

LIVING WELL:

GUIDE TO

Pregnancy+Fertility

BY CHERYL FENTON





It seems the second you trade in your birth control for a baby name book, you're bombarded with questions, concerns, and advice. The more you read, watch, and hear, the more overwhelmed you can get. Soon questions lead to more questions: Why am I not getting pregnant right away? How should I exercise when I'm pregnant? What foods should I avoid? Here's some expert advice to help take a bit of the guesswork out of the exciting (and sometimes frustrating) journey from conception to birth.

Preparing for Pregnancy

It's important to ready your body for what your heart has already decided it wants. Schedule a preconception visit with your Ob/Gyn to discuss how to approach getting pregnant.

For starters, he or she may prescribe prenatal vitamins, the first step toward building a healthy body for you and for your future baby.

The most important aspect of prenatal vitamins is folic acid, which helps against neural tube defects. "Because the neural tube finishes developing at 26 days after conception (or around six weeks pregnant)," says Dr. Elizabeth Gittinger, a board-eligible Ob/Gyn who delivers at Winchester Hospital through Winchester Ob/Gyn Associates. "It's important to start taking them before you conceive." Ideally, all reproductive-aged women should be taking at least 400 mcg of folic acid per day; that increases to 600 mcg once you're pregnant.

Recently, there has been increased emphasis on omega-3 fatty acids, which are linked to enhanced brain growth and development in the baby. With this in mind, some prenatal vitamins include a

fish or flaxseed oil supplement pill. If your vitamins don't come with omega 3, add them on your own with an okay from your doctor.

Conception Troubles

Seems easy enough. Birds do it. So do bees. But sometimes conceiving isn't always that simple. It takes time and, depending on your lifestyle, may even require a few changes.

Most couples successfully conceive within a year, with a lucky eight out of 100 getting pregnant within a month, according to Gittinger. If you haven't gotten pregnant after 12 months if you're under 35, or six months if you're over 35, it might be time to get tested for common causes of infertility.

"Age is the biggest factor," says Dr. Diane Tarr of About Women By Women, a group of women Ob/Gyns who deliver at Newton-Wellesley Hospital, as well as work with couples on fertility issues. "A lot of couples are misinformed because they see celebrities having babies at 45. Fertility definitely declines towards 35, and some women between 35 and 40 have trouble conceiving."

"Male-factor infertility usually involves abnormal sperm. Female infertility can occur if a woman isn't producing eggs or if the uterus or tubes are structurally defective either due to an infection or a genetic issue," adds Gittinger. "Unfortunately, we don't always figure out why couples can't get pregnant. An Ob/Gyn can do most of the testing and some early interventions, but many couples will be referred to a fertility specialist."

Losing weight and avoiding substances such as cigarettes or alcohol are ways to help the situation before heading off to a fertility clinic. Another issue to consider is regulating an irregular period (one that has a cycle that fluctuates three or four days each month) with help from your doctor.

The main thing is to relax—something easier said than done during such a stressful time.

"Stress is a real negative for fertility," says Tarr. "When a woman comes in and says, 'I'm not getting pregnant,' that's a hard time to start talking about stress. Women need to have a healthy spiritual and mental-health lifestyle. Fertility centers teach mind-body programs to help women relax and focus."



Checkups and Testing

Once you're pregnant, the next step is to set up your first visit, often around the 10th week. During this visit, and each visit hereafter, you'll hear the fetal heartbeat (an exciting, unforgettable moment). Your doctor will discuss your family history and risk factors, as well as perform prenatal labs (some optional, others standard), including blood type, immunity to rubella, syphilis and hepatitis exposure, anemia, and HIV testing.

Many women will have an ultrasound at about 18 weeks. Plan on visiting your doctor every four weeks, until week 30, when appointments increase to every two weeks. Eventually, you'll see your doctor weekly as you progress closer to birth.

Depending on your age and ethnicity, there's a growing number of genetic chromosomal abnormality screenings available between late first and mid-second trimester. Based on these results or if you're over 35, you'll also be offered an amniocentesis or chorionic villus sampling, optional tests that have small fetal risk.



A Safer Pregnancy

Some day-to-day activities should be put on hold during pregnancy. Your baby's health might depend on it.

Although you don't have to get rid of Fluffy, now is the wrong time to be knee deep in litter box duty. The concern is toxoplasma, a parasite that can be found in feces and that causes brain damage in a small percentage of infected fetuses. If you must change litter, use gloves and wash your hands afterward.

When you're ready to relax in the tub, take the temperature. According to Tarr, "a nice warm bath is fine, but if you're dealing with temps over 100 in a hot bath or sauna, there's concern with neural-tube development and that it could cause abnormalities."

Another consideration is medication. What you once reached for to cure a headache (a common complaint during pregnancy) should now be kept on the shelf.

"During the first trimester, I recommend staying away from medication as much as possible," says Gittinger. "Most OTC [over-the-counter] medications are safe, although we recommend against using non-steroidal anti-inflammatory drugs during pregnancy." These include



FOOD DON'TS

There are three main dangers lurking in the food pregnant women eat that can cause serious illness to you or your unborn baby:

- + **Listeria**—a dangerous bacterium that can grow even in cold refrigerators
- + **Mercury**—a harmful metal found in high levels in some fish
- + **Toxoplasma**—a risky parasite found in undercooked meat and unwashed fruits and vegetables

Follow these food rules for a healthy pregnancy:

- + **DON'T** eat raw or undercooked meat, poultry, fish, or shellfish (sushi, raw oysters or sashimi).
- + **DON'T** eat swordfish, tilefish, king mackerel, or shark.
- + **DON'T** eat refrigerated smoked seafood such as whitefish, salmon, or mackerel. These products are usually labeled Nova-style, lox, kippered, or jerky.
- + **DON'T** eat refrigerated pâtés or meat spreads.
- + **DON'T** eat hot dogs or luncheon meats—unless they're reheated until steaming hot.
- + **DON'T** eat soft cheeses such as feta, Brie, Camembert, blue-veined cheeses, queso blanco, queso fresco, or Panela unless the label says they are pasteurized or made from pasteurized milk.
- + **DON'T** drink raw or unpasteurized milk, or eat foods that contain unpasteurized milk.
- + **DON'T** eat unwashed fruits and vegetables.

SOURCE: U.S. Food and Drug Administration; Center for Food Safety and Applied Nutrition

aspirin, Advil, Motrin, and Aleve. Other drugs to be avoided are Retin-A, Accutane, and ACE inhibitors.

"There are toxic substances everywhere—in food, medications, certain skin creams," says Tarr. "We don't know what some of those compounds do to an unborn fetus, so we like to limit those exposures."



Be Fit, Baby

The American College of Obstetricians and Gynecologists recommends pregnant women (barring any high risk factors) get 30 minutes of moderate exercise daily. And exercise is a wonderful way to get to know your body during this special time.

STAYING IN SHAPE

Here are a few exercises to keep moms-to-be fit. Never let your heart rate get above 140, and don't become overheated or dehydrated.

- + Aquatic exercise/aquatraining
- + Dance (if you've danced previously)
- + Incline walking on treadmill
- + Spinning class
- + Stationary cycling
- + Swimming
- + Yoga (after week 20, exclude all positions that require laying on your back)
- + Walking



"Pregnancy is one of the best times for a woman to listen to her body," says Dara Kelly, master trainer of pre- and postnatal fitness with The Sports Club/LA in Boston. "We spend so much time listening to other people's version of what our bodies should look like. This is the time to be completely focused on yourself and the baby you're trying to create."

"Staying fit helps keep the mother strong and healthy, so she's able to carry this baby with her for 9 months," she continues. "It also makes her strong for delivery and labor." A healthy body might mean you'll even drop the baby weight after birth more quickly.

This doesn't mean you run your first Boston Marathon at this point in your life.

"Don't start a new training plan or pick up horseback riding," warns Kelly. "Now's not the season to learn how to ski. Stick with the familiar, and work with that."

"Your baby needs all the energy it can get to help [him or her] grow," she continues. "Focus on feeling good, strong, and healthy so you have a strong, healthy baby. Don't push yourself."

Even if you've been an inline or ice skater for years, it's time to hang up the blades. Due to a surge in Relaxin (the hormone that prepares your body for birth by relaxing your joints), you might fall more often. Scuba, diving and contact sports should also be avoided.

There's no better way to tone up your arms (perfect for carrying around that little bundle) than weighttraining. Keep weights light and reps low so it isn't too much for your body.

If it all seems a little intimidating, join a prenatal exercise group.

"Going through your pregnancy with a group of women is a great experience," says Kelly. "It's fabulous because everyone is feeling the same way you are." Her weekly prenatal program M2B (Moms To Be) at The Sports Club/LA is an hour-long fitness program that is followed by a lecture and then "coffee talk."

Good Nutrition

Coffee makes you woozy. That after-work dirty martini all of a sudden seems too strong. Just a glance at a can of tuna makes you bathroom bound.

Some believe nausea is the body's way of protecting your baby from possible harm. But even though there's a grocery list of things to keep off your plate (see sidebar), it's still important to achieve good nutrition. Here are some basic guidelines:

- Keep caffeine to a minimum, no more than two cups a day.
- Put down that cocktail. No alcohol at all.
- Protein helps with the baby's physical and brain growth, so have anywhere from three to four servings of protein sources such as meat, soy, poultry, fish, peanut butter, and beans.

- Your diet should include iron-rich foods including lean meat, fish, poultry, nuts, and fortified breads and cereals.
- Calcium and vitamin D are two necessities for the baby's bone development, so have two to three servings of calcium-rich foods such as low-fat milk, yogurt, and cheese.
- You can safely eat up to 12 ounces of approved fish per week.

With the idea of “eating for two” feeding most women's diets during pregnancy, you really need to add only 300 calories a day to your diet.

Pregnant women of normal weight should aim for a 25- to 35-pound weight gain. Underweight and overweight women can gain 28 to 40 and 15 to 25, respectively. Women who are obese during pregnancy have more complications including an increased risk of hypertension, gestational diabetes, and blood clots. Babies of obese mothers are more likely to have neural-tube defects.

“Generally, weight gain is about 5 pounds in the first trimester, then a pound a week for most of the rest of pregnancy,” explains Dr. Gittinger. “Most women seem to have a month or so where they gain more than the expected pound per week, but as long as that doesn't persist, I don't worry about it.”

Gittinger also warns against dieting. “Even if you start out overweight, a weight-loss diet shouldn't be followed during pregnancy. If weight gain becomes excessive, I remind patients to keep exercising and to

decrease their carbohydrate intake and to limit salty foods.”

Christine Just, a certified nurse midwife who runs the child-birth education and fitness program at Isis Maternity in Arlington, Needham, and Brookline, counsels her patients all the time in nutrition.

“It's about having a balanced diet just like when you weren't pregnant,” Just explains. “When they say add 300 calories, they also mean cut out the junk and substitute healthier foods.

“It's a reassurance that you're taking prenatal vitamins, but these are a backup, not a substitute. You still have to eat a healthy balanced diet,” she continues.

Whether it's morning sickness, heartburn, or the fact that you can't fit a lot into your stomach, Just suggests trying smaller protein-rich meals throughout the day.

The main thing is to always consult your doctor and refer to him or her if anything seems out of the ordinary.

And enjoy this time. “It's all related,” explains Just. “The nutrition, the exercise, the general overall health—all mean an easier outcome for mom.”•