

# 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:

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Important addresses:

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# Table of Contents

<b>Planning for Parenthood</b>	<b>11</b>
‘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
<b>Potential parents’ preconception clinics</b>	<b>15</b>
Why we have a consultation for potential parents	15
What do you discuss at the consultation for potential parents?	15
Making an appointment	17
<b>Important before you become pregnant</b>	<b>18</b>
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
<b>How does it work: getting pregnant?</b>	<b>33</b>
Male biology	33
Female biology	33
<b>When is a woman fertile?</b>	<b>37</b>
Getting to know your cycle	37
Recognising your ovulation	37
Clear discharge	39
Fertility consciousness	39
Age	40
<b>Methods for a man to increase his fertility</b>	<b>41</b>
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

<b>Making love if you want to have a baby</b>	<b>46</b>
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
<b>As long is my baby healthy</b>	<b>50</b>
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
<b>Dilemmas</b>	<b>60</b>
A baby with a defect	60
Making a decision	60
Counseling	61
An abortion?	61

<b>If you cannot get pregnant</b>	<b>63</b>
How does the basal temperature method works?	64
This weakens the sperm	65
After a year: time for further testing	66
<b>Pregnant?!</b>	<b>67</b>
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
<b>Addresses and websites</b>	<b>75</b>
<b>Things to remember</b>	<b>79</b>
<b>Colophon</b>	<b>82</b>
<b>List of reference words</b>	<b>85</b>







# 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](http://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](http://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](http://www.schorer.nl) and [www.freya.nl](http://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](http://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](http://www.knov.nl), for those living in Amsterdam via [www.kindervensinamsterdam.nl](http://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.slikeerstfoliumzuur.nl](http://www.slikeerstfoliumzuur.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



cover nearly all their skin. Thus, women who wear veils run the risk of becoming vitamin D deficient. Also, people with a dark skin colour sometimes have a vitamin D deficiency, even though they get enough sun. Vitamin D is important for every woman who wants to get pregnant, as well as during pregnancy and up through the breastfeeding period. The advice is to take 10 mg of Vitamin D per day, for example in a multivitamin pill – for pregnant women.

### **A healthy diet**

It is of course a good idea to be as healthy as possible before you get pregnant. A shortage of certain substances can increase the risk of congenital defects. It is becoming increasingly clear that poor nutrition at the beginning of the pregnancy influences the development of specific organs, such as the kidneys in the unborn child. In addition there is an increase in the child's chance of developing such diseases as diabetes and heart disease later in life.

#### **Tip**

If you eat a varied diet you will not need any extra vitamins except vitamin D and folic acid. If you nonetheless want to take something extra, there are special prenatal multivitamins for pregnant women. Folic acid and vitamin D have already been added.



A healthy, varied diet is especially important if you want to get pregnant: three meals per day with a minimum of 200 grams of fresh vegetables, two pieces of fruit and whole wheat products. This way you will get all the essential vitamins. If you want to get pregnant, you also need proteins as building blocks. Proteins can be found in meats and meat substitutes, nuts, eggs and fish. You also need dairy products in order to get enough calcium. Two glasses of milk, yoghurt, potted cheese, etc. is certainly sufficient. If you are allergic to certain foods discuss this with the midwife. Try to make sure that you do not gain too much weight. Excess weight has a negative effect on fertility. If you get hungry between meals, fruit is a good idea.

A white lowercase letter 'i' is centered within a red circle, which is itself inside a white square. The square is set against a red background that forms part of a horizontal bar.

### Tip

For extensive information about a healthy diet see:  
[www.voedingscentrum.nl](http://www.voedingscentrum.nl).

## Weight control

Some men and women suffer a loss of fertility because they are too sedentary. They often have a job where they sit all day, drive to work in their cars and spend their free time preferably watching television or sitting at the computer for hours on end. They also do their shopping by

car. People with a sedentary profession would be wise to use a bicycle regularly or to take a good, long walk. This is good for their general health but certainly good for their fertility.

Women who are much too heavy or too light are less fertile. Sometimes, they do not ovulate. With the aid of the BMI (body mass index) you can see if you have a healthy weight before you get pregnant. This is easily done at [www.voedingscentrum.nl](http://www.voedingscentrum.nl). There you can find a Body Mass index calculation module, under Gezond Gewicht [A Healthy Weight].

People with a BMI between 20 and 25 are in the healthy range. As long as they are not pregnant, they can try to maintain this weight. People with a BMI between 25 and 30, with no extra health risks must make sure that they do not gain anymore weight. If there are health risks in the family such as a high cholesterol level or heart and vascular disease, it is then a good idea to lose weight if you have a BMI between 25 and 30. It is a medical necessity to lose weight if you have a BMI higher than 30. It is best to take care of that problem before you get pregnant.

### Tip

Losing weight during pregnancy is harmful for the baby. More information can be found at: [www.voedingscentrum.nl](http://www.voedingscentrum.nl) of [www.Overgewicht.nl](http://www.Overgewicht.nl).



## Losing weight in a healthy way before you are pregnant

How do you lose weight in a healthy way? If you are too heavy the main thing is to lose weight before you get pregnant. Exercise and a healthy diet are the most important factors in reaching or maintaining a healthy weight. If necessary the midwife and family doctor can refer you to a dietician who can help you to lose weight gradually and responsibly. In order to decrease the amount of fat tissue it is necessary to take in fewer calories than the body uses. Only then does the body use up its fat reserves. It is mainly a question of eating less if you want to get your weight under control. In addition to this it is also important to get sufficient physical exercise. It is advised to walk, cycle or swim at least 30 minutes per day. Gradual weight loss requires perseverance; an average loss of 500 grams to one kilogram per week is a good guideline. Losing more than one kilo a week is not good because too strict means that you are not taking in sufficient nutrients.

## Healthy weight gain

If your BMI is under 18.5 you are too thin. It is often difficult for thin people to gain a few kilos. Sometimes it is much more difficult than it is for overweight people to lose a couple of kilos. Gaining weight takes time: one kilo

more in three to four weeks is a good result. For example a diet with a high fat content, a so-called 'whipped cream diet' is unhealthy. It is easiest to gain weight if you eat regularly: three main meals, a couple of snacks and for example, something extra before you go to bed, is fine. For snacks choose not only foods with calories but also those that supply vitamins and minerals. For ideas, see [www.voedingscentrum.nl/nl/eten-gezondheid/gewicht/ondergewicht/aankomen](http://www.voedingscentrum.nl/nl/eten-gezondheid/gewicht/ondergewicht/aankomen) [eat healthy/weight/underweight/weight gain]

### **An eating disorder?**

Do you have – or have you had -- anorexia or bulimia? Then it is a good idea to talk to your midwife or family doctor about this before you are pregnant. During the pregnancy your body will certainly change. Your stomach will grow and your whole body will become rounder. That is simply part of the process. If you have had an eating disorder this change in body image can be difficult for you to accept. More information can be found on the website of the Kenniscentrum Eetstoornissen Nederland. [information centre for eating disorders in The Netherlands] [www.eetstoornis.info](http://www.eetstoornis.info).

## What do you drink?

It is very good for your body to drink a lot of water. It is better to avoid drinks with caffeine such as coffee, tea and coca cola. Too much caffeine decreases fertility. If you want to get pregnant, you should not drink more than two to three cups of coffee per day. Tea has less caffeine than coffee so it is better to drink tea. If you want to get pregnant, you should not drink alcoholic drinks. That applies to both the man and the woman. More information can be found within this booklet. Good information about a healthy diet can be found at [www.voedingscentrum.nl](http://www.voedingscentrum.nl).

## Are you a vegetarian or a vegan?

If you have a vegetarian or vegan diet, it is important to make sure you still get sufficient amounts of protein and vitamin B12. A shortage of vitamin B12 can also increase the risk of having a baby with spina bifida or other congenital defects. Remember that vitamin B12 is only present in animal products. It is, therefore, a good idea to regularly eat eggs, milk, cheese and other dairy products. Vegetables, soya products, peas, beans, bread, rice and pasta contain the proteins you need. If you follow a vegan diet -- and, therefore do not eat dairy products -- discuss this in good time with your midwife or family doctor or ask

for a referral for the dietician. If you have a meat-free diet, it is extremely important to know if you are taking in all of the essential nutrients.

## Smoking

Smoking is never healthy. If you are trying to get pregnant it is best to stop smoking completely. Both smoking and second-hand smoke are dangerous. It is therefore, important that both parents stop smoking. Smoking decreases fertility. Moreover, smoking increases the risk of having a baby with retarded growth, club feet and a cleft palate. Furthermore a placental abruption can also be caused by smoking. It can even happen that, due to the parent smoking habits, the baby is stillborn. It is difficult to stop smoking but the family doctor or midwife can tell you how to get help with this when you visit the clinic for potential parents. More information about stopping smoking can be found at: [www.stivoro.nl/stoppenmetroken](http://www.stivoro.nl/stoppenmetroken).

### A bit of encouragement!

Babies from mothers who stopped smoking around the time of conception prove to be just as healthy as babies from non-smoking mothers. It is therefore, never too late to stop smoking.



## Alcohol

Do not drink any alcohol at all if you want to get pregnant. There are indications that the use of alcohol before conception can affect fertility. One glass per day (or even less) already creates an increased risk of a miscarriage or a stillborn child. This also applies to men. Men who drink alcohol have fewer sperm cells and the ones they do have are more often defective. Furthermore it cannot be ruled out that the man's use of alcohol before conception can also play a role in increasing the risk of a miscarriage or a stillborn child. You can read more about this in Chapter 6: Methods for a man to increase his fertility!

The midwife can refer you to other healthcare workers who can counsel you in how to stop drinking. No alcohol at all is and will always be the best for your unborn child.

## Foetal alcohol syndrome

If a pregnant woman drinks alcohol, her child can be born with foetal alcohol syndrome (FAS). A child with FAS is lighter and smaller than normal and his growth is affected. The head and face can have defects and the nervous system is less well developed. These children sleep poorly and cry often. When they get older, they are hyperactive, they have language problems and a poor memory and

they also have difficulty concentrating. Their average IQ is lower. Unfortunately these defects are not curable. More information can be found at [www.fasstichting.nl](http://www.fasstichting.nl).

## Drugs

Drug usage and prospective parenthood or pregnancy are not a good combination. If you use marijuana, hashish, XTC or heroine for a long period of time, it is possible that you will not ovulate. Marijuana and hashish were always considered to be non harmful drugs. The level of damaging and addictive substances is now much higher than it was years ago. It is therefore very difficult to stop if you have been taking these drugs for a long time. You must take serious steps to kick the habit. Unfortunately, this is accompanied by unpleasant withdrawal symptoms, such as depression or anxiety attacks. However, if you want to have a baby, there is no way around it. After all, you don't want your baby to be born with an addiction and that he has to kick the habit himself. If you want to stop taking drugs, you cannot do this by yourself. The midwife or your family doctor can refer you to the proper agencies. You can also read more about this at [www.jellinek.nl](http://www.jellinek.nl).

## Medication

Medication and pregnancy do not always go well together. Only take medication that is prescribed by the doctor and inform your family doctor and the pharmacist that you want to get pregnant! They can then take that into account. Women are sometimes using prescribed drugs which can be harmful in pregnancy. If you cannot do without certain medication, the doctor will probably change or decrease the prescribed drugs. It is best that women with a chronic condition talk to their family doctor about their desire to have children before they get pregnant. Over-the-counter medicine and homeopathic medication are not always harmless. Use them as little as possible and read the instruction sheet to see if they are safe during pregnancy. If necessary, consult your family doctor.

## Living environment and work

It is a good idea to check your workplace for risks to your fertility. That can be possible if you work with toxic substances, chemicals or radiation. Around the time of conception, the ovum (female egg-cell) is vulnerable to this. Special work clothes, good ventilation and other precautionary measures can protect you. If you work

with x-rays for example, ask your employer to take extra measures. In an operating room, it is important to avoid inhaling the gase anaesthesia. If you think that you have a high-risk profession or your working hours are too irregular, ask the company doctor or Health and Safety Executive for advice -- preferably before you are pregnant. You could also fill in the questionnaire and read the information on [www.zwangerwijzer.nl](http://www.zwangerwijzer.nl).

### Tip

Information about harmful substances can be obtained from the Ministry of Social Affairs and Employment. On the website [www.minszw.nl](http://www.minszw.nl) you can find a great deal of information in the document 'Pregnancy and safe work – for employees' (under the heading 'safe work').



### Stress

Stress has a negative influence on the body. It is possible that it can prevent ovulation. It is easier said than done, but it is important to have as little stress as possible. If you cannot accomplish this by yourself, contact your family doctor or midwife.

Unsuccessful pregnancy attempts can also be stressful. The best thing is for you to stay as calm as possible even if it takes longer before you are pregnant. A couple of quiet

days together with your partner or a short vacation provide relaxation. Taking a good, long walk in the fresh air also calms you down.



### Tip

Are you stressed out more than you would like due to problems at work, relationship problems or continual overburdening? Help yourself and your future baby by changing the situation here and now. In consultation with your family doctor you could seek professional help.

### Sports: don't be too fanatical

Sport is healthy and stimulating. It decreases stress and ensures that you stay in good shape. However, women who sport too often or too fanatically have a greater chance of an irregular menstrual cycle and low fertility rate. These people include women who take part in top-class sports and women who run marathons. Women need a minimum layer of fat in order to maintain their menstrual cycle. However, continue to sport whilst trying to get pregnant as long as you do not exceed your own boundaries.

# How does it work exactly: getting pregnant?

## Male biology

Under the penis, there is a scrotum which includes two testicles. They hang outside the body so that the testicles remain cool, around 3°C lower than the body temperature. That is the ideal temperature for good semen production. Inside each testicle sperm cells are being continually produced (therefore not only when a man has sex). When a man has an orgasm, the sperm cells flow from the testicles, via the penis into the vagina, together with fluid from the prostate. Sperm cells and the fluid together is called sperm. The sperm cells have a kind of 'tail' which enables them to swim and seek out the ovum. The more sperm cells there are – and the more mobile they are – the better the quality of the sperm and the greater the chance of conception.

## Female biology

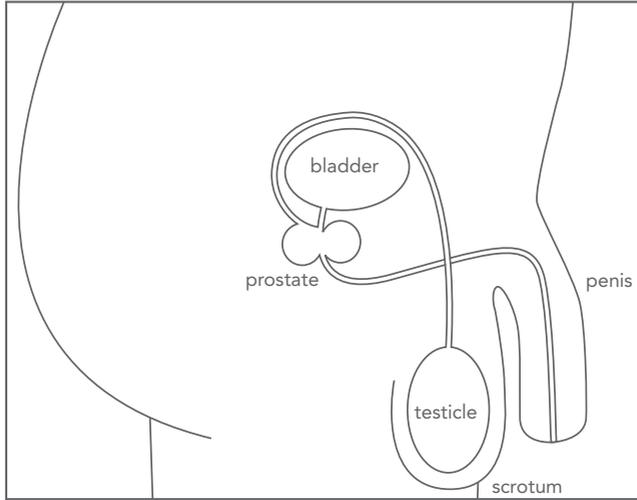
The vagina is situated inside the body and is covered by two pairs of labia: the labia majora and the labia minora.

The cervix can be found inside the vagina, at the neck of the womb. This leads to the uterus to where the two Fallopian tubes are connected. Next to each Fallopian tube is an ovary. These are not stick-shaped, but are small spheres, about as big as an olive. The ova (eggs) are located within these ovaries.

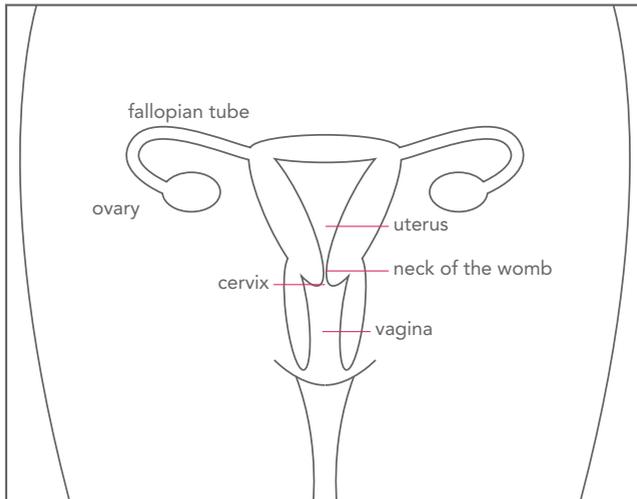
Around the middle of the woman's cycle, an egg is ejected from one of the ovaries. The egg is no bigger than the head of a pin. It lands in the Fallopian tube and, at the same time, the mucous in the cervix becomes thinner so that the sperm cells can travel through easier.

The neck of the womb (cervix) is the 'gateway' through which the sperm cells travel during only a brief period each month. The rest of the time, the mucous is thicker and the sperm cells cannot pass through the cervix. However, in the middle of the cycle, the mucous is good for the sperm and sperm cells can stay alive for 3 to 7 days in order to be able to find and fertilise an ovum. The release of the egg and the thinner mucous is regulated by the woman's brain with the production of hormones.

When a man ejaculates during sex, his sperm enters the vagina. All of the sperm cells collect at the cervix and swim in groups through the 'gateway' to the Fallopian tubes. Here, the sperm encounters the ovum. Generally, only one sperm cell is able to penetrate an egg. If more eggs



Male biology



female biology

are fertilised, twins, triplets or more can develop. The fertilisation is the beginning of the pregnancy.



### **A boy or a girl?**

The gender of a child is determined at conception. Each sperm cell contains either an X chromosome – which makes a girl – or a Y chromosome – which makes a boy. You can read more about this at [www.groeigids.nl/erfelijkheid](http://www.groeigids.nl/erfelijkheid).

# When is a woman fertile

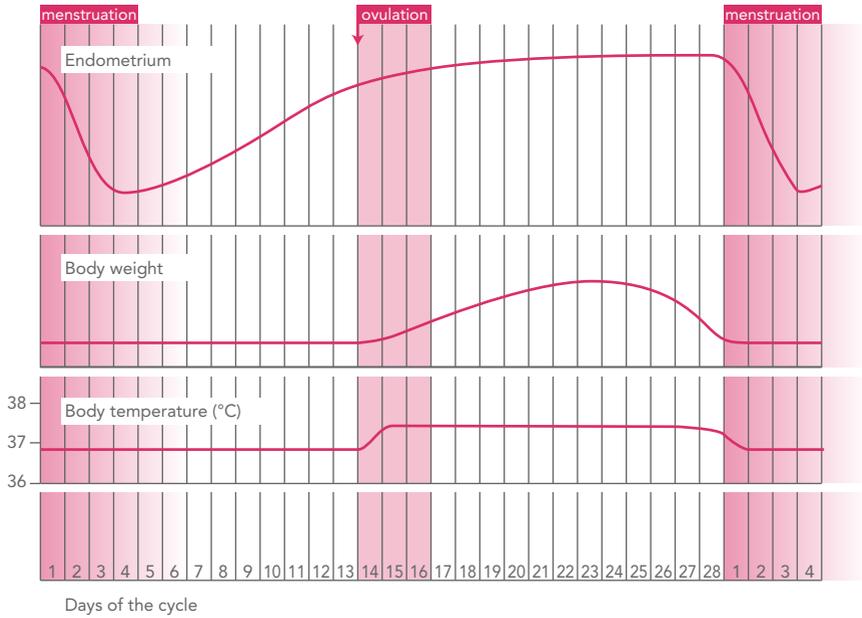
## Getting to know your cycle

The beginning of the woman's cycle is calculated from the first day of her menstrual period. The cycle lasts until the first day of the following menstrual period. Two weeks before the following menstrual period, there is an ovulation. This two week period is fixed for every woman. The number of days preceding the ovulation can vary however, determining whether the woman has a short or a long cycle. A short cycle is for example 26 days and a long cycle can last 32 to 35 days.

## Recognising your ovulation

On average a woman's cycle is 28 days long. Approximately 14 days before the following menstrual period, an egg is released (ovulation). An egg that is not fertilised lives for approximately 24 hours. If it is fertilised, then this is the beginning of the pregnancy. Many women have a somewhat irregular menstrual cycle. This ensures that the moment of ovulation is more difficult to determine. Some women can feel their ovulation: A slight cramp or some pain in the left or right side of the

## Average cycle of the woman



lower abdomen. Often women have an increased desire for sex. This is influenced by hormones.

### **Clear discharge**

When ovulation approaches, the normal milky-white vaginal discharge becomes clear and glassy. It is generally slimy and thin (like raw egg white) one day before the ovulation. This is favourable for the sperm cells, which can move more easily up into the uterus. The change in the mucous lasts for 3 to 4 days. After that, the discharge is back to what it normally is.

### **Fertility consciousness**

The male sperm cells stay alive in the body of the woman for an average of three days. Having intercourse before ovulation provides, therefore, the greatest chance of pregnancy. Once a day is sufficient. If there are more ejaculations per day there will be fewer sperm cells in the sperm. The time of day that you have sex is not important. It does make a difference however, if the woman stays in bed for a short while after intercourse (around 15 minutes) so that the sperm cells can have the chance to swim towards the ovum.

## Age

Women are most fertile before their 30th birthday. After that the natural fertility of the woman decreases every year. If you are fertile, you have a 20% chance of becoming pregnant each month. As a woman gets older, the quality of her eggs decreases. That means that it can take one or more years before you get pregnant even if there are no medical problems. The chance of a miscarriage or a baby with a congenital defect is also greater. If you do not start your family until you are older, it is good to be aware of these risks.

# Methods for a man to increase his fertility

## A healthy diet

For men a good and varied diet has a positive effect on health. If a man wants to father a child it is important that he has a sufficient amount of zinc in his blood. A zinc deficiency can inhibit the production of sperm. However, this will generally not happen with a man who maintains a normal diet. If you want to be sure that you are getting enough zinc then you should eat brown bread with apple jam, meat, fish or eggs. You could also take a multivitamin with additional zinc.

Also, a shortage of vitamin C in the diet can possibly contribute to a decrease in the quality of the sperm. It is therefore, a good idea for men to eat a sufficient amount of fresh fruits and vegetables. For more information on a healthy diet, see: [www.voedingscentrum.nl](http://www.voedingscentrum.nl).

## Strong sperm!

Many men do believe it hardly, but the quality of the male sperm decreases if a man has several ejaculations per day.

The supply of mature cells becomes exhausted. The semen is the strongest if you have intercourse every other day. After the flu, a cold or a fever the quality of sperm in most men has decreased. This means that there are fewer sperm cells and that they are less mobile and so that there is slightly less chance of pregnancy. The production of new sperm takes about a month. Three months after you have been sick, your sperm cells are back to the same quality as before you were ill.

### **Smoking: the sperm cells do not swim fast enough**

If a couple wants to get pregnant, it is best if the man stops smoking. Smoking is unhealthy but more important, it can negatively influence the quality of the sperm cells. There is often a decrease in the quality of the sperm cells and they also swim less fast so that the chance of a pregnancy is diminished. Once you stop smoking it takes approximately 3 months before the quality of the sperm has improved. Those three months are the period between the creation of a sperm cell and an ejaculation. Stop in time!

### **Alcohol: deviating sperm cells**

Men who drink alcohol have fewer sperm cells and there are far more deviant sperm cells. It is advisable to stop

drinking alcohol three months before conception. This is difficult for some people and they need help in order to do this. On the Trimbos Institute site: [www.drugsinfo.nl](http://www.drugsinfo.nl) you will find addresses of agencies for the care and treatment of addictions.

### **Drugs are bad for sperm**

Research has shown that THC, a substance in cannabis (grass and hashish), decreases the mobility of sperm. Sperm cells then have more difficulty fertilising the ovum. THC also influences the male hormone testosterone. When you smoke dope, the body produces less of that hormone so that your desire to make love can be decreased. The substance can also cause impotence.

Heroin and cocaine have also a negatively influence to the quality of the sperm. Even 1 to 2 years after having taken these drugs, the sperm still has fewer sperm cells! If drugs have been used for a long period of time, it can be difficult to stop taking them. One can have physical withdrawal symptoms from some drugs. If a man wants to have a baby, it is best if he first stops using drugs. Your midwife or family doctor knows where you can get help for drug addiction. More information on the various types of help can be found at [www.drugsinfo.nl](http://www.drugsinfo.nl).

## Influence of work and clothing

Men in a sedentary profession --truck drivers, for example -- may be less fertile. Whilst sitting for a long time, the testicles become warmer. Warmth is not good for the sperm production. For good semen production the testicles should be at a temperature of approximately 34°C. It is also advisable not to wear tight underwear, but to choose (temporarily?) to wear boxer shorts. For the same reason, it is also a good idea to avoid hot baths and visits to the sauna. These are not good for fertility. If a man comes into contact with harmful substances while at work, this can inhibit the sperm production. That can occur if he works in a photo store, as a house painter or as a horticulturist. In the last example, the use of pesticides can be a problem. Pesticides are substances that are used to combat weeds, insects and funguses. If concerned you could also fill in the questionnaire on [www.zwangerwijzer.nl](http://www.zwangerwijzer.nl).

## Age

For men age has less influence on fertility than for women. Men can often father children through to an old age. As a man gets older however, the quality of the sperm does decrease. From the age of 45 the sperm cells do become less mobile and the seminal discharges become smaller.

The number of divergent sperm cells increases. Men with poor sperm quality can become less fertile as they get older. For more information: [www.ggdgezondheidsinfo.nl](http://www.ggdgezondheidsinfo.nl).

### **This weakens the sperm**

- Alcohol use: even one glass a day influences the sperm quality.
- Dietary deficiencies, such as a zinc and vitamin C deficiency.
- Medication, such as chemotherapy for cancer or a drug that is prescribed for chronic intestinal infections.
- Smoking.
- Drugs such as hashish, marihuana, XTC.
- Anabolic steroids, such as those that are sometimes use in top-class sports.
- Industrial chemicals, such as lead.
- Paint
- Continual disturbance of the day-and-night rhythm (shift work).
- Long hours in traffic on the road (international truck drivers).

# Making love if you want to have a baby

## An emotional moment: Stopping birth control

It is an exciting and emotional day when you first make love without using birth control. Up until now you have generally done your best not to get pregnant and now everything is different. Perhaps you think that you will get pregnant immediately but that does not happen very often. If you stop using birth control it sometimes takes awhile before your menstrual cycle becomes regular. The female body needs time to recover the natural cycle.



### Tip

Some women are given a prescription for birth control pills in order to regulate their irregular menstrual cycle. If they stop taking birth control pills their cycle often becomes irregular again. If your cycle lasts longer than six weeks it is wise to see your family doctor.

If you use a hormone stick for birth control, you can have it removed by your family doctor. This also applies to the IUD. Even when the hormone stick has been removed it can still take some time before your cycle is normal again. Once the IUD has been removed you can get pregnant straight away.

## The best chance to get pregnant

To start with, you can just relax and have intercourse hoping to get pregnant spontaneously. You do not always get pregnant immediately; that is quite normal. Of the couples who want to have a baby, 80% are pregnant within a year. If you are still not pregnant after six months of the 'hoping for the best', you could choose to have intercourse on the days that are most favourable for conceiving. If you 'aim' for conception, it is best to have intercourse around the time of ovulation. If you know your menstrual cycle, you know when an ovum is released from the ovaries. Generally ovulation is two weeks before the next expected menstrual period. From the time before the ovulation through the day of the ovulation, it is best to have intercourse every other day. (For a cycle of 28 days, that means from day 10 through day 15 after the first day of the last menstrual period).

### Missionary position

The way you have intercourse can also make a bit of difference. The 'missionary position' (man on top, woman under) increases the chance of pregnancy because the sperm cells can then swim upwards more easily. For that reason it is also good if the woman stays in bed for a short while after intercourse so that none of the sperm can leave the vagina when she gets up after making love.



## Intercourse according to the Natural Family Planning method

Natural Family Planning (NFP) is a way to deal with fertility naturally. It is a scientifically founded method to determine the fertile and infertile days in a woman's cycle. In principle, the method is suitable for everyone. A regular cycle is not a precondition.

Using the NFP you recognise the fertile days in your cycle. Your body gives you a number of signals. Therefore you learn to recognise when it is the best time to have intercourse if you want to get pregnant and also when to use birth control if you do not.

### Physical signals

There are three important physical signals to help to know your cycle:

#### 1. The fluctuation in the basal body temperature.

This is your temperature, taken in the morning, before you get out of bed.

#### 2. The change in the discharge

A few days before ovulation the glands in the cervix produce a special kind of mucous. You can see this for

yourself on the outside of the vagina. This mucous is clear and glassy (like raw egg white) and sometimes also stringy. When you see this, you are in your fertile period. When the fertile days have passed, the mucous changes and the clear mucous becomes whiter and thicker again.

### **3. The change in the cervix**

The cervix also changes in the course of the cycle. When you are fertile the cervix is as soft as your ear lobe or your lips and is a bit open. Outside of the fertile days your cervix is much harder (like the tip of your nose) and closed. A woman can learn to recognise these changes in the cervix by internal self-examination.

These three physical signals are connected to fertility and return each cycle. If you can recognise them you will have a better understanding of your own physical and psychological changes. A woman who pays attention to these changes and knows what they mean, also knows when she can get pregnant and when she cannot. You can find extensive information on NFP at: [www.nfp-europe.org/nederland](http://www.nfp-europe.org/nederland). You can also discuss the NFP method with your midwife.

# As long as my baby is healthy!

## Is my baby healthy?

Every pregnant woman wonders if her baby will be healthy. Fortunately most children are born healthy. Approximately 4% of the babies have a hereditary disorder or congenital defect at birth. Sometimes this can be tested during the pregnancy. This is called 'prenatal diagnostics' or 'prenatal testing' (prenatal means: before the birth). The tests can only show if your baby has a particular disorder. The examination does not tell you if your child is otherwise healthy or if he has any other defects.

## Biological family?

People inherit their biological characteristics from their parents: half of them from the father and half from the mother. However, nobody knows in advance precisely what the child will inherit from the father and what from the mother. If a man and a woman are blood relatives they resemble each other genetically more than most other couples. In these cases family characteristics are emphasized, which is nice. But it is the hereditary diseases that both parents are carriers of, that form the greatest

problem. The chance that they are carriers of the same hereditary condition is much greater among family members. Serious conditions occur more often if the parents are, for example, cousins. It is also for this reason that marriages between brothers and sisters are against the law. Unfortunately, these questions of hereditary or congenital defects often only come up in the family after someone has already become pregnant. Therefore, it is wisest to discuss additional testing before the pregnancy with the midwife or family doctor.

### Tip

You can find a great deal of information about this on the websites [www.erfocentrum.nl](http://www.erfocentrum.nl), [www.erfelijkheid.nl](http://www.erfelijkheid.nl) and [www.zwangerstraks.nl](http://www.zwangerstraks.nl). You can follow the links to [www.zwangerwijzer.nl](http://www.zwangerwijzer.nl) where, using a checklist, you can see if your future child is at risk. In addition you can download information brochures from this website.



### Hereditary or not?

If there are congenital defects or serious illnesses in the family and you would like to have a baby, always discuss this with the family doctor or midwife. Also let them know if there are children in the family who died before birth, or at a very young age, and if it is not clear why someone in the family died. A person can be a carrier of a hereditary

disease without having any symptoms. Some hereditary diseases do not manifest themselves until later in life. Your family doctor or midwife can generally assess whether or not your child will be at risk. If they feel that it is advisable they will refer you to a clinical geneticist: a heredity specialist. Remember however, that it is important that you discuss all of this before you get pregnant!

### **Common hereditary diseases**

#### *Cystic Fibrosis*

The most common hereditary disease in the Netherlands is cystic fibrosis. These days because of improved treatment methods, most of these children live to adulthood and sometimes they even have children of their own. If their partner is not also a carrier of this hereditary disease, someone with cystic fibrosis will have a child without the illness, but that child will be a carrier. More information can be found at [www.ncfs.nl](http://www.ncfs.nl).

#### *Blood diseases*

Disorders that are mainly common among immigrants are sickle-cell anaemia and thalassemia, both are hemoglobinopathies (HBP's, or are also called blood diseases). It is wise to request genetic counselling if you know that one of these serious conditions occurs in the

families of one or both of the partners. Remember to discuss this before you get pregnant. See also [www.erfelijkheid.nl](http://www.erfelijkheid.nl).

### Tip

An inherited disease is always congenital but does not always have to be noticeable at birth. The defect is there but the child does not become symptomatic until later. This is the case for example, with certain muscle diseases, blood diseases, diabetes, asthma, etc.



## Chromosomal defects (such as Down's syndrome)

Our body is made up of billions of cells. Each cell contains 46 chromosomes. All our genetic information is contained in these chromosomes. That information is unique for every individual. If there are defects in the chromosomes, disorders (diseases) can develop. Generally, the consequences of a chromosomal defect cannot be predicted. In the development of egg cells and sperm cells occasionally these cells do not have the normal 23 chromosomes, rather for example, 22 or 24 chromosomes. When these cells merge during conception, a foetus develops with more or fewer chromosomes. Down's Syndrome is one example of the affect of having an extra chromosome. However there are also other chromosomal defects.

## Congenital defects

Certainly not all birth defects are hereditary. They can also develop during pregnancy. We call these congenital defects. For example, alcohol abuse, vitamin deficiencies or infections -- such as German measles and toxoplasmosis -- there is an increased risk that a child can be born with a congenital defect.

## Prenatal screening: Probability testing

All pregnant women who want to know more about the health of their baby may request prenatal screening. The test that is then done is called the combination test. Prenatal screening calculates the chance that this child has Down's Syndrome or a trisomie 13 or 18. It is not possible to detect all defects and illnesses in the unborn baby. No single form of prenatal screening can guarantee that there is absolutely nothing wrong with your child.

## The combination test: When and how?

The combination test can only be done between weeks 9 and 14 of the pregnancy. With this test, the chance that a baby has Down's Syndrome or trisomie 13 or 18 can be calculated.

This test is a combination of three measurements.

- the baby's nuchal fold measurement,
- an early blood test for the mother
- and the age of the mother

The nuchal fold measurement measures the layer of fluid in the baby's neck. The thicker this fluid layer is the greater the chance of a baby with a defect. The nuchal fold can only be measured between 11 and 13 + 5 weeks of pregnancy. After that the nuchal fold disappears. The blood test investigates how much of two specific substances you have in your blood. These substances can best be measured when you are between 9 and 12 weeks pregnant. The results of both tests are then converted to a probability calculation. With this probability calculation your age, the duration of your pregnancy, your weight and whether or not you smoke are all taken into account. The probability increases if the outcome is greater than 1 to 200. This test does not provide you with actual certainty. Anyone can request this test. In principle the insurance will only cover it for women who are older than 36 years and for women who have previously had a baby with a chromosomal defect.

## Ultrasound, the 20-week sonogram

At 18-22 weeks of pregnancy a sonogram can detect physical defects in the baby. That is only possible if those defects are clearly visible on a sonogram. The sonogram is done with special sonogram equipment. It is done by a specially trained sonographer. If no defects are found, this does not mean that your child has absolutely no defects. Not all defects are easily visible after all.

### But what to do with the results of the test?

If you have been thoroughly informed about the condition for which your unborn baby is going to be screened, then you and your partner have time to think about what you plan to do once the results of the test are known. If defects revealed on the sonogram or if the probability in the combination test of a child with a defect is higher than 1 in 200, you may choose to have additional testing. The main question is: do you want to terminate the pregnancy if testing shows that there is a baby with a congenital defect? This can be emotional time. It is possible that emotional discussions will cause tension and differences of opinion between the two of you. It is possible that you are balancing between hope and fear. There are parents who choose to prepare as well as possible for a child who

has a congenital defect. However if you are considering terminating the pregnancy, you absolutely must discuss this immediately with your midwife or doctor.

### **Small chances, big chances**

There is no test that can guarantee a healthy child. The results of prenatal screening can only tell you if there is a chance of a specific congenital defect. If there is only a small chance the defect can still be present. On the other hand, if the chance is greater (greater than 1:200) this does not ensure that the defect is truly present. If there is an increased risk you can have follow-up testing (amniocentesis or chorionic villus sampling) done. This is your own choice. These follow-up tests are paid by your health insurance, even if you are not yet 36 years old.



### **Prenatal diagnostics**

If you are 36 years old or older or already have a child with a chromosomal defect you may choose to have another test. This is called prenatal diagnostics. The tests are amniocentesis and chorionic villus sampling. The drawback is that you will have a higher chance of a miscarriage due to these tests. The chance of this is 1 to 2 % for both tests.

## Chorionic villus sampling

With chorionic villus sampling you will know for certain whether or not your baby has a chromosomal defect (for example Down's Syndrome). A small amount of tissue (chorionic villus) is removed from the placenta via the vagina or abdominal wall. The test can be done between the 11th and 13th week of the pregnancy. You will receive the results after 1 to 2 weeks.

## Amniocentesis

With amniocentesis, you will know for certain whether or not your baby has a chromosomal defect (for example Down's Syndrome). A long, thin needle is inserted through the abdominal wall into the uterus. In this way a small amount of amniotic fluid is drawn up. Alpha-Fetoprotein levels can be determined from the amniotic fluid. An increase can also indicate spina bifida. It takes 2 to 3 weeks before the results can provide you with certainty. It is best to have this done as early as possible, from 14 weeks of pregnancy.

## What does your insurance pay for?

In principle your health insurance provider will only pay for a test:

- If there is a medical indication. That means: If there are congenital or hereditary conditions in your immediate family or in your partner's family.
- If you are 36 years old or older
- If you or your partner has a hereditary disease. Tests for specific defects will be paid for.
- If you take (or have taken) medication that could be harmful for the baby
- If you have previously had a baby with a defect

The midwife can tell you precisely which tests you qualify for. You can read in your insurance policy what is financially possible.

### Tip

More information over prenatal testing can be found at [www.erfocentrum.nl](http://www.erfocentrum.nl) of [www.vsop.nl](http://www.vsop.nl) or [www.zwangerstraks.nl](http://www.zwangerstraks.nl).



# Dilemmas

## A baby with a defect

If the results of the prenatal testing show that your child has a specific defect, you will most probably be faced with an extremely difficult decision. It is generally not possible to cure hereditary or congenital defects. Furthermore, it is not always possible to determine how serious a defect is. The consequences for the child are sometimes difficult to predict. Are you going to terminate the pregnancy or are you going to have the baby? That is of course your personal choice. The midwife or family doctor can assist you with this decision. They can provide you with more information on the defect that your baby has and they can bring you in contact with people who have had the same experience.

## Making a decision

A bad outcome must first be dealt with. The baby you wanted so badly and were so happy about is not healthy. Accepting that fact is a process. Talking, thinking and collecting information and often lying awake with worry will follow. After weighing the problems and possible solutions you ultimately come to a decision that is the right one for you. When making such a difficult decision many emotions rise to the surface, emotions that one has never

been aware of before. It is important to take the time to reflect before you make a decision. Your personal situation and beliefs play a major role.

## Counselling

Ultimately however, it is your decision. Emotions and reasoning powers are often intertwined. The midwife can support you by helping you to list all of the pros and cons and all of the possibilities. She will also counsel you if you decide to have an abortion. If you choose to continue with the pregnancy she is also there for you, even if your baby has a handicap. When you are going to deliver a baby with a disorder, you must go to the hospital where your baby will be given the care he requires. You will be under the care of a gynaecologist. Your midwife will help you to search for a suitable hospital.

## Abortion?

If you decide to terminate your pregnancy the midwife will refer you to a gynaecologist at a hospital near you. The manner in which the pregnancy is terminated depends upon the duration of the pregnancy. In the Netherlands an abortion may be done up to the 24th week. Up until approximately 13 weeks the gynaecologist can aspirate the

uterus with a small tube. This is called suction curettage. If the pregnancy is further advanced, abortion can generally only be done by inducing labour. The abortion is in that case delivery of a non-viable baby. See also [www.siriz.nl](http://www.siriz.nl).

After an abortion, women can sometimes have feelings of grief, shame and failure. In this situation both partners have their own feelings of mourning and grief. They sometimes process this the same way, and sometimes differently. Some people avoid situations that remind them of the occurrence and some people want to talk about it often. The midwife will talk to you about all of these feelings and how you and your partner can give it a place in your lives together. She can also assist you in seeking psychological help.

# If you cannot get pregnant

## Impatience and disappointment

If you cannot manage conceive, it can be very distressing. You long for a child and perhaps you have already prepared yourself thoroughly and adjusted your lifestyle. In the meantime friends or colleagues, who started planning to have a baby later than you, perhaps already have their child at home in a cradle. Of course you are happy for them, but it is a huge disappointment and feels unfair that you are not yet expecting a baby. Other people do not know or understand how strong these feelings can be and how much they can influence your lives.

## What can you do?

If you are still not pregnant after 6 to 12 months of trying, you can start by checking if you are ovulating each month. That is possible using the 'basal temperature method'. Do not start too quickly. Many people become so obsessed with their cycle that they can no longer make love spontaneously and with pleasure. You could also make an appointment with a midwife. To find a midwife with consultation for potential parents go to [www.knov.nl](http://www.knov.nl).

## How does the basal temperature method work?

To start, you must know that the body temperature increases as soon as ovulation has occurred. The difference with your normal body temperature is that day approximately 0.3 to 0.50 higher. Your temperature decreases again when your menstrual period starts. When you become pregnant your temperature remains somewhat elevated. The basal temperature method is based on that difference in body temperature before and after ovulation. Every morning before you get up or go to the toilet and wash, you take your temperature. You record this on a chart. See pg. 28. As soon as the temperature is 0.30 to 0.50 higher you are already too late to have intercourse before ovulation, because it has already occurred. An example:

Say your temperature is always 36.50 and the day after ovulation your temperature rises 0.3 degree, so that it is now 36.80. You calculate which day in your cycle this is, for example day 15. If it is still day 15 after 3 months, you then know that you ovulate on the 14th day and that is the day (and the days preceding it) to have intercourse in order to have the best possible chance of a pregnancy. Of course the man must also try to make sure that his sperm is in optimum condition. Also let the midwife or doctor know if one of the situations below is applicable to your partner.

### Tip

A temperature curve is also handy when you go to the doctor because you have not been able to get pregnant. This provides the doctor with a quick insight into one of the most prevailing problems when conception does not occur: namely, whether or not you are ovulating.



### After a year: Time for further testing

If you are not pregnant after a year and would still like to get pregnant, it is then a good idea to make an appointment with your family doctor who will then refer you to a gynaecologist.

### Tip

There is a patient organisation for people with fertility problems: [www.freya.nl](http://www.freya.nl)





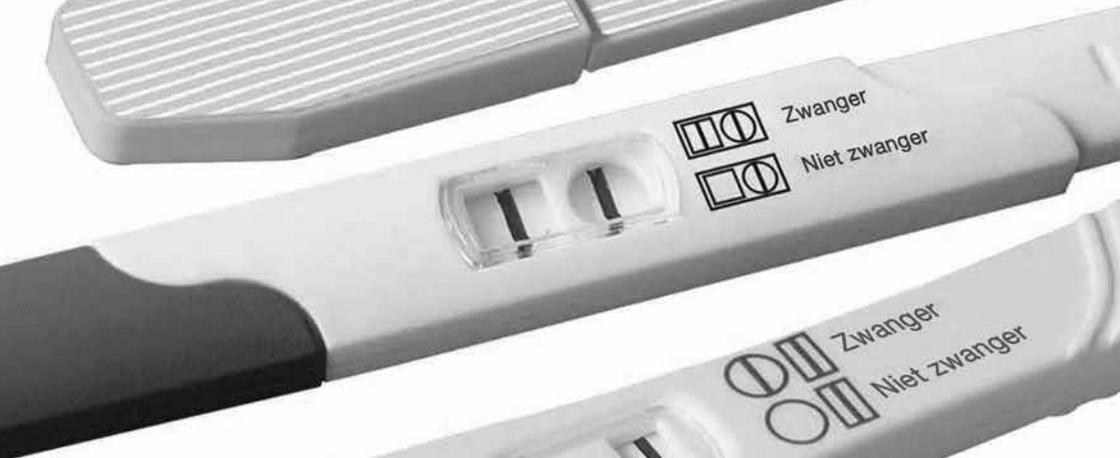
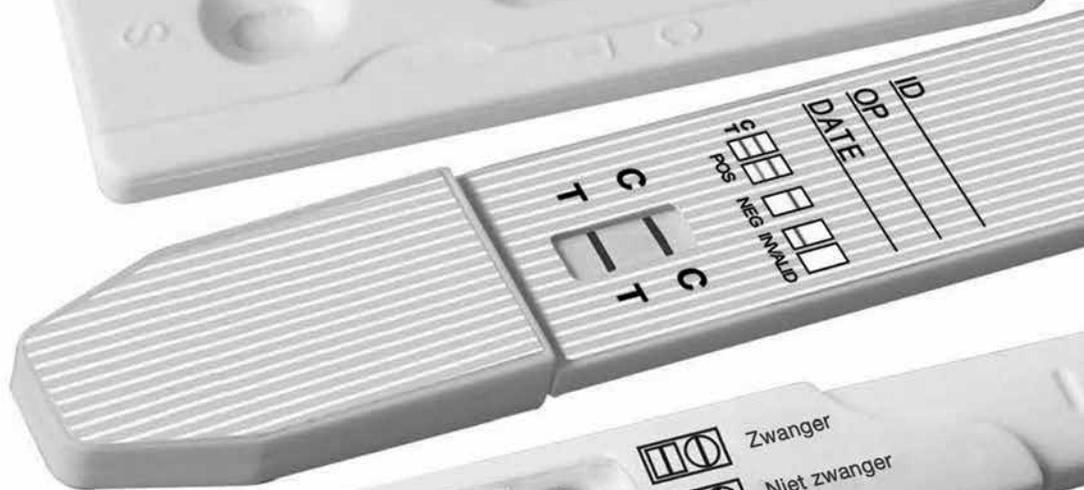
# Pregnant?!

## Pregnancy tests

If you want to know if you are pregnant, you can do a pregnancy test. Each pregnancy test reacts to the hormone HCG. A fertilised ovum produces this hormone when it becomes implanted in the uterus. You can do a test as soon as your period is just a few days late. Sometimes a test indicates 'not pregnant' but if you feel pregnant, it is possible that there is not enough of the hormone yet in your urine for a positive test outcome. If you do not trust the results you can repeat the test after around 7 to 10 days. There are various types of tests on the market. Many drug stores sell their own brand of pregnancy test. These tests are also extremely reliable.

## A positive test, what then?

If the pregnancy test is positive, you can suddenly start to have a whole range of different emotions: joy, happiness, confusion, amazement, insecurity, concern, but also a feeling of : 'Help! Can I do this or do I want this?' This is all normal. A pregnancy has an enormous influence on your life so it is logical that you are suddenly hit by so many emotions. Furthermore, you may suddenly have many questions. You can go to the midwife with these questions. Are you looking for a midwife? Go to [www.knov.nl](http://www.knov.nl). You



can also find a great deal of information on the website of the Centrum voor Jeugd en Gezin [Centre for Child and Family] in your municipality.

### **Go to the midwife as soon as possible**

The midwife will see you through your pregnancy, delivery and post-natal period. She monitors the pregnancy to make sure that it is going well and refers you to a gynaecologist if there are complications. She will answer all your questions as well as possible. She will also provide you with information concerning a healthy lifestyle and tests during the pregnancy. She can also inform you about Moeders voor Moeders [Mothers for Mothers], if you would like to take part. Some information is important to have very early in the pregnancy. It is therefore good to make an appointment with the midwife as soon as possible. The first appointment in the pregnancy is generally when you are between 8 and 10 weeks pregnant. Your family doctor knows all of the midwives in the area. You can also go to: [www.knov.nl](http://www.knov.nl). On this site you will find not only the midwife in your area but also the midwife practice that most appeals to you.

## Miscarriage

The first weeks of a pregnancy are exciting. A great number of things are happening to your body that you have no control over. Many people would prefer to check every day to see if everything inside is going alright. The chance of a miscarriage is the highest the first 12 weeks. Still, the only thing you can do is to wait it out. A beating heart can be seen on a sonogram from the 7th to 8th week of pregnancy. However, even then, you are still unsure if the pregnancy will continue to go well. In the beginning it is possible that you may lose a little blood. This occurs often and the only thing you can do is wait. If you only lose a bit of blood, if it stops by itself and if you do not have any cramps, then there is generally no problem. If you lose a great deal of bright red blood and you have cramps, it is possible that you are having a miscarriage. If that is the case, call your midwife. She will talk to you about what can happen, provide you with information and if necessary support you. Sometimes, it is only during the first sonogram that it becomes clear that the foetus is no longer alive. That is a very distressful, especially if you did not expect it. At that moment many women want to terminate the pregnancy as soon as possible. However, it is healthier to first wait and see what your body is going to do and to give it the chance to expel the foetus itself.

If this does not happen, or if you do not want to wait any longer, you can then go to the gynaecologist for a dilatation and curettage. During curettage the foetus is aspirated from your uterus. This is done under a general anaesthetic or an epidural. If you have already had two or more miscarriages, then you can have chromosome testing done. This is a test which examines whether or not you have a specific defect in your DNA which causes you to miscarry more often. Unfortunately the reason for one or more miscarriages is often not clear.

You can arrange to have chromosome testing through your family doctor.

You can find more information on miscarriages at [www.nvog.nl](http://www.nvog.nl) or you can always contact your midwife for advice and medical counselling.

### Tip

A miscarriage can cause you an enormous amount of grief no matter how far advanced the pregnancy was. You may mourn for a long time over the baby you did not have. This is normal. You must say farewell to this baby and to the idea of a pregnancy. You may also feel guilty. It is good to know that research has shown that most miscarriages occur because there was something defective in the foetus. Take your time to process a miscarriage, both physically and mentally.



## Organising things in the beginning of the pregnancy.

### *Obstetric and post-natal care ('kraamzorg')*

Once you are pregnant the most important thing to organise right away is an appointment with the midwife. After that it is important to arrange post-natal care as soon as possible. In the Netherlands we have special 'kraamverzorgenden' for post-natal care. A kraamverzorgende is a medical trained nurse. The kraamverzorgende assists the midwife during the delivery and does important medical check-ups of mother's health and that of the baby. It has been decided to use the Dutch name 'kraamverzorgende' in the Growth Guide.

During the first week after the delivery the kraamverzorgende comes to you at home every day to check on you and your baby until the child is eight days old. You must recover from the delivery and the baby must learn how to nurse well. During the first week in particular you are both extremely fragile so these daily check-ups cannot be missed. As new parents you probably also have a great many questions about the care of your baby. The kraamverzorgende can help you with this.

The midwife has a list of agencies with kraamverzorgende that she prefers and often works with. It is important that you let your health insurance provider know about your choice of maternity agency (postnatal care agency).

Registering for post-natal care is done, mainly via your insurance or directly via the maternity agency itself. You may call the maternity agency or the healthcare provider for more information.

### *Antenatal classes and breastfeeding courses*

It is also fun and helpful to take an antenatal class. Do this as early as possible in your pregnancy.

Research has shown that women who have taken a antenatal class are more satisfied with their delivery than women who have not taken such a course. Moreover it is useful and fun to take a antenatal class. You will be given information about the delivery, breastfeeding and about bonding with your baby. You will also be given tips for physical exercise, posture and relaxation both for during the pregnancy and during the birth itself. Handy! At these courses you will meet other pregnant women. You may take a antenatal class by yourself or with your partner. You can generally start when you are approximately 26 to 28 weeks pregnant, although you must register earlier.

### **Getting to know your baby**

It is possible to attend information evenings. There are films on breastfeeding, on the delivery and on getting to know your baby. See [www.groeigids.nl/film](http://www.groeigids.nl/film). Register as soon as you are pregnant! Most of the classes and meetings fill up very quickly.



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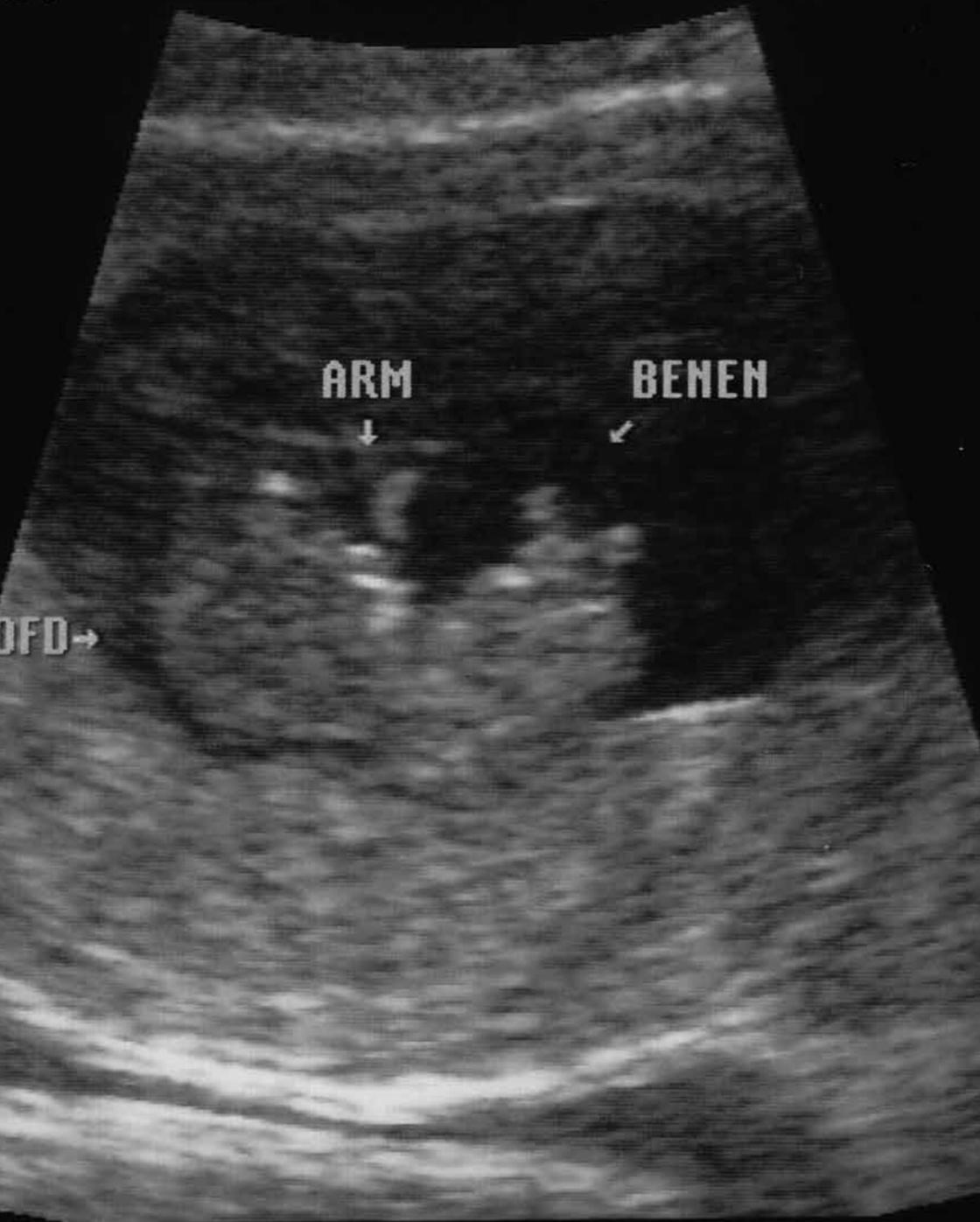
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# Addresses and websites

[www.groeigids.nl](http://www.groeigids.nl)

## **Prenatal diagnostics:**

[www.gr.nl](http://www.gr.nl) (National Health Council)

[www.knov.nl](http://www.knov.nl)

[www.prenatalescreening.nl](http://www.prenatalescreening.nl)

[www.erfelijkheid.nl](http://www.erfelijkheid.nl) (erfocentrum)

[www.zwangerwijzer.nl](http://www.zwangerwijzer.nl)

[www.zwangerstraks.nl](http://www.zwangerstraks.nl)

[www.hallowereld.nl](http://www.hallowereld.nl)

## **Heredity**

[www.vsop.nl](http://www.vsop.nl) (Organisation of collaborating Parent and Patient Organisations for hereditary and/or congenital conditions)

[www.erfelijkheid.nl](http://www.erfelijkheid.nl)

[erfo@erfocentrum.nl](mailto:erfo@erfocentrum.nl) (or call 0900-6655566 (€ 0.25 p/min.))

[www.ncfs.nl](http://www.ncfs.nl)

## **Fertility problems:**

[www.nvog.nl](http://www.nvog.nl) (Dutch Society for Obstetrics and Gynaecology)

[www.freya.nl](http://www.freya.nl)

## **Abortion**

[www.siriz.nl](http://www.siriz.nl)

[www.schorer.nl](http://www.schorer.nl)

[www.postbus51.nl/abortus](http://www.postbus51.nl/abortus)

## **Nutrition**

[www.slikeerstfoliumzuur.nl](http://www.slikeerstfoliumzuur.nl)

[www.voedingscentrum.nl](http://www.voedingscentrum.nl)

[www.eetstoornis.info](http://www.eetstoornis.info)

## **Fathers**

[www.ikvader.nl](http://www.ikvader.nl)

[www.jongevader.nl](http://www.jongevader.nl) (teen-fathers)

## **Breastfeeding**

[www.borstvoeding.com](http://www.borstvoeding.com)

[www.borstvoeding.nl](http://www.borstvoeding.nl), or call (0343) 57 66 26. (Via this website, you will be directed to [Society for Breastfeeding] Vereniging Borstvoeding Natuurlijk, La Leche League, Stichting Zorg voor Borstvoeding, or Nederlandse Vereniging van Lactatiekundigen.)

## **Smoking, alcohol and drugs:**

[www.stivoro.nl/stoppenmetroken](http://www.stivoro.nl/stoppenmetroken)

[www.alcoholpreventie.nl](http://www.alcoholpreventie.nl) (foundation Alcohol Prevention)

[www.alcoholinfo.nl](http://www.alcoholinfo.nl)

[www.jellinek.nl](http://www.jellinek.nl)  
[www.fasstichting.nl](http://www.fasstichting.nl)

**Adoption and foster care:**

[www.adoptie.com](http://www.adoptie.com)  
[www.pleegzorg.nl](http://www.pleegzorg.nl)

**Other information:**

[www.minszw.nl](http://www.minszw.nl) (on pregnancy and work)  
[www.babyopkomst.nl](http://www.babyopkomst.nl) (pregnancy leave)  
[www.kinderopvang.pagina.nl](http://www.kinderopvang.pagina.nl) (everything about childcare)  
[www.minvws.nl](http://www.minvws.nl) (Ministry of Health, Welfare and Sports)  
[www.socialezekerheid.nl](http://www.socialezekerheid.nl) (or call (030) 230 67 55)  
[www.soa.nl](http://www.soa.nl) (venereal diseases)  
[www.hivnet.org](http://www.hivnet.org)

**Professional organisations:**

[www.knov.nl](http://www.knov.nl) (Royal Dutch Organisation of Midwives, KNOV)  
[www.nvog.nl](http://www.nvog.nl) ([Dutch Society for Obstetrics and Gynaecology] nederlandse vereniging voor obstetrie en gynaecologie, NVOG).

**Prenatal exercises and support:**

[www.zwangerschap.pagina.nl](http://www.zwangerschap.pagina.nl)  
[www.samenbevallen.nl](http://www.samenbevallen.nl)

[www.waterkinderen.nl](http://www.waterkinderen.nl)

[www.mensendieck.nl](http://www.mensendieck.nl)

[yoga.pagina.nl](http://yoga.pagina.nl) (prenatal yoga)

[haptonomie.pagina.nl](http://haptonomie.pagina.nl) (prenatal haptonomy)

[www.cursusbevallen.nl](http://www.cursusbevallen.nl)

[www.meerling.pagina.nl](http://www.meerling.pagina.nl)







# Colophon

The Growth Guide is a publication by the Municipal Health Authority [GGD] Amsterdam. The Guide consists of seven volumes: Planning for Parenthood, Pregnant, Breastfeeding, Post-natal period, 0 - 4 years old, 4 – 12-years old and Puberty. Together these seven volumes make up the Growth Guide but they can also be used separately and are applicable throughout all of The Netherlands.

The following organisations have collaborated on the Growth Guide: Various Amsterdam midwife practices, Eerste Lijnszorg Amsterdam (ELA account midwifery), [Amsterdam Primary Care], Amsterdam Circle of Midwives, Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV), [Royal Netherlands Organisation of Midwives] various agencies in Amsterdam for post-natal care, Vereniging voor Borstvoeding Amsterdam, [Breastfeeding Organisation] Jeugdgezondheidszorg Stichting [Youth Healthcare Foundation] Amsterdam Healthcare Centres, Jeugdgezondheidszorg GGD [Municipal Youth Healthcare] Amsterdam, Jeugdgezondheidszorg GGD Hollands Midden, Bureau Jeugdzorg Agglomeratie Amsterdam, Pedagogic advisors from parenting support centres in Amsterdam, various specialists and parents.



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# Reference wordlist

## A

Abortion?	61
Additional testing	54-56
Addresses and websites	75-77
Age	40
Alcohol	16,28,42
Amniocentesis	57,58
Antenatal classes	73

## B

Blood diseases	52
BMI	23-25
Breastfeeding	19
Breastfeeding courses	73
Breast surgery	19
Boxer shorts	44

## C

Caffeine	26
Cervix, changes in	34-35
Chromosomal defects	53
Chorionic villus sampling	58
Clothing for the man	44
Coffee	26
Combination test	54,56

Congenital defects or conditions	51-54
Consultation for potential parents	11,15,63
Contraception, stopping	46
Courses	73
Cycle	37
Cystic Fibrosis	52

## D

Dilemmas	60-61
Disappointment	63
Down's Syndrome	53
Drugs	29,43

## E

Eating disorders	25
------------------	----

## F

Female biology	33-34
Fertile, when?	37
Fertility problems	63-65
Foetal alcohol syndrome (FAS)	28
Folic acid	217,0
Freya	65

## G

Greatest chance	39
-----------------	----

## H

Harmful substances	44
Healthy diet	11,21,41
Heredity	52
Homosexuality	13

## I

Impatience	63
Information evenings	73
Insurance	55-59,72,73
Interpreter	3

## K

Kraamverzorgende	72
------------------	----

## L

Living environment	30,44
--------------------	-------

## M

Male biology	33
Male fertility	41
Maternity agency	71,73
Medication	14,30
Midwife	43,69
Miscarriage	70
Missionary position	47

## N

Natural Family Planning 48-49

## O

Older than 36 years old 57,59

Ovulation 31,37-39,47

## P

Physical signals 48-49

Postnatal care 72

Preconception clinic 15

Pregnancy courses 73

Pregnancy tests 67

Pregnant again 18

Prenatal screening and diagnostics 54-59

Previous pregnancy 18

Probability testing 54

## R

Results of the test 56

## S

Sexual positions 47

Smoking 14,27,42

Sonogram 56,70

Sperm quality 45



Sperm weakeners	42-44
Sport and exercise	32
Strong semen	45
Stress	11,31

## T

Temperature fluctuations	64
Temperature method	64
Test results and then?	69

## U

Ultrasound	56,70
------------	-------

## V

Vaginal discharge	39
Vegetarian lifestyle	26
Vitamin B12	26
Vitamin D	20

## W

Websites and addresses	75-78
Weight control	22
Weight gain	24
Weight loss	2













