

Planning for Parenthood

Dear potential parents,

This booklet is the first volume of the 'Growth Guide'. This Growth Guide for potential parents is specifically geared towards those who want to get pregnant for the first time. If you have already been pregnant, perhaps you will have fewer questions than someone who wants to get pregnant for the first time. However, the information in this booklet may of interest to you as well.

In addition to this booklet, there are six other practical booklets which are part of The Growth Guide:

- Pregnancy
- Breastfeeding
- Post-natal period
- 0-4 years old
- 4-12 years old
- Puberty

In the various volumes of the Growth Guide you will find information about becoming pregnant in a healthy way, being pregnant and about the development, health and parenting

of your child in the various phases of it's life. The Growth Guide can also serve as a handbook for many of the large and small doubts or concerns which parents must deal with in practice. With the conveniently arranged index and the list of reference words at the back of the book, you can easily find the subject you want to know more about.

Each volume also offers you space for your own notes and for filing away important papers and messages, notes or records from the agencies you will be dealing with. In order to make the Growth Guide more readable, it has been decided not to use both 'he' and 'she' continually when referring to the midwife, the doctor or your future child. We refer to the midwife, the family doctor and the gynaecologist as 'she' and 'her' and your future child as 'he' and 'him.' Of course, we mean men as well as women and boys as well as girls.

We wish you good reading!

If you speak little or no Dutch

If you do not speak Dutch sufficiently well the midwife or gynaecologist can if necessary call in (free) a professional interpreter. If you prefer to bring along someone yourself, choose someone who you don't mind hearing your confidential information. A child is not a suitable interpreter.

This Growth Guide belongs to:

Important addresses:

Table of Contents

Planning for Parenthood	11
‘We would like to have children’	11
Consultation for potential parents	11
A huge change	12
Considerations	12
Homosexuality	13
How do those who want a baby prepare for this?	14
Potential parents’ preconception clinics	15
Why we have a consultation for potential parents	15
What do you discuss at the consultation for potential parents?	15
Making an appointment	17
Important before you become pregnant	18
Previous pregnancy	18
Breastfeeding	19
Folic acid	20
Extra vitamin D!	20
A healthy diet	21
Weight	22-25
Healthy weight loss before pregnancy	24
Healthy weight gain	24
An eating disorder?	25
What do you drink?	26
Are you a vegetarian?	26
Smoking	27
Alcohol	28

Fetal alcohol syndrome	28
Drugs	29
Medication	30
Living environment and work	30
Stress	31
Sports: not too fanatical	32
How does it work: getting pregnant?	33
Male biology	33
Female biology	33
When is a woman fertile?	37
Getting to know your cycle	37
Recognising your ovulation	37
Clear discharge	39
Fertility consciousness	39
Age	40
Methods for a man to increase his fertility	41
A healthy diet	41
Strong sperm!	41
Smoking	42
Alcohol: deviating sperm cells	42
Drugs are bad for sperm	43
Influence of work and clothing	44
Age	44

Making love if you want to have a baby	46
An emotional moment: stopping birth control	46
The best chance to get pregnant	47
Missionary position	47
Intercourse according to the Natural Family Planning method	48
As long is my baby healthy	50
Is my baby healthy?	50
Hereditary or not?	51
Common hereditary diseases	52
Chromosomal defects, such as Down's syndrome	53
Congenital defects	54
Prenatale screening: probability testing	54
The combination test: when and how?	54
Ultrasound, the 20-week sonogram	56
But what to do with the results of the test?	56
Small chances, big chances	57
Prenatal diagnostics	57
Chorionic villus sampling	58
Amniocentesis	58
What does the insurance pay for?	59
Dilemmas	60
A baby with a defect	60
Making a decision	60
Counseling	61
An abortion?	61

If you cannot get pregnant	63
How does the basal temperature method works?	64
This weakens the sperm	65
After a year: time for further testing	66
Pregnant?!	67
Pregnancy tests	67
A positive test? What then?	69
Go to the midwife as soon as possible	69
Miscarriage	70
Organising things in the beginning	72
Antenatal classes	73
Getting to know you baby	73
Addresses and websites	75
Things to remember	79
Colophon	82
List of reference words	85





Planning for Parenthood

'We would like to have children'

You want to have a baby and therefore you want to stop using birth control. A baby is welcome! Enjoy this fun and exciting time in your life. There are also sensible things to be considered. You know that a child will determine a great part of your life -- and not only during infancy. Becoming pregnant usually happens spontaneously. Do not worry about it, certainly not in the beginning. Out of all women who want to get pregnant, 80-90% are pregnant within a year.

Consultation for potential parents

Are you ready to have a baby? Are you following a healthy diet and living a healthy lifestyle? Have you stopped drinking, smoking or using drugs? What about stress? Are you taking folic acid? Also see www.slikeerstfoliumzuur.nl. Are there no added risks at your work? Do you know what the healthy lifestyle is that goes hand in hand with potential parenthood? What about congenital defects? On www.zwangerwijzer.nl, you can fill in an anonymous questionnaire. You may also make an appointment with

the midwife at a consultation for potential parents. At the appointment for potential parents you and your partner will receive answers to all your questions. The midwife can also tell you how you can stimulate your fertility.

A huge change

This is a period during which hopefully you and your partner will become closer and closer. Not only are you having intercourse with the same wish at the back of your mind, but you are probably also talking a great deal about what the future will bring. Trading in your free lifestyle for one in which a little person is the main event is not something that only women must adjust to. This change also affects the partners. When the baby arrives— after nine months – you have suddenly become a family. If you talk about this and think about this together, you will notice that you are becoming increasingly closer as a couple, conscious of your responsibilities. It can give you both great satisfaction to soon be a team, to share, as parents the care of your child/children.

Considerations

A great deal of time and energy goes into the care and parenting of your child. It is also extremely rewarding.

Parents can derive a great deal of joy from their children! To remain realistic it is a good idea to think seriously about the advantages and disadvantages of parenthood. While everyone appreciates that a baby needs almost constant attention, don't forget that this responsibility doesn't go away during the child's teenage years. Moreover, a child costs money, year in and year out: clothes, bicycle, school, clubs, vacations, you name it, and then there is something else that not everyone considers beforehand: Your child can develop completely differently than you had imagined. You don't have to take off your rose-coloured glasses, but it is good to realise that a child is going to change your life.

A girl or a boy

Perhaps you are hoping for a tough little guy, but your son can turn out to be someone who would rather sit and read a book. The reverse can also be true: the adorable little girl you had dreamed of can turn out to be a tough kid who would rather wear jeans and climb trees.



Gay, lesbian couples or singles who want to be parents

Homosexual men and women often also want to have children. Even if they cannot create a child with the partner of their choice, there are other ways to get pregnant. A woman can get pregnant with the aid of a sperm donor.

Gay men can have a child with the aid of a surrogate mother. They can also choose to have a foster child or to adopt. If a woman does not have a partner but still wants a child, she can discuss this with a midwife or her family doctor. More information: Schorer Foundation, www.schorer.nl and www.freya.nl.

How do those who want a baby prepare for this?

The child you want so dearly and have planned for so carefully has the right to a good start in life. During pregnancy, you lay the foundation for a healthy life for your child. Your unborn child is completely dependent upon what your body offers him: nutrients and oxygen, but also damaging substances or radiation. It is, therefore, not only good for you, but also for your developing foetus, if you are careful about what you eat and drink and about your physical environment. Alcohol, smoking and chemical fumes are bad for the development of your child. It is therefore, sensible to stop drinking and smoking even before you stop using birth control. Certain medication can also pose a risk.



Tip

Do not simply stop taking prescription medication; consult your doctor first.

Potential Parents' preconception clinics

Why we have preconception consultation for potential parents

The purpose of a consultation for potential parents is to have a couple start a pregnancy as healthy as possible. We now know that the period just before conception and the first months of your pregnancy are more important than we used to think they were. It has been proven that it is extremely important that both parents have a healthy lifestyle. This applies to all people who want to get pregnant. The health and lifestyle of both partners have proven to be of influence on the pregnancy and the health of the baby. You will be given valuable information, including that on becoming pregnant in good health. If the midwife thinks that there are risk factors, she can refer you to a specialist in time.

What do you discuss at the clinic for potential parents?

After you have made an appointment for the potential parents' consultation, you and your partner can fill in a questionnaire at home.

On www.zwangerwijzer.nl you can fill in the questionnaire

and print it out to bring with you to the midwife or the family doctor. You can also find a great deal of information on this website. Based on your answers possible risk factors can be more easily assessed. The midwife or doctor will go through all the data in the questionnaire with you: family history, hereditary conditions, past illnesses, vaccinations, previous pregnancies (abortions and miscarriages also count), the medication you use, diet, work, sports, etc. The menstrual cycle will also be discussed. If you have been trying to get pregnant for some time and have not been successful, the midwife/doctor will also ask about your sex life. Women may also discuss other issues that are perhaps important during a pregnancy or for getting pregnant. These could include, for example, experiences with (sexual) abuse, circumcision and/or psychological problems. During the potential parents' consultation, you will also be given information about fertility, pregnancy and a healthy lifestyle. The midwife or doctor will tell you how to live as healthily as possible during your pregnancy. It is for example, important to stop using drugs and alcohol and to stop smoking. She will also tell you about which infections could put the baby at risk. These are primarily STD (sexually transmitted diseases). These are diseases you can get from having sex with someone who carries one of these diseases. Do you want to get pregnant and have you

had sex with other partners (in the past)? Get yourself tested for these diseases before you get pregnant. You can do this at the Public health Authority (GGD) or have your family doctor do the tests. It is also important to start taking folic acid even before you get pregnant: This decreases the chance of having a baby with spina bifida. You can read more about this in the following chapter. The midwife will take your blood pressure and check your weight. If you are overweight or underweight may be the cause of decreased fertility and can cause problems during the pregnancy. If it seems necessary the midwife will advise you to go to a doctor for a preconception examination. That way you will be given important information before you are pregnant. It is up to you to decide whether or not you are willing to accept certain risks.

Making an appointment

It is very easy to make an appointment for a potential parents' consultation with the midwife. You can do that via www.knov.nl, for those living in Amsterdam via www.kindervensinamsterdam.nl and, of course, via the Centrum voor Jeugd en Gezin/Ouder-en-kind-centrum [Centre for Children and Family/Parent and child centre] in your neighbourhood.



Important before you become pregnant

Previous pregnancy

If you become pregnant again within six months after the birth of your baby, you are at a higher risk of problems, such as premature birth and a low birth weight. The woman's body has not yet recovered sufficiently to be able to handle a new pregnancy well. Women who get pregnant again within a year have a greater chance of anaemia. It is better to have a period of at least 18 months between pregnancies.

Women who have already delivered a baby via caesarean section are generally advised to wait at least one year before the next pregnancy. During that time, the uterus, which has a scar, can recover completely. Even if you have had a caesarean section, the midwife can provide the prenatal care during your new pregnancy. Your baby will then be delivered by a gynaecologist in the hospital.

Breastfeeding

Breastfeeding is more than just feeding your baby. It is intimate, enjoyable and a good way to create a strong bond with your child. For that reason, it is a good idea for you and your partner to start thinking about breastfeeding now. Your partner can also play an important role here. He can hand you the baby, help you find the proper nursing position and support you if you get discouraged. In this way breastfeeding becomes teamwork. Together you will ensure that the breastfeeding is successful. Breast milk is also the best food for your child. It contains all the necessary nutrients and is precisely attuned to the needs of your baby. Moreover breast milk contains antibodies that protect your baby from illnesses and infections. Breast milk is also always at the right temperature, very handy! Moreover, breastfeeding your baby stimulates the contraction of the uterus back to its normal size.

Breast surgery

Have you had breast surgery and are you concerned about whether or not you will be able to breastfeed your baby? With good information and support it is often possible to get the milk production started either completely or partially. A lactation consultant (in cooperation with the kraamverzorgende, see pg. 72) will be able to help you with this.

Folic acid

Research has proven that by taking folic acid there is a major decrease (70 percent less) in the number of babies born with spina bifida and other congenital defects. Thus folic acid protects against such defects. But it only works if you have taken it long enough. You do not of course know precisely when you will get pregnant. For that reason it is a good idea to start taking folic acid one month before you stop using birth control and to continue taking it until you are 10 weeks pregnant. www.slikeerstoffoliumzuur.nl

Extra vitamin D!

Vitamin D ensures that calcium from food is absorbed. Calcium provides for the composition and maintenance of your bones. People who do not get enough sunlight on their skin may have a vitamin D deficiency. That occurs among people who work at night and those who

