUNSELING

If either partner has any genetic disorder, a family history of a genetic disorder, or related child with a birth defect, genetic counseling is recommended to determine the risk of occurrence. Medical tests may be conducted for one or both partners. Other reasons for genetic counseling including habitual abortion (3 or more miscarriages) or previous stillbirth, certain ethnic backgrounds, maternal age over 35, or a previous child with a birth defect.

EXPOSURE TO TOXIC MATERIALS

If either partner works with toxic materials, or if you live or work in a polluted atmosphere, there may be possible hazards to a pregnancy. Some chemicals, usually in large doses, may possibly be harmful to the ova, to the sperm, or to a developing fetus. Discuss any of these concerns with the doctor.

MEDICATIONS

When possible, both partners should avoid medications while trying to conceive. There are a few medications that are linked to birth defects and others that carry unknown risks. If the medication is taken for a chronic condition, talk to the doctor about its safety during pregnancy, and what are the treatment options if there are any risks. Potentially harmful drugs should be discontinued at least a month (in some cases, 3 to 6 months) before you try to conceive.

CONTRACEPTION METHOD CONCERNS

Your present birth control methods should be evaluated before you are ready to conceive. Oral contraceptives (birth control pills) should be discontinued several months before conception so as to allow at least two regular menstrual cycles to occur. An intrauterine device (IUD) needs to be removed. To be extra safe, the use of spermicides alone or with a condom or diaphragm should be discontinued 1 to 2 months before you want to become pregnant (spermicide risk to a subsequent pregnancy is unclear). As a temporary form of contraception, use condoms without a spermicide.

PRECONCEPTION CONSIDERATIONS

(Pregnancy Planning) (Sheet 2 of 2)

AGE

• Most women over age 35 do experience successful pregnancies. Pregnancy-related complications increase gradually with age, but they are still relatively low. A woman may have more difficulty in conceiving because of decreased fertility. She is also slightly more prone to problems during the pregnancy, such as high blood pressure, gestational diabetes and miscarriage. In addition, the risk of chromosome abnormalities, such as having a child with Down syndrome, is increased. In addition to chromosomal abnormalities, advanced age has been associated with several adverse pregnancy outcomes. Maternal age under 15 also carries some additional risks.

• For the population as a whole, the average paternal age is 27 years old. Advanced paternal age is used to describe a male who is over age forty at the time of conception. Medical studies are finding that there is a wide range of genetic diseases which may be related to advanced paternal age. Health care professionals know there are problems linked to older maternal age, but are now realizing that there are also problems as the men get older. It appears that the father's sperm is likely to be just as important as the mother's egg.

MEDICAL CONDITIONS

If you have any chronic medical condition (e.g., heart disease, asthma, diabetes mellitus, high blood pressure, seizure disorder, thyroid disorder), talk to your doctor about planning for a pregnancy. Find out how the condition will affect the pregnancy, how the pregnancy will affect the condition, and if any medications you take might affect the pregnancy. The medical condition needs to be under control before you conceive and you must continue good self-care throughout a pregnancy. Consulting a medical specialist or high risk obstetrician (perinatologist) may be advised.

IMMUNIZATIONS

For the mother-to-be, preconception is a good time to bring immunizations up to date.

- Get a tetanus booster if it is 10 years since your last one.
- A rubella infection (German measles) during a pregnancy can cause birth defects. If you are unsure about your immunity, ask the doctor about a blood test to verify it. If you require a vaccination, it's recommended to wait 3 months after receiving one before trying to conceive.
- You should have immunity against regular measles, either by prior immunization or by having had measles. If unsure, discuss the options with your doctor.
- If you are at high risk for hepatitis B (usually because of a medical work environment), immunization may be recommended.
- Influenza vaccine may be recommended preconceptually in high-risk patients who might become pregnant during flu season.
- Varicella vaccine (for chickenpox) is now available and should be considered in women who have not had chicken-

pox (90% of women are immune to chickenpox, even those who don't recall ever having the disorder).

REPRODUCTIVE KNOWLEDGE

Partners who want to conceive need to know the basics of the normal menstrual cycle, the timing of ovulation and the timing of intercourse to accomplish fertilization. If you are unsure, talk to the doctor.

PREVIOUS MEDICAL HISTORY

At a prepregnancy doctor's visit, a medical history for both partners will be discussed. It is useful for the doctor to know about previous disorders including infectious diseases and sexually transmitted diseases, in order to determine any possible risks to a future pregnancy. The possibility of current or future exposure to infectious disorders is important to know; also any behaviors in either partner that are considered high risk, such as intravenous drug use.

FINANCIAL CONSIDERATIONS

- Be sure you and your partner discuss the financial responsibilities involved (not only the medical expenses for a pregnancy and delivery, but the costs involved with rearing a child). Review any health insurance you have to verify coverage for childbirth. Ideally, you should try to have the financial resources available to pay the expected expenses for prenatal care and delivery if not covered by insurance.
- If both partners work now, will the mother return to work following delivery, and if not, what is the financial impact on the family income and lifestyle? If both parents plan to work after the child is born, consider the cost of day care (unless a family member will provide it).

EDUCATION FOR PREGNANCY & CHILDBIRTH

- To help prepare you and your partner for the parents-to-be experience, read one or more reference books about pregnancy, childbirth and care of a newborn before you plan to conceive. There are a variety of excellent books available on these subjects. Check your local library, bookstores or borrow books from a family member or friend who has gone through a pregnancy. Also check on the internet. The information will provide you with an overall perspective of the experience, lessen your confusion, give you reassurance and answer many of your questions.
- Childbirth classes are available in many communities and are a valuable source of information for expectant parents, particularly for learning ways to cope with labor and birth. Classes also give you an opportunity to meet other couples with whom you can discuss anxieties and concerns. Classes may be conducted by the hospital, community organizations or by individual instructors. For more information, check the library or the internet.



NOTIFY OUR OFFICE IF

You or a family member has questions or concerns about preparing for pregnancy.