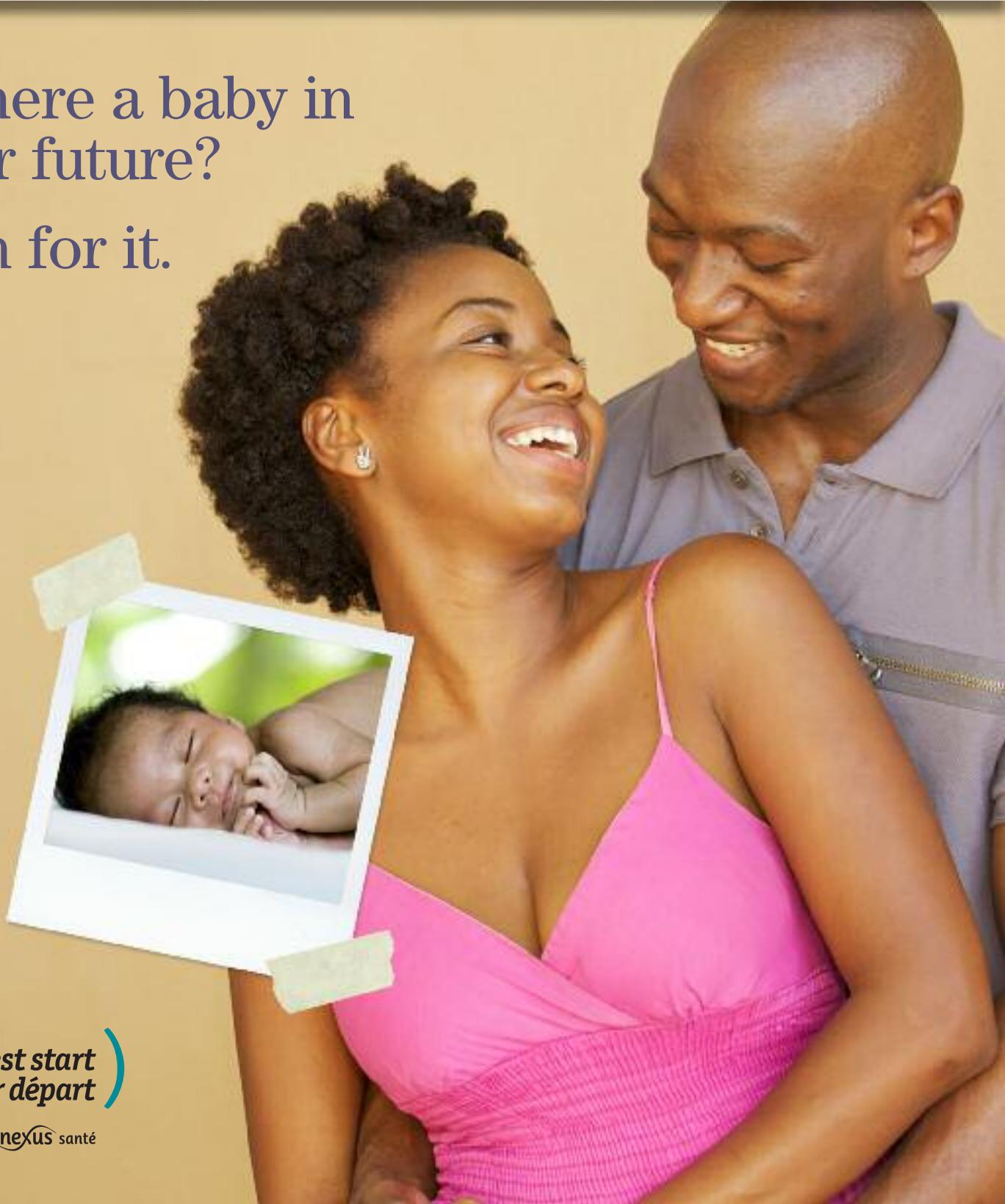


HEALTH BEFORE PREGNANCY WORKBOOK



Is there a baby in
your future?

Plan for it.



best start
meilleur départ

by/par health **nexus** santé



TABLE OF CONTENTS

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Is there a baby in your future?	2
Alcohol	4
Smoking	6
Medications: Over-The-Counter And Prescribed	8
Healthy Eating	10
Folic Acid	12
Being Active	14
Environment	16
Stress	18
Finances	20
Fertility	22
Age	26
For Men Only	27
HIV/AIDS	29
Sexually Transmitted Infections	31
Ready for Parenting	33
Reaching Out to Places, Services and People	35
Breastfeeding	37
Pregnancy Loss	39
Safe Relationships	41
Search Away	43



IS THERE A BABY IN YOUR FUTURE?

You plan for school, work, holidays and even your retirement. What about your baby? Parenting begins long before your baby is conceived.

Babies begin to develop even before women know they are pregnant. This means that the time to prepare for your baby's health is before you even get pregnant. There are things that both **men and women** can do to improve the health of their future children.

A baby can change your life. But are you ready? Making decisions about pregnancy can be challenging. Whether you are alone or with a partner, this workbook will serve as a guide to one of the biggest decisions you will ever make.

We used to think that saving some money, exercise and healthy eating were all we needed to do to get ready to start a family. These choices do make a big difference but there is more. This workbook will discuss some of the other things that can affect men and women and the health of their future children.

You'll find answers to commonly asked questions, checklists, activities to do, and lists of places to go and people to talk to for more information. Parenting is an important decision that will change your life. Planning ahead and thinking about your health *before* pregnancy can make a big difference to the health of your future children.

Planning on having a baby someday?

Congratulations on planning ahead! By thinking ahead, you and your partner can make plans and healthy choices, even before you get pregnant. By planning ahead, you will have time to:

- Think things over.
- Talk with your partner.
- Ask questions about your health.
- Find out about "health before pregnancy".
- Book a "health before pregnancy" check up with your health care provider.
- Make healthy choices.
- Start with the healthiest possible sperm and egg before pregnancy.
- Be as healthy as possible during the critical early weeks of pregnancy, before you even know you are pregnant.



Thinking about parenthood

You may be thinking about what a new baby might mean to you. You may be wondering whether the journey to parenthood is one you want to take. It is time to think about what is important to you, and how you will help your baby make sense of the world.



IS THERE A BABY IN YOUR FUTURE?

Fitting babies into your circle of life

We are all born into a community that shapes how we think, talk and act. This often affects what we believe about families, health and pregnancy. Even within a community, there are different ways of doing things. You might feel the same as your partner about who should care for children, yet your neighbours seem to have another plan that works well for them. This is the time to discuss your thoughts and feelings with your partner.

What does family have to do with it?

Ask yourself how you feel about....

- Being a parent.
- Health checkups before getting pregnant.
- Who should do what within the expanded family.
- Time with family.
- Staying home with children or working outside the home.
- What is important to you as you raise your children.
- Your body.
- Yourself as a person.

What about relatives?

Your baby will inherit characteristics from your family and the family of your partner. Whose nose will the baby have? What colour will his or her eyes be? Your relatives can help you celebrate your growing family, and can provide important support and information once the baby arrives.

Before pregnancy, think about your family and the family of your partner. Could there be any genetic concerns? In your family and your partner's family history are there any birth defects, disabilities, or illnesses that could be passed on to a future baby? If you have concerns, talk to a genetic counsellor.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local public health unit: 1-800-267-8097 or visit www.serviceontario.ca

Genetic counsellor: Canadian Association of Genetic Counsellors or www.cagc-accg.ca

Service Canada: www.servicecanada.gc.ca



ALCOHOL

Beer and hockey. Wine and food. Friends and liquor. For years, these pair-ups have been part of Canadian culture. But when people start thinking about having a baby, alcohol can cause many problems for both men's and women's fertility as well as damage a developing fetus.

Alcohol can affect a man's sperm. Men who drink alcohol have a greater chance of having low sperm counts – making it harder for a couple to get pregnant. We know that each time a woman drinks, the alcohol will reach the growing baby. The baby's body and brain can struggle to develop normally. The child could face future problems in their intellectual and physical capabilities and behaviour. These are challenges no parent would want to risk if they had a choice. If you are planning a pregnancy, you need to avoid all alcohol all of the time once you stop using birth control and know there is a chance of pregnancy.

What is your drinking personality?

The facts about alcohol become more sobering when you start talking about pregnancy. For you and your partner, this could be a time to take a close look at old habits. Will your desire to have a healthy baby be enough for you to stop drinking alcohol? Ask yourself these questions:

- What are the reasons I choose to drink?
- How often is alcohol a part of my life? (daily, monthly or at social events)
- How would I feel about not drinking at all at the next party I am invited to?
- Do I associate drinking with smoking, eating, watching TV or other activities?
- How long would it take me to become alcohol-free?

Am I hooked?

"I like to have a few drinks now and then. I don't really need it. I can give it up any time." Or can you? If you have a drinking problem, often you are the last person to recognize it. Even if you know you have a drinking problem you probably don't talk about it. What is a drinking problem?

Answer yes or no to the following questions:

- I feel I should cut down on my drinking.
- People annoy me when they bug me about my drinking.
- I sometimes feel guilty about my drinking and the behaviour it causes.
- At times I drink first thing in the morning to steady my nerves or treat a hangover.
- On days when I have alcohol, I drink more than 2 drinks*.
- I drink more than 11 drinks* in an average week (women).
- I drink more than 14 drinks* in an average week (men).

* One standard drink is:

- one bottle of beer (341ml, 12oz, 5% alcohol)
- one bottle cooler (341ml, 12oz, 5% alcohol)
- one glass of wine (142ml, 5oz, 12% alcohol)
- one small glass sherry or port (85ml, 3oz, 18% alcohol)
- one shot of spirits (43ml, 1.5oz, 40% alcohol)

All of these contain the same amount of alcohol and will have the same effect on the fetus. Check the container. Some beverages contain higher amounts of alcohol.

If you answered "yes" to any of these questions, you could have a drinking problem that needs attention before you enter into pregnancy.





ALCOHOL

What you can do

People drink alcohol at different times for different reasons. You have your own. Think about when you drink. What other activities can you do instead, even before pregnancy?

I can...

- Use alcohol-free mixers at parties
Mocktails for Mom
www.beststart.org/resources/alc_reduction/LCBO_mocktail_Eng_LR.pdf
- Become active before pregnancy.
- Read a book on parenting or other interests.
- Talk with a friend.

My ideas of other activities I can do instead of drinking alcohol:

So much has been written about alcohol and health. On one hand, studies tell us that small amounts of alcohol may protect our hearts. On the other hand, studies also tell us that more than 2 drinks a day may lead to possible health problems. **What we do know is that pregnancy is not a time for drinking – it is a time for new beginnings. In fact, it is best to stop drinking *before* pregnancy.**

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local community mental health services: www.cmha.ca

Alcoholics Anonymous (AA): www.aacanada.com

To find an Al-Anon or Alateen group: www.al-anon.alateen.org

Canadian Centre On Substance Abuse: www.ccsa.com

Centre for Addiction and Mental Health: www.camh.net

Local public health unit: 1-800-267-8097

Motherisk, Alcohol and Substance Use Helpline: 1-877-327-4636 or www.motherisk.org

Drug and Alcohol Facts Information Line (Centre for Addiction and Mental Health):
1-800-463-6273



SMOKING

Taking baby steps for a healthy baby

Have you talked about quitting smoking before? It can be hard. Smoking is a habit and an addiction. There are many reasons why people smoke, but now you also have a good reason to quit. A baby may be in your future. By just thinking about stopping smoking, you have already made a start.

Smoking can affect a future pregnancy even before you get pregnant. In fact, smoking can make it more difficult for you to get pregnant. Smoking reduces fertility for both men and women. Being in a smoke-filled room can also have the same effect.

You may have heard that smoking can cause a baby to be born too soon or too small. A smaller baby

does not mean an easier delivery. And after birth, a baby born to smoking parents can be harder to take care of. That could mean more crying, colds, ear infections and lung problems. Some people think that quitting smoking causes stress for your baby. That is not true. Quitting smoking or cutting back before or during your pregnancy is good for your baby. It is not easy, but deciding how to quit today is an important beginning to a healthier future. You've just taken the first step to quitting by reading this! If you have made a promise to yourself to quit smoking, you will want to know the facts about smoking and the health of your baby and partner.

THE MYTHS

We can wait until we're pregnant and then quit smoking.

My friend smoked when she was pregnant and her baby is fine.

Smoking will keep me from gaining too much weight when I am pregnant.

If I smoke "light" cigarettes, they are less harmful.

THE FACTS

It may take some time to quit smoking. That's why it is good to do it now – *before* you get pregnant.

Tobacco takes its toll in ways you can't always see. Some effects may not show at the time of birth and emerge later on in life.

Pregnancy calls for eating well. Weight gain is a natural and important part of growing a healthy baby. You will lose weight naturally after the birth by healthy eating, being active and breastfeeding. To learn more about weight gain in pregnancy go to: www.hc-sc.gc.ca/fn-an/nutrition/prenatal/qa-gest-gros-qr-eng.php.

People take in as much tar and nicotine from "light" cigarettes as from regular ones.



SMOKING

Your health, your baby's health

Smoking or exposure to second-hand smoke during pregnancy means a higher chance of:

- Miscarriage.
- A baby born too early or underweight.
- Labour and delivery complications.

When you smoke, your baby smokes!

- The chemicals in tobacco smoke get into a baby's blood stream cutting oxygen by 25 %, affecting growth and overall health.
- A small child held by a smoking parent takes in more cancer-causing chemicals per kilogram of body weight than the parent.
- A baby exposed to second-hand smoke is more likely to develop colds, coughs, ear infections, and breathing problems including asthma and illnesses such as pneumonia.
- A smoker's baby is more likely to need hospital treatment due to illness in their first year of life.
- A baby exposed to second-hand smoke is twice as likely to die of sudden infant death syndrome (SIDS).
- Exposures to toxins in third-hand smoke, which attaches to surfaces and may be present for a long time, may have an impact on a baby's lung development.

Clear the air — you're almost there!

The chemicals in tobacco smoke will harm smokers and those exposed to second-hand smoke. Smoking is a leading cause of impotence and lowers sperm count in men. Smoking also makes it harder for some women to get pregnant. That's why a decision to clear the air of smoke needs to be a family affair, not just the promise from one parent. Knowing the harm that smoking causes to you and your family, takes you halfway to kicking the habit. You may have tried to quit before. You may think that you can't. But studies show that the more often you try, the more likely you will finally do it – for good.

Strategies you can work on now.

- Make your home and car smoke-free; restrict smoking to outside.
- Decide to quit and set a quit date. You will be joining millions of people who have succeeded, some even after decades of smoking.
- Quitting has several steps. You have started by just thinking about it. Now keep going.
- Know your best supports. Keep those people close and ask them for help to stay on track.
- Don't lose faith if you slip back into smoking. Never give up on yourself or your partner who might be trying to quit.

Did You know...

Smoke-Free Ontario Act prohibits smoking in vehicles when children under the age of 16 are present?

The law aims to protect children from second-hand smoke, as they are especially vulnerable to toxic chemicals. Second-hand smoke in vehicles is more concentrated and can be up to 27 times greater than in the home of a person who smokes.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local public health unit: 1-800-267-8097

Smokers Help Line: 1-877-513-5333 or www.iwillsucceed.ca

Stop smoking program or group: www.pregnets.org

The Lung Association Tobacco Line: 1-888-344-LUNG (5864) www.on.lung.ca or visit www.smokefreeride.ca



MEDICATIONS: OVER-THE-COUNTER AND PRESCRIBED

Relief for adults – risk for the unborn

Many people use over-the-counter drugs (OTC). These are medications bought without a doctor's prescription.

We are used to treating headaches, coughs and other illnesses with medications by pulling a remedy out of the medicine cabinet. But when a couple is planning a pregnancy, the door of the medicine cabinet should not be opening as often! A drug that is safe for an adult may not be safe for a developing baby.

Drugs come in many disguises...

OTC drugs include painkillers, sleep-aids, laxatives and others. Don't be fooled – vitamins and herbal treatments are drugs too. OTC drugs are misleading because you don't need a prescription. And the directions on the label may not apply to pregnant women. They are still serious drugs and a growing fetus can absorb all drugs. Also some OTC drugs can be addictive—painkillers, nasal sprays or laxatives.

Before you get pregnant, talk to your health care provider about all the drugs,

vitamins and herbal treatments that you use.

Drug-test your know-how

Before taking OTC drugs, ask yourself...

- Why am I taking it?
- What type of drug is it?
- Are there limits to who should use it or with what?
- Am I taking more than the recommended dose?
- Can it harm my baby if my partner or I get pregnant?
- Is there something safer that I can do or use?
- Have I consulted with a health care professional?

Drug-free answers for common health problems

Many people face the health challenges below, but the first treatment does not have to be drugs. Below are some alternative suggestions.



Your first steps!

When planning a pregnancy I will...

- Assume that all OTC drugs could affect the safety of my developing baby.
- Talk to my health care provider or pharmacist before taking any OTC drug.
- Read instructions on the OTC drug labels.
- Keep track of what I am taking and how much.

SLEEPLESSNESS	PAIN	COLDS OR FLU	CONSTIPATION
Exercise regularly	Take a bath or a shower	Reduce activity	Don't put off the "urge" to go to the bathroom
Relax – breathe deeply	Relax	Get some rest	Eat a high fibre diet
Keep a regular sleep routine	Do simple exercises	Eat a balanced diet	Drink 8-10 glasses of water every day
Avoid caffeine, especially after 3pm	Massage	Drink plenty of fluids	Be active every day
Avoid nicotine and alcohol	Talk with friends and relatives	Use a cool air vaporizer	Eat 7-8 servings of vegetables or fruits every day.
Drink warm milk before bed	Think of something else — book, movie	Gargle with salt water or suck on hard candy	Choose whole grain cereals and bread

If you have been taking OTC drugs for an ongoing or worsening problem, consult with your health care provider.



MEDICATIONS: OVER-THE-COUNTER AND PRESCRIBED

Prescription Drugs

If you currently use prescription drugs, talk to your health care provider.

You may be advised to:

- Continue using your prescription.
- Switch to a safer prescription.
- Lower the dose of your prescription.
- Stop using the prescription.

Recreational Drugs

Recreational drugs such as marijuana and cocaine may affect the quality of sperm and eggs. The effect of recreational drugs may not be identified immediately after birth. The effects usually show up at a later date in the form of learning disabilities. It is safer to stop using recreational drugs before planning a pregnancy.

My drug diary

I now take these drugs regularly

Changes I have been advised to make to prepare for pregnancy:

Did You know...

Babies born to mothers who use street drugs:

- May have brain damage that will affect their ability to learn.
- Are smaller than other babies.
- Cry a lot more and are more likely to be fussy.
- Can be born with an addiction.

OVER-THE-COUNTER DRUGS	PRESCRIPTION DRUGS	RECREATIONAL DRUGS

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Pharmacist:

Motherisk Home Line: 416-813-6780 or www.motherisk.org

Canadian Centre on Substance Abuse: www.ccsa.ca or 613-235-4048

Canadian Mental Health Association: www.cmha.ca or 613-745-7750



HEALTHY EATING

Your recipe for a healthier baby!

Babies often get a good head start on growing, well before most women learn that they are pregnant. The food choices you make before and during pregnancy affect how well a baby forms and grows. Those choices also help a woman gain a healthy amount of weight during pregnancy.

If you are eating a healthy diet and are taking a multivitamin with folic acid before you become pregnant, you will have helped your baby get the best possible start.

Now is a great time to make positive changes in your eating habits for both you and your partner. This will not only give you good health before you conceive, but create healthy habits for your future growing family.

Your choices

Following Canada's Food Guide will help you and your baby get the nutrients you need. For each statement below about Canada's Food Guide, check the 'Yes' or 'No' box that applies to you.

Do you eat regular meals and snacks?

YES NO

Try to include foods from at least 3 of the 4 food groups at meals and food from at least 2 food groups for snacks to be sure you are eating a variety of foods throughout the day.

Do you eat 7-8 servings of vegetables and fruit each day?

YES NO

Vegetables and fruit will give you important vitamins, minerals and fibre. Choose dark green and orange vegetables and fruit more often. Try to choose vegetables and fruit prepared with little or no added fat, sugar or salt.

Do you eat 6-7 servings of grain products each day?

YES NO

Grain products like cereals, bread, pasta and rice provide vitamins, minerals and fibre, especially when you choose whole grains. Try some grains you have not tried before like buckwheat, bulgur, quinoa, spelt and wild rice.

Do you have two servings of milk or alternatives each day?

YES NO

Drinking milk provides you with calcium, vitamin D and protein. If you don't like or can't drink milk, lactose free milk or fortified soy beverages are a good alternative. Other milk products like cheese and yogurt can be enjoyed, too. Choose low-fat milk products more often. (If you are allergic to milk products consult a dietitian for alternative sources of calcium).

Do you eat 2 servings of meat and alternatives each day?

YES NO

Meat and alternatives provide you with iron, zinc, vitamin B12 and protein. Choose lean meats and poultry as well as meat alternatives like beans and lentils prepared with little or no added fat or salt. Include at least two servings of fish each week. Good choices are salmon, sardines and trout. (Vegetarians, who do not eat eggs or milk products, may need to consult a dietitian to ensure that they are getting enough iron, vitamin B-12 and protein.)

Do you include small amounts of healthy fats in your diet each day?

YES NO

Healthy fats like canola, olive and soybean oil are needed for the body to use certain vitamins. Use a small amount (2 - 3 tablespoons or 30 - 45 ml per day) when cooking or in salad dressings. Avoid unhealthy fats like butter, hard margarine, lard and shortening.



Preconception Healthy Weight Guidelines:

Poor dietary habits, inactivity, and being under- or overweight can negatively affect maternal and fetal health. Health Canada recommends that a normal healthy preconception BMI is between 18.5 & 24.9.



HEALTHY EATING

Do you limit the amount of high-fat, sweet or salty foods and beverages?

YES NO

Foods like cakes, donuts, granola bars, ice cream, French fries, chips and beverages like soda, sports drinks and fruit flavoured drinks do not have the nutrition you need. Limit these foods and beverages.

Do you drink fluids regularly?

YES NO

It is important to drink enough fluids every day to prevent dehydration. Make water one of your choices. You can also drink two cups of low-fat milk per day. Follow your thirst to guide how much water to drink. In hot weather and when you are more active, you will need to drink more.

Many beverages contain caffeine. While planning a pregnancy and during pregnancy it is best to limit caffeine to 300mg per day which means no more than two 8 oz cups of coffee. Too much caffeine can cause your future baby to be born underweight. Caffeine also causes irritability, headaches and difficulty sleeping. Coffee, tea, green tea, and regular colas are sources of caffeine. Energy drinks may have even more caffeine than coffee and include herbs that contain caffeine-like substances.

Time for change

This is the time to eat a well-balanced diet according to Canada's Food Guide. Use this space to write down changes that you would like to make.

Example:

GOAL: I'd like to eat two more servings of vegetables each day.

PLAN: I'll cut up some vegetables like carrots, celery, broccoli and cauliflower and store them in the fridge so they are ready to use for eating and cooking.

GOAL:

PLAN:

GOAL:

PLAN:

FOR HELP CLOSE TO HOME CONTACT:

EatRight Ontario: www.eatrightontario.ca

Call EatRight Ontario to speak with a registered dietitian 1-877-510-510-2

Registered Dietitian at the local public health unit,
hospital or community health centre:

Health care provider:

Canada Prenatal Nutrition Program (CPNP):
www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp

Eating Well with Canada's Food Guide:
www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php



FOLIC ACID

Your “before pregnancy” vitamin!

Folate (folic acid) is a B vitamin that plays a critical role in the development of the spine, brain and skull of the fetus during the first four weeks of pregnancy. This critical time is often before a woman knows she is pregnant.

Not getting enough folate puts babies at risk of being born with birth defects known as neural tube disorders (NTDs). Getting enough folate before getting pregnant lowers the risk of NTDs including spina bifida and anencephaly. These birth defects can cause serious disability, including paralysis or even death.

You can reduce the risk of NTDs by following Canada's Food guide and taking a multivitamin supplement with folic acid every day starting at least three months before you get pregnant.



Vitamin... To make sure you get enough folic acid every day, Health Canada recommends that women take a folic acid supplement for at least 3 months before they get pregnant. Many women take this vitamin throughout their childbearing years. You don't have to buy a special multivitamin. Use these tips to help you choose the right vitamin with folic acid.

- Although a prenatal multivitamin has higher nutrients, a standard multivitamin is often enough.
- Talk to your health care provider about the amount of folic acid you need.
- Read the warnings on the label; some vitamins are not recommended during pregnancy.
- Buy a generic or “store brand” version to save money.
- Do not take more than one per day.
- Take them at least three months before you become pregnant. Keep taking it during pregnancy and after the baby is born.

Food... follow Canada's Food Guide and include good sources of folate: dark green vegetables (e.g. spinach, romaine lettuce) broccoli, beets, brussel sprouts, green peas, asparagus, parsnips, avocados, orange juice, berries, beans, chick peas, sunflower seeds, bread and pasta made from enriched flour.



= FOLATE



FOLIC ACID

Some women need more folic acid than others.

Women with diabetes, epilepsy, obesity, from higher risk ethnic groups (e.g. Sikh), or who already have had a child or pregnancy with a defect of the spine or brain may need higher amounts of folic acid. Talk to a genetics counsellor for advice. In addition, women who have difficulty remembering to take medications, may not eat enough healthy food, or have a history of alcohol, tobacco or drug use, may also require higher amounts of folic acid. Talk to your health

care provider about the amount of folic acid that is right for you as you plan for pregnancy and in the three trimesters of pregnancy. Ask your pharmacist about the best way to get enough folic acid in a supplement.

Am I getting enough folic acid?

- I am taking a multi vitamin with folic acid every day.
- I eat foods rich in folate every day.
- I will talk to my health care provider about folic acid.

FOR HELP CLOSE TO HOME CONTACT:

Local public health unit: 1-800-267-8097

Health care provider:

Pharmacist:

Genetic counsellor: Canadian Association of Genetic Counsellors or www.cagc-accg.ca

EatRight Ontario at 1 877-510-510-2

Dietitian: www.dietitians.ca



BEING ACTIVE

Moving your body helps to develop a healthier baby

Being active **before** pregnancy can make it easier to stay active during pregnancy. Even a little regular activity can strengthen your heart, body and bones and help keep you at a healthy weight. Being active is a good habit to get into. It is like brushing your teeth; you do it every day to keep healthy. Moving your body can bring down your stress level and make you feel good about yourself. If you get active now and stay active, you will be a good role model for your children. The Canadian Physical Activity Guidelines from 2011 recommend that adults accumulate at least 150 minutes of moderate to vigorous physical activity per week in bouts of 10 minutes or more.

Here is how you can get started on being more active...

- Stand instead of sit.
- Walk whenever you can – get off the bus early, park the car further away, use the stairs instead of the elevator.
- Dance to music – it can liven up housework.
- Reduce your screen time and take regular activity breaks if you have to sit for long periods of time.
- Choose to walk, cycle or to use another form of active transportation for short trips.
- Start with a 10-minute walk and gradually increase the time.
- Do the activities you are doing now, more often.



Choose activities that fit with your lifestyle and that you enjoy. Make plans with your partner to do some activities together. Decide what is right for you. The more activities you do with partner, family or friends, the more fun you may have. Some options could be:

- Join a sports team.
- Go hiking, cycling or swimming.
- Go dancing or take a dance class together.



BEING ACTIVE

Turning your plans into action!

Use the following chart to plan some future activities. Think about what activities you might enjoy and think who you might ask to join you. What may stop you from being active? How can you make sure you meet your activity goals?

Remember, staying active is part of everyday life that carries with you for years and years to come.

FUN, EASY ACTIVITIES THAT FIT INTO MY EVERY DAY LIFE....	PEOPLE I CAN ENJOY THEM WITH....	SOME BARRIERS THAT MIGHT MAKE IT HARD TO ENJOY MY FAVOURITE ACTIVITIES....	HOW CAN I TAKE CHARGE AND STAY MOTIVATED.
<i>e.g. walk around building at break</i>	<i>co-workers</i>	<i>our schedules</i>	<i>set a break time in advance</i>

Note: Activity that is too vigorous can make it hard to get pregnant, especially for women with low body fat. This rare problem is usually short lived and less activity can help.

FOR HELP CLOSE TO HOME CONTACT:

Parks and Recreation Department:

YMCA and private Fitness Centres:

Local walking paths or trails and trail associations in your community:

Canadian Physical Activity Guidelines,
Canadian Society for Exercise Physiology (CSEP): www.csep.ca

Active Ontario: www.active2010.ca



ENVIRONMENT

The world around you and your baby

When you want to become pregnant you are more aware of the things around you. You think about what's in the air, the food you eat, renovations you make and the everyday chemicals you use—even in a can of hairspray.

Before you get pregnant, you and your partner need to take a closer look at the hazards that may be in your home, workplace and where you spend leisure time. Exposure of men or women to environmental hazards can make it more difficult to get pregnant, and could cause problems during the pregnancy.

Sniff out the hazards

Most studies on the effects of chemicals, gases or noise on sperm, eggs and the developing baby are still ongoing. When science can't be certain, caution is your best approach. You need to know what part of your environment could affect your health and the health of your future children. Scan your environment to see how many of these items you come in contact with regularly. You can make your own checklist of the things you may want to avoid before your pregnancy and during your pregnancy in order to ensure you are the healthiest parents and have the healthiest baby possible.

A day in my life....

I need to understand that every day could bring some of the chemicals or agents on the hazards list into my life. I will try to stay away from those so that I don't risk the health of a future pregnancy. I will also ask certain questions so I can make an action plan.

Do I know enough about a hazard?

If I don't have enough information I can find out more through the "Help is Close to Home" section.

Other ways to get the information I need are....

Can I avoid a hazard completely?

Ask...

- Can the task be done another way, without using the harmful agent?
- Can someone who is not planning a pregnancy do the task for me?
- Can my home, workplace or hobbies be set up differently to stop the harmful effects?
- What can I do to keep from bringing the hazard home?



Environmental hazards

- markers
- computers
- X-rays
- photocopy toner
- correction fluid
- microwaves
- noises
- smoke
- deodorizers
- hairstyling products
- aerosol sprays
- insect repellents
- fungus
- pollen
- bacteria
- viruses (rubella)
- allergens
- mould
- heat
- dust
- gases
- formaldehyde
- dry cleaning chemicals
- CO₂
- cat litter
- pesticides



ENVIRONMENT

*If I can't remove the hazard,
can I limit the problem?*

Ask...

- Does the task really need to be done regularly?
- Can I use special equipment such as gloves and protective clothing to protect myself from the hazard?
- Can I use less of the agent and still get the job done?
- Can the workplace be set up differently to reduce harm?

My plans to cut back on hazards are...

You are the only one who really knows what type of environment you spend your time in every day. You are the best one to make a checklist of possible hazards and talk about possible hazards with the health contacts available to help you. Start now – *before* you get pregnant.

FOR HELP CLOSE TO HOME CONTACT:

Workplace Hazardous Materials Information System:

www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php

Motherisk Home Line: 416-813-6780 or www.motherisk.org

Canadian Centre for Occupational Health and Safety: 1-800-668-4284 or www.ccohs.ca

Occupational Health Clinic for Ontario Workers: 1-800-263-2129 or www.ohcow.on.ca

Canadian Lung Association: www.YourHealthyHome.ca or 1-888-344-5864

Nova Scotia Allergy and Environmental Health Association:

www.lesstoxicguide.ca or call 1-800-449-1995

Canadian Partnership for Children's Health and environment:

www.healthyenvironmentforkids.ca

FOR HELP AT WORK CONTACT:

Material Safety Data Sheets at your workplace:

Employee Assistance Program:

Occupational Health Nurse:

Health and Safety Representative:



STRESS

No friend to the sperm or egg

Stress is the way we respond to change. Stress can be good. Some people like the feeling of stress and thrill they get from a roller coaster ride or a white-water rafting trip. Yet stress does not always end with this feeling of cheerful excitement. When stressed, our breathing speeds up, muscles tighten, blood pressure rises and our heart pounds faster. The body's reaction to endless stress is puzzling. Both body and mind have limits where stress can become harmful.

Stress could mean the difference between being able to get pregnant or not. Over time, stress can change a woman's biological clock - her menstrual cycles and the timing of an egg being released. In men, stress can play with hormone levels and with the amount of sperm they produce. These changes are short-term and can be turned around once stress is controlled.

Your life

Everyone reacts to stress differently. Understanding how stress affects you is the first step in learning how to manage it.

I know I am stressed when...

- I feel worried or anxious.
- I get sick more often.
- I sleep too much or have trouble sleeping.
- I can't concentrate or make decisions.
- I have an unexplained physical problem like headaches, diarrhea or heart flutters.
- I am too sensitive (I cry or have angry outbursts).
- I am sad or irritable.
- My mind wanders throughout the day.
- My appetite changes.
- I am unusually tired.
- I feel restless.
- I take alcohol, medications or other drugs to relax.
- Other:

Your "stress quiz" answers might be a sign that your stress level is too high for your health and well being. You can find ways to manage stress. On the next page, fill in some ideas that would work for you. Plan to relax!





STRESS

When I feel stressed I can....

Go for a walk with:

Read a good book or magazine such as:

Listen to this music:

Talk to these friends:

Relax by doing:

Other:

What is most important in your life?

1.

2.

3.

Things that stress me most:

If I can change them, this is how:

If I can't change them, this is what I can do:

*Did health make
your list?*

Finding a balance in life can help us manage stress. Look at your family and work situation and find new ways to share roles or tasks, or learn to make the most of things you can't change. Make changes in your life to decrease stress before pregnancy. Chronic stress along with the lack of social support is related to a baby being born too early or too small.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local public health unit: 1-800-267-8097

Employee Assistance Program at your workplace:

Social worker:

Family counsellor:

Psychologist:



FINANCES

Bringing up baby

Money is often one of the first things parents-to-be think about when planning a pregnancy. The financial impact that children have on a family is significant and not always easy to balance. You will have a lot to think about *before* you decide to have children. Although it is more pleasant to spend time imagining the joy a child brings, you still need to think about practical stuff too. From clothing, food, schooling, entertainment, careers and time costs, you will want to know how your decision to have a baby will affect your means to live and to raise a child. Toy libraries, hand-me downs, co-operative baby-sitting and other ideas can make the cost of having a family fit into most of our lives.

Through the years – cost countdown
Children are expensive. To pay for childcare, most parents don't eat out as much and spend less on themselves. Start thinking about some changes you might be able to make. If your budget is tight, what are some ways you can plan ahead and keep the costs down?

Get talking before money speaks

Consider this:

- Do you have a steady source of income?
- Do you have any savings?
- Are your monthly bills higher than your income?
- If both of you work, would one of you stop working when the baby comes? For how long?
Do you or your partner qualify for maternity/parental leave?
- If both of you will continue working, who will care for the baby and what will it cost?
- What parts of your lifestyle would change? Think about entertainment, sports, activities, time and energy.
- What are the most important material things to you?
- Knowing where your money is at, do you need to make any changes in how you spend it?
- Can you begin to save for your child's education?



Money Fact:

Having a child is definitely a priceless experience. However, in terms of cost, children can be "pricey" as well. According to the Canadian Finance Blog, the first 19 years of a child's life (newborn to age 18) will cost about \$186,000.



FINANCES

Where does your money go?

Itemize your monthly expenses below:

Housing (mortgage or rent, property taxes, insurance, etc.)	\$_____
Utilities (heat, hydro, water, phone, cable TV, internet, etc.)	\$_____
Food, supplies and maintenance (groceries, cleaning supplies, etc.)	\$_____
Transportation (car loan, gas, repairs, bus, etc.)	\$_____
Clothing (footwear, clothing, dry cleaning, etc.)	\$_____
Grooming aids (hair care, deodorant, make up, etc.)	\$_____
Health care (life insurance, dental, medical, vision, etc.)	\$_____
Recreation and entertainment (vacation, hobbies, books, etc.)	\$_____
Pets (pet food, toys and veterinary care)	\$_____
Extras (gifts, donations, etc.)	\$_____
Total monthly expenses	\$_____
Total monthly income	\$_____

Additional expenses with baby

Itemize the expected baby expenses below:

Baby equipment (crib, car seat, stroller, etc.)	\$_____
Furniture	\$_____
Diapers (cloth or disposable)	\$_____
Clothing	\$_____
Toys	\$_____
Child care	\$_____
Health needs	\$_____
Renovations needed or need to move to a bigger house or apartment	\$_____
Other	\$_____
Total extra baby expenses	\$_____

Remember, you need to consider what a baby really needs and what you think he or she needs. There is a lot of influence from family, friends and advertisers. For example, an approved infant car seat is mandatory in the province of Ontario, but an infant swing is not. Breastfeeding is free and may save you medication and other costs because it keeps both you and baby healthier. And once baby starts eating solids, making your own baby food is much cheaper and healthier for your baby than commercial baby food.

Planning now will help your future family

If parents think only about the financial responsibilities of having children, they may never end up having any. Luckily, most parents don't base this important decision on finances alone. However, as with most other decisions that affect your financial situation, it is best to be prepared.

FOR HELP CLOSE TO HOME CONTACT:

Bank manager: _____

Credit counselling: _____

Financial consultant: _____

Library: _____

Family/friends: _____



FERTILITY



Physical examination

Before you and your partner start trying to get pregnant, it is important to book a “health before pregnancy” check-up with your health care provider. **Both men and women** benefit from a check-up prior to pregnancy. If you or your partner has not had infections such as chicken pox or rubella (German measles), you need to be immunized before pregnancy. Screening for sexually transmitted infections can also be done. If you have had problems with a previous pregnancy, have a medical condition or are taking drugs, you may need specialized care before, during and after pregnancy.

While you are booking your “health before pregnancy” check-up with your health care provider, book one with your dentist. Dental problems and infections can lead to serious consequences for both the mother and the baby during pregnancy. It is best to ensure your dental health before conception.

Am I ready for a pregnancy?

Much goes on when you start getting ready to have children. You and your partner have a lot to think about and to discuss. You search for family planning tips. You start asking friends for what they know about babies. But pregnancy becomes more real as you start preparing your body for pregnancy.

From birth control to pregnancy

Barrier methods such as condoms, diaphragms and sponges stop the sperm from reaching the egg but do not interfere with ovulation. An egg is still released each month. When you have thought things through and are ready to get pregnant, simply stop using these forms of birth control.

Normal fertility should return soon after you've had your intrauterine device or system (IUD) taken out. To have it removed, make an appointment with your Health Care Provider. It is best to wait until you have at least one normal period before trying to become pregnant.

If you have been using birth control pills, patches, ring or shots, you may have questions. *“When do I stop this type of birth control? What should I know?”*

There are many different kinds of hormonal birth control using hormones to prevent women from getting pregnant. Some work better for some women, others work better for others. That is because women's bodies are not all the same – you really are one of a kind. So you can expect that your body will have its own unique way of responding when you stop using hormonal birth control.



FERTILITY

There is no way to tell how long it will take you to get pregnant based on the time you have been using hormonal birth control type. But some basic information can be counted on to help ease your mind while you make your way to parenthood.

- You do not have to wait a long time for the pill, patch or ring to leave your system. However, it is recommended that you allow yourself at least one normal menstrual cycle before you try and become pregnant.
- If you become pregnant while using hormonal birth control stop using it right away. Don't worry. There are no known effects to the baby if you become pregnant while taking the pill or using another hormonal birth control method.
- A small number of women might find it takes longer to get pregnant. This is not linked to using the birth control pill.
- If you have had the “shot”, then you should wait at least 6 - 9 months after your last injection before trying to become pregnant.

Baby in waiting... staying with birth control

If you decide to stop using hormonal birth control, but are not ready for a pregnancy, you will need to find out...

- About all the choices that would suit your needs and your partner's needs.
- How to use the different forms of birth control.
- How much each costs.
- Where to buy birth control.
- How well the different birth control methods work.

Talk to your health care provider about bridging the gap between the pill and pregnancy with other birth control.

The time is now

Are you ready to handle pregnancy when it happens – either right away or sometime in the next year? To know for sure, make these plans:

- I will set up realistic time frames. I will be ready if pregnancy happens quickly. But if pregnancy takes many months, I will be prepared for the time that it takes.
- I will learn more about what affects my ability to get pregnant – my fertility.
- I will be open with my partner about my feelings towards birth control and how we can handle it together.
- I will...

Knowing your fertile time

Your body works like clockwork for most women. Most couples can count on this for the best chance to bring egg and sperm together. This union means fertility – it means you can get pregnant. Because you can chart this fertile time, you can plan a pregnancy to happen when your body, relationships and your life are at their healthiest.



FERTILITY

Using a calendar to track your fertile time

If you want to become pregnant, you will want to have sex during your most fertile time – during ovulation. But when is this? Many women can learn how to predict it. Track your periods for more than 2 months. Any calendar will do. The more menstrual cycles you track, the more likely you will be able to see your pattern of fertility.

- 1.** Decide how many months you want to track.
- 2.** Put a “P” on the days you have your period each month, starting with the first day you bleed.
- 3.** Count the number of days in each cycle. Count from the 1st day of one period to the day the next period begins. Write this number down under each month in your calendar.
- 4.** Next count back 14 days from the start of each period for every month you tracked. Mark an X. The X marks the day you are most likely to have released an egg during that cycle. You should also mark an X on the other possible fertile days. This could be 2 days earlier or 2 days later. As each one of us is unique, it is often difficult to pinpoint the exact day and is helpful to mark all of these days as possibly fertile.
- 5.** Pay attention to your vaginal discharge. Fertile mucus is clear, sticky and there's lots of it! The only time of the month you have this particular discharge is during ovulation.

What all couples should know

- 95% of healthy couples under the age of 35 are able to get pregnant within 1 year of trying.
- Pregnancy is more likely to happen when sex takes place around the time that an egg is released from the ovary.
- After an egg is released it lives for about 12-24 hours.
- Sperm can live up to 5 days in a woman's reproductive tract.
- A woman is most likely to release an egg (ovulate) 14 days before the start of her period.
- Having sex too often can decrease sperm counts in men. If you are trying to get pregnant, have sex every couple of days around the time of ovulation.
- Healthy eating, getting enough sleep, being active and getting a handle on stress helps to keep your sex organs healthy.

Try this pregnancy calculator at:
www.babycenter.com/ovulation-calculator



FERTILITY

Regular vs. irregular

- How long are your cycles (from the start of 1 period to the start of the next period)?

Are they about the same length each month? If yes, then your periods are “regular” and ovulation is easier to predict because it happens close to the same time each cycle.

Do your cycles vary a lot in length? Then they are irregular, making it harder to know when ovulation will occur.

- Which day did you ovulate in each cycle if you count from the first day of each period? You’re most fertile time starts a day or 2 before your ovulation day and ends a day or 2 after.

Does this number stay the same each cycle? Then you are regular.

Is this number different each cycle? This makes it harder to predict when you will ovulate, but not impossible.

Changing cycles

Some women do not have regular cycles – here is an example: over 3 months you find one cycle is 28 days long, another is 24 and another is 36 days long. For each cycle subtract 14 days to find out when you may have ovulated.

28 day cycle – 14 = 14	In this cycle, you likely ovulate on the 14th day after the start of your period.
24 day cycle – 14 = 10	In this cycle, you likely ovulate on the 10th day after the start of your period
36 day cycle – 14 = 22	In this cycle, you likely ovulate on the 22nd day after the start of your period.

The egg lives only 24 hours, but because sperm can live up to 5 days, the day you have sex is not the only time when the sperm and egg can meet.

When you have irregular cycles, you will find it much harder to figure out fertile times than someone with regular cycles. You might want to look into other ways of predicting your fertile times. Speak to your health care provider about measuring your body temperature and watching for changes in discharge from the vagina. It is a good idea to review your pregnancy plans with physicians or nurses who work on fertility issues.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local public health unit: 1-800-267-8097

Fertility clinic:

Library:



AGE

Your body gets in on the baby decision

How does your age affect the health of a pregnancy and a future baby? When is the best age to have a baby?

There are many decisions that go into planning a pregnancy:

- Having a partner.
- Finishing education.
- Establishing a career.
- Saving money for a future family.

With all those decisions it can be easy to forget that our bodies make some decisions for us. Between 18 and 35, women are considered to have a “child-bearing” body. At this time her body is usually fully mature and at the same time ready to begin and support a pregnancy. Some women get pregnant when they are younger, and some when they are older. But the body has its limits. Just because you can become pregnant, that does not mean the pregnancy will be a healthy one.

Biological clock

Most women and men at any age have healthy uncomplicated pregnancies and healthy babies. But you might want to think about the facts below before making your decision.

- A pregnant woman in her teens, whose body is still growing and developing, might compete with a growing baby for food and energy.

- Your chances of getting pregnant are higher before your mid-thirties. Between the 30's and 40's your reproductive system will naturally age and your chances to become pregnant will go down.
- Both mothers and fathers over age 40 have an increased chance of having a child with Down Syndrome.
- Problems during pregnancy like diabetes and high blood pressure happen more often with older women.

The test of time – or age

Check the word that makes the statement true for you.

- Because of my age it *may* be difficult to become pregnant.
- My age may increase the chance of problems with or during the pregnancy.
- My body *has not* finished developing.
- I have to consider other things in my life before I am ready to embark on a pregnancy.

How did you do? There are no right answers or wrong answers to the statements above. You and your pen will have helped you discover how close you are to making a decision about building a family that is best for you.



Considering age

- I understand how my age can affect my pregnancy.
- I have a healthy lifestyle that will help prevent pregnancy problems related to age risks.
- I will talk to a health care provider before making my final decision to try to conceive a baby.
- I will read more about age and pregnancy, including information about being ready for parenting, finances, fertility, tobacco, drugs and beliefs about parenting.
- I will talk to my partner about how a child might fit into our lives at different ages and stages of our personal and work life.
- I understand that it may take longer to conceive if I am 35 or older.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local public health unit: Call 1-800-267-8097

OB/GYN:

Fertility clinic:

Waiting for baby: Pregnancy After age 35:

www.beststart.org/resources/rep_health/pdf/pregnancy35plus_12pg_book.pdf



FOR MEN ONLY

“We are pregnant”

Yes, you are a big part of it. Your partner is not the only one who gets pregnant – so to speak. But let's step back. As a man, you are by no means a silent partner in the making of a baby. Just think about the mechanics of getting your sperm into the right place at just the right time. Then you might wonder if you are ready for the outcome of that act. Think about your overall health, for example. The choices you make may affect your ability to have a baby or your future baby.

Your Virility

The average healthy man can usually count on his sperm to do its job, but someone with a history of infections, drinking and smoking might be dealing with a different quality of sperm. Other lifestyle habits, your environment, as well as disease, can also be “sperm-unfriendly.”

- Alcohol can change the quality of sperm. Although alcohol may decrease inhibitions, drinking has been linked to poor sexual performance.
- What good are lots of sperm if only a few work well? Smoking can make it harder for a man to get an erection. The sperm also can't swim as fast to reach the “ready” egg. Smokers' sperm have a harder time getting into the woman's egg to create a pregnancy.
- You are what you eat. The truth behind that saying has not changed for decades. If your body is poorly fed, so are your sperm and sex drive.
- Cocaine, heroin and high doses of marijuana can kill sexual interest, sexual performance and sperm count.
- Sperm can be affected by toxins or poisons in your environment. You might face these on the job or at home and not realize it. Toxins before pregnancy could mean birth defects later.
- Some medication and diseases take on a new meaning when baby planning. Cancer, mumps, diabetes, Hepatitis B, sexually transmitted infections and HIV can affect your chances for making pregnancy happen or having a healthy baby.





FOR MEN ONLY

Wanted! Newborn looking for a great life and loving dad

Men, who are ready to become involved parents, give their children a head start over those children whose dad's fear the leap into fatherhood. How do you feel?

The fatherhood test!

Ask yourself...

- Could I handle a child and a job at the same time? Do I qualify for a parental leave?
- Would I be ready for changes to the daily routine to accommodate the baby's needs?
- Can I afford to support a child? Do I know how much it costs to raise a child?
- Do I want to raise a child where I live now? Would I be willing and able to move?
- Do I like children? How do I feel about having a child around all the time?
- Am I patient enough to deal with the noise and the confusion and the 24 hour a day responsibility? What kind of time and space do I need for myself?
- Do I want to become a father some day?

Talk it out

- Talk with your partner about this life-changing decision.
- Speak out about how ready you are to become a parent.
- Voice concerns as you think about them.
- Make sure you understand, support and believe in each other.
- Sort out how your work and starting a family might conflict.
- Bring some work colleagues together to promote a healthy workplace that supports the needs of fathers.

Make plans to...

- Research your family history for possible genetic concerns.
- Have regular medical check ups.
- Review and understand your rights and the possible risks at work.
- Be aware of possible environmental risks in your home and through your hobbies.
- Eat well, exercise regularly and don't abuse alcohol or drugs.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Local public health unit: 1-800-267-8097

Sexual health clinic:

Groups or programs for fathers:

Fertility clinic:

The Canadian Father Involvement Initiative: www.cfii.ca

How to build a healthy baby:

www.beststart.org/resources/preconception/men_health_bro_2010_Final.pdf



HIV/AIDS



The equal opportunity illness

AIDS does not belong to any one sex, age, race or country.

HIV, the virus that causes AIDS, is spread through direct contact with blood and bodily fluids. The virus can be passed on during anal, vaginal, or oral sex, sharing needles, or receiving blood from an infected person.

HIV can pass from a woman to her baby:

- During pregnancy.
- At birth.
- When breast feeding.

You can have the HIV virus and not even know it. You may not look or feel sick, but you can still pass the virus on to other people including your baby. Many women with HIV discover it only after their children are found to have the virus.

If you have HIV, there are treatments that can reduce the risk of passing the virus on to your baby. Talk to your doctor.

Not my problem?

"Not my problem" should not be your first response to a caution about HIV and AIDS, unless you have read the information below and tests have confirmed you are safe to take the next step toward pregnancy.

Must-see facts

- An infected woman can spread HIV to her baby during pregnancy and delivery.
- More and more Canadian women are becoming infected with HIV. Almost half the women testing positive are between 15 and 29 years of age.
- A high number of lifetime sexual partners can put a person at greater risk for developing HIV and other sexually transmitted infections. But it only takes one partner.
- Little knowledge about your partner's sexual history and health may put you at risk for infection.
- Having another sexually transmitted infection, such as chlamydia or herpes can increase your risk of getting HIV.
- Condom use offers protection from sexually transmitted infections.
- Injection drug users are at greater risk for getting HIV. Use a clean (sterile) needle each time and do not share needles with others.

Risky business?

HIV attacks a person's immune system. This makes it hard to fight infections. If you have HIV, you may not have symptoms and if left untreated there is a 25% chance you can pass the virus to your baby. Know the risks for HIV. Answer these statements below:

	Yes	No	Unsure	
I have always had safer sex by insisting on condom use every time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>If you responded yes to all statements, you are protecting your own health and taking action to create a healthier pregnancy in the future. Great!</i>
My partner and I have only had sex with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I have recently been tested for sexually transmitted infections and HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My partner has recently been tested for sexually transmitted diseases and HIV. .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I do not share sex toys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I always use clean needles (ignore if not using needles).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My partner always uses clean needles (ignore if partner does not use needles). .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I did not have a blood transfusion before 1985.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My partner did not have a blood transfusion before 1985.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



HIV/AIDS

Keeping your body safe

If you answered “no” or “not sure” to any of the previous statements, think about taking one or more of the following actions to stay as healthy as possible:

- I will talk with my current partner.
- I will talk to any partner about past practices and my desire to practice safer sex.
- I will make an appointment to discuss HIV testing with my health care provider or at the sexual health clinic.
- I will ask my partner to talk to a health care provider or call the sexual health clinic.
- I will arrange to get clean needles and not share with anyone.

For years, *before* giving birth, women have been screened for hepatitis B and rubella (German measles). Voluntary HIV testing is also offered to women who are planning a pregnancy or who are already pregnant. You have the choice to get HIV tests ordered, using your name or not. It is important to know that you can get tested any time. But *before* pregnancy or early in pregnancy are the best times to take steps to protect both you and your unborn baby.

You do not have to give your name if you want to be tested for HIV. Anonymous testing is available.

If you are HIV positive and want to have a baby, talk to your doctor and the Canadian AIDS Treatment and Information Exchange (CATIE) 1 800-263-1638. Ask for the booklet: “You can have a healthy pregnancy if you are HIV positive”.

FOR HELP CONTACT:

Sexual health clinic:

Health care provider:

Local public health unit: 1-800-267-8097

Ontario HIV/AIDS and Sexual Health Information Line: 1-800-668-2437

Ontario HIV/AIDS: Main Line (information about needle exchange programs and STDs and injection drug use): 1-800-686-7544

Motherisk, HIV and HIV Treatment in Pregnancy: 1-888-246-5840 or www.motherisk.org

Canadian AIDS Treatment and Information Exchange (CATIE): 1-800-263-1638 or www.catie.ca



SEXUALLY TRANSMITTED INFECTIONS

Silent problem

Sexually Transmitted Infections (STIs) are infections passed from one person to another through sexual contact. STIs are common for both men and women. All STI's can be treated and many can be cured.

- STIs are a common health problem for both men and women.
- All STIs can be treated, and most can be cured. In fact, a past STI or herpes that flares up from time to time, will not keep you from having a healthy baby in the future.
- Bacterial Vaginosis in pregnancy has been known to cause premature rupture of membranes and premature labour.
- Some untreated STIs, like chlamydia and gonorrhea, may damage a woman's fallopian tubes making it difficult to get pregnant. If you have untreated chlamydia your baby can get conjunctivitis or pneumonia.
- Other STIs, like herpes and genital warts, may increase your risk for cervical cancer.
- Infected mothers can pass on an STI to their baby during pregnancy or childbirth.
- Hepatitis B is the only STI that can be prevented by vaccine.

Your STI safeguard

Whether planning a pregnancy or not, both men and women can make 2 important decisions.

1. Make sure the body you have is as healthy as possible. You may have an STI and not even know it.

- Have regular physical exams.
- Ask your health care provider to test you for STIs before you become pregnant.
- When you become pregnant make sure your health care provider has:
 - Offered HIV counselling and testing.
 - Screened for Hepatitis B.
 - Screened for chlamydia and gonorrhea.
 - Screened for syphilis.
- For more information contact your local sexual health clinic.

See next page for point #2.





SEXUALLY TRANSMITTED INFECTIONS

2. Know your risks

	Yes	No	Unsure
I have regular physical exams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have always practiced safer sex by insisting on condom use every time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner has regular physical exams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have sex only with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I never had an STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner never had an STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner has always practiced safer sex in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know that using drugs and alcohol can blur my judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask for a STI check if I am with a new partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your answers to these questions tell you your STI risk is low. That is good news.

To be sure, get tested.

If you answered “no” to some questions, don’t despair. We are talking about risk only. **To be sure, get tested.**

STIs don’t have to change relationships; you just need to know what they mean for your health, and how you can keep them from happening. STIs can be treated.

Any “unsure” checks to the questions above? It could be time to talk to your partner or see your health care provider.

Remember to tell your health care provider if you have had an STI so you can plan for a healthy pregnancy.

FOR HELP CLOSE TO HOME CONTACT:

Health care provider:

Sexual health clinic:

Ontario HIV/AIDS and Sexual Health Information Line: 1-800-668-2437

Canadian HIV/AIDS Information Centre: 1-800-263-1638



READY FOR PARENTING

Mate matters and more

Many parents will tell you that no matter what you do to get ready for a baby, you will still never be fully prepared. Most of the surprises are ones that you would not change for the world. But they'll also remind you that you have just accepted the most important challenge in your life.

Much of the work, care and juggling that goes with parenting needs to be sorted through. Parents work together more now to balance jobs with child raising. And even though partners are taking on a greater role than dads of the past,

women still carry most of the family load. Couples still pondering family life are weighing the ups and downs of what could lie ahead.

From the time you learn about a pregnancy until your baby is 18 months old, you can expect to face some tough times in your relationship. Planning and thinking through the idea of parenting **before** pregnancy may be the healthiest way to make sure you are as ready as you can be.



Fill the columns "Time before baby" with the hours or minutes you spend on the tasks every week. Imagine what it will be like after you have had a baby. How will your time be filled? What changes can you make to get all your tasks done?

YOU		TASKS	PARTNER	
Time before baby	Time after baby		Time before baby	Time after baby
		Eating		
		Sleeping		
		Hobbies and Fun		
		House cleaning		
		Cooking		
		Grocery shopping		
		Doing laundry		
		Cutting grass		
		Working		
		Other		
		Feeding baby		
		Diapering baby		
		Bathing baby		
		Comforting baby		
		Playing with baby		
		Other		



READY FOR PARENTING

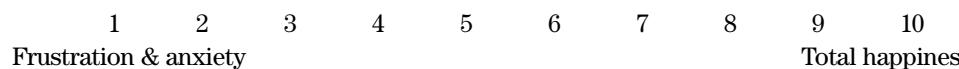
Keep in mind that, for the first 6 weeks after delivery, the mother is often very busy with important roles such as:

- Recovering from pregnancy, labour and delivery.
- Attaching and bonding with the baby.
- Establishing breastfeeding.

Beyond time...what babies really mean to you

Now put aside your mental picture of the demands a new family member can place on your household and think about the big picture.

On a scale of 1 to 10 rate how a baby might affect your happiness



On a scale of 1 to 10, rate the amount of conflict you have in your relationship now.



Compare your rating with your partner's. Talk about reasons for the rating to see how that guides your decision about having children. If you find your feelings are quite different, now is the time to think about it and work it through.

FOR HELP CLOSE TO HOME CONTACT:

Family and friends

Local public health unit: 1-800-267-8097

Local Ontario Early Years Centre: 1-866-821-7770

Surviving the early stages

- Who will do the house cleaning in the first few weeks? Or does it really need to be done?
- Who will do the laundry in the first few weeks?
- When will mom have time for her own baths and other care?
- Who will make the meals?
- Who will handle the baby's medical check-ups?
- Whose help will you actively solicit in the first few weeks?
- How will you spend time together as a couple in the first few weeks?

Easing into parenthood...

- Ask a public health nurse about services for health before, during and after pregnancy.
- Chat with parents of young children about what they have been through.
- Find out about community services for families of young children.
- Talk to your partner about how you will share the work.
- Talk to your family about how they can help.



REACHING OUT TO PLACES, SERVICES AND PEOPLE

Baby changes everything

People often take for granted where they live. Prior to planning a pregnancy most people don't give much thought to what it takes to get to all the places we need to in a day – to work, to the doctor or the local pharmacy.

It might not matter today where you live, but when you bring a new life into your world, your universe will change. Everything you do in a day will seem to relate to how quickly, or easily you can get somewhere with a baby in tow.

A lot more planning and thinking ahead will be needed. Think about how to set up your lifestyle to reach out to the places, services and people who are at a distance.

Can you get there from here?

You may want to weigh the pros and cons of living outside a city centre including rural areas or even setting up home in new suburbs that don't yet have full services. Start by finishing the following sentences:

I can....

Phone to get information about

Travel (by car, bus or on foot) easily to

Keep fit by

Connect with my friends by

Get groceries and baby supplies by

Provide opportunities for my baby by

Make healthy meals by

Get information by





REACHING OUT TO PLACES, SERVICES AND PEOPLE

Phone List

I will need these numbers close by to reach the community services that will help me, wherever I live.

Family and friends:

Neighbour:

Local public health unit:

Health care provider:

Hospital:

Pharmacy:

Child care:

Drop in centre for parents:

Taxi:

When it is hard to get where I need to go

INSTEAD OF:	I CAN:
Driving to the pharmacy.	Have prescriptions delivered.
Regular visits to friends and family.	Ask friends and family to come to visit.
Attending parenting classes.	Get parenting videos and books.
Frequent trips to the store.	Stock up on supplies I use often.
Driving your children everywhere.	Set up a car pool.
Getting to community centre.	Provide a range of indoor and outdoor activities.

My ideas:

FOR HELP CLOSE TO HOME CONTACT:
<u>Health care provider:</u>
<u>Local public health unit: 1-800-267-8097</u>
<u>Local Ontario Early Years Centre: 1-866-821-7770</u>



BREASTFEEDING

Nature's gift

Most parents decide how to feed their baby before they are even pregnant. Breast milk provides the right nutrition for baby and has many other benefits for baby, you and your family. No matter what the formula advertisements tell you, formula cannot provide the following:

- Immune factors to prevent infection.
- Enzymes and hormones to help growth and development.
- Taste and fat content that change day by day and feed by feed.

For example, formula fed babies get respiratory infections that require hospitalization more often; are over-weight more often leading to later problems. Women who breastfeed have a lower risk of breast cancer.

Some people worry that they cannot breastfeed their baby if they continue to smoke, drink or take

drugs. Even if you smoke, the baby will get protection from breastmilk. If you decide to have a drink of alcohol now and again that can be done while breastfeeding, too. Many over-the-counter or prescribed drugs are safe to take while you are breastfeeding.

It may help you and your partner to discuss your thoughts and questions about breastfeeding when you take a look at what kind of knowledge and experiences you both have. You don't need to hide when you and baby are out and want to feed. Adults eat in public all the time without question; there is no reason why your baby can't do the same thing. The Ontario Human Rights Commission states that no one can prevent a mother from breastfeeding her baby in a public place or ask her to move to a more private area such as a washroom.



ME		MY PARTNER		
Yes	No	Yes	No	
<input type="radio"/>	<input checked="" type="radio"/>	Were you breastfed as a baby?	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	Have you seen a mother breastfeed her baby?	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	Do you know the risks of not breastfeeding?	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	Do you have friends and family that have breastfed their children?	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	Do you have family members or friends who will support you?	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	Do you know where to get help if you have questions or difficulties?	<input type="radio"/>	<input checked="" type="radio"/>

Many new mothers are tired in the first few weeks after birth and may become frustrated if they experience any difficulties in breastfeeding. Sometimes, the first response is to give the baby a bottle of formula. Just one bottle could affect your breastfeeding success. There is an art and

science to breastfeeding and sometimes mothers and babies need a little time to get it right. The urge to give up can be strong, but with good support and when you remind yourself of the facts about breastfeeding and the risks of formula feeding, you'll stick with it.



BREASTFEEDING

The High Cost of Not Breastfeeding

In a previous chapter we have talked about the cost of starting a family. When there is so much you have to buy, why spend money on formula for your future baby. Look at the chart and find out what else you could be spending your money on, when you decide to breastfeed. More importantly, breastfed babies suffer

If you breastfeed for this amount of time you would have saved enough money to buy:

1 week of breastfeeding = Dinner for 2 and baby eats free OR Set of cordless phones OR Fully stocked diaper bag		4 months of breastfeeding = 1 month's rent or mortgage payment OR Home computer and printer OR Baby's swimming lessons (6 months to 3 years)	
2 weeks of breastfeeding = Food processor OR Digital camera OR Car seat		5 months of breastfeeding = 1 year's gym membership (family of 3) OR 2 years' Hi-speed internet OR 1 month's child care	
1 month of breastfeeding = 1 month's groceries for two OR Gaming system OR Stroller		6 months of breastfeeding = Treadmill for home gym OR 2 years' cell phone plan OR 3 years of hockey or gymnastics for child	
2 months of breastfeeding = Bus or transit pass (6–12 months) OR iPad OR Nursery furniture		9 months of breastfeeding = Family vacation OR 1 year's cable (phone+TV+internet) OR 18 years of cord blood banking	
3 months of breastfeeding = Bicycle and child trailer OR 40" HDTV OR Cloth diapers for twins from birth to age 2		12 months of breastfeeding = Down payment for car OR Home theatre OR Plan for baby's education	

Adapted with permission from INFANT Canada.



BREASTFEEDING

The Benefits of Breastfeeding

- Breast milk is baby's best food.
- Breast milk is easier to digest than formula.
- Formula feeding is much more expensive than breastfeeding.
- Breast milk helps guard babies against infection.
- Breastfeeding is convenient. No bottles or nipples to sterilize. No formula to prepare or keep cool or warm up.
- Breast milk takes energy to make, so it burns calories and fat. It's easier to lose weight after the baby is born.
- Breastfeeding is environmentally friendly – no cans or packaging are needed.

- Breastfed babies have a lower risk of Sudden Infant Death Syndrome
- Breastfeeding helps protect mom and baby from cancer – breast, cervix, ovaries and some childhood cancers.

Breastfeeding can be done anywhere, anytime. And it fits into even the busiest schedule. You can make it work for you and your family. Plan to breastfeed as long as possible, up to at least six months, two years or maybe more. And if you have support from your partner, family, friends and community to breastfeed, you are more likely to keep it up.

Creating circles of support

You have lots to learn about breastfeeding. Talk to family, friends and breastfeeding helpers as you think about feeding your baby.

- Partner, family and friends
- Health care provider
- Breastfeeding support groups
- La Leche League
- Public Health Nurse

FOR HELP CLOSE TO HOME CONTACT:

Local public health unit: 1-800-267-8097

La Leche League Canada Breastfeeding Referral Service: 1-800-665-4324

Lactation Consultant:

Health care provider:

Breastfeeding clinic:

Support groups:

Hospital:

Library:

Breastfeeding Matters at:

http://beststart.org/resources/breastfeeding/pdf/breastfeeding_matters_eng_fnl.pdf



PREGNANCY LOSS

Feelings and Healing

"We are so afraid to get pregnant again."

You started to buy baby books, pick out names, look at cribs and even spread your good news – you were expecting. But you were not expecting to lose that life that barely had a beginning. Yet 1 in 4 or 5 pregnancies end *before* the baby is able to live outside the woman's body. Many women go through the loss of a pregnancy within weeks after conception. Reasons for pregnancy loss, including stillbirths and miscarriages, are not always clear.

What helps most people cope with a loss through miscarriage, is knowing that after one miscarriage women have no higher chances of having another one. If you have had more than one miscarriage speak with your health care provider or a genetics counselor.

Saying goodbye

Grief is what you go through to re-adjust your life to a loss. Many parents grieve about what the baby "could" have been like. But they can move on. It takes time and the support of others.

It may be natural to want to be pregnant again, but it takes time to deal with your feelings. Women who become pregnant within 6 months of losing a baby can have a harder time with their grief. Just as the excitement of pregnancy can be different for men and women, so can the reaction to the loss of the pregnancy. For some

men the loss of a pregnancy can be especially difficult if the woman gets all the sympathy and support. Women might have more chances to share their feelings of sadness and loss than men do. How we work through our feelings of loss is personal. Both partners need to be supportive and try to understand how the other is feeling and how their grieving can differ.

Feelings about pregnancy loss range from sadness, emptiness and loss of hope, to anger and blame. Though there is no clear medical reason to explain many pregnancy losses, parents may experience decreased self esteem, fear, guilt or blame themselves for the event.

Second chances

Being ready for another pregnancy depends on many things – your health, your emotional recovery, your relationship and other issues. Both men and women can handle the fear and anxiety from pregnancy loss better as they learn and share more.

Whether pregnancy loss is from miscarriage or stillbirth, and whether it happened a long time ago or recently, both men and women need to deal with their feelings. They need to know when they are ready to move on – to get pregnant again, if at all. Answers are not always simple. Think about what is best for both of you. There is no right or wrong time to get pregnant again. Every couple is different.





PREGNANCY LOSS

FOR ME	ARE YOUR ANSWERS IN SYNC OR DO YOU NEED MORE TIME?	FOR MY PARTNER
	Am I as ready as I think I can be to have another pregnancy?	
	Have I been able to honestly voice my feelings to my partner?	
	Do I think my partner and I are at the same place between ready and not ready?	
	Am I thinking about another pregnancy as a way of making my hurt go away?	
	Have I had a good chance to talk about the pregnancy loss with my health care provider?	
	Have my partner and I had a chance to talk about any new information?	

Compare answers and see how “together” you are on your feelings.

Feelings of sadness are normal. Sometimes depression can occur. If you are noticing changes in your normal activities – eating, sleeping, sex, use of alcohol or drugs, or in your relationships or work – seek help from a doctor, counsellor or local public health unit. This is a time to take good care of yourself.

Grief is one of the hardest topics to talk about – especially as it relates to the loss of a baby. It is the loss many of us least expect and may be least prepared for. Talking to other women, family and friends, about their experiences with pregnancy loss may help you work through your grief. Remember your thoughts and feelings have significant meaning and you do not have to feel alone.

FOR HELP CLOSE TO HOME CONTACT:
<u>Local public health unit: 1-800-267-8097</u>
<u>Health care provider</u>
<u>Counsellor</u>
<u>Perinatal Bereavement Services: 1-888-301-PBSO(7276) http://pbso.ca/main/</u>



SAFE RELATIONSHIPS

Pregnancy demands a harm-free home

When you think about pregnancy you picture love, security and bonds that pull relationships closer. It is every person's right to live in a safe relationship that nurtures and lends support – a relationship free of harm. Now is the time to be sure about your relationship – before you welcome a new life. 1 in 5 abused women report that abuse started or got worse during their pregnancy. Abuse in pregnancy is more common than some common pregnancy complications. Emotional abuse often comes first. The woman is insulted, threatened, put down in public, blamed and told what to do. If left unchecked, this control can turn into physical abuse – slapping, hitting, shoving and more. It only gets worse over time.

Why do women suffer abuse? They may become survivors by shutting out their reality. Thoughts like, "*My baby needs a father;*" may keep a woman in a harmful relationship for years. Staying can be what hurts the unborn child the most. Physical abuse can cause miscarriages, premature labour and stillbirths. Any kind of abuse can cause stress. Stress affects children before and after birth. Women might also turn to drugs or alcohol to cope, putting a developing baby in more danger.

Abuse – What are the signs?

Abuse during pregnancy can cause you to:

- Feel sad and alone.
- Feel anxious.
- Feel bad about yourself.

- Have pain and injuries.
- Turn to alcohol and drugs.
- Not eat or sleep well.

Unveiling abuse

Strong differences in beliefs could be warning signals that your relationship could become abusive. Both partners should ask themselves these questions...

- Is it OK for you to behave in a certain way, but not your partner?
- Have you ever forced your partner to do something to get what you want?
- Do you blame your partner for everything that goes wrong?
- Does your jealousy stop your partner from going places or seeing other people?
- Do you have set ideas about what each partner should be like or should do?

If you answered yes to any of these questions you might want to take a closer look at your relationship. Facing differences now will be easier than letting them take their toll when a pregnancy comes along.

Fill your family album with smiles, not bruises.

Having a baby *does not* make a bad relationship better; it adds to the stress. Start your family in a healthy way. Know your relationship. Your values and beliefs about togetherness tell you how you will treat each other in a relationship. Check the list on the next page to see how your answers compare.





SAFE RELATIONSHIPS

Pre-parenting promises

You have certain strengths as a couple now.
You can build on those.

❖ We would like to get better at...

❖ We would like to first tackle...

❖ We will do these things...

❖ We can count on help from...

Through this exercise you have had a chance to think about your own relationship. Sadly, it is common to discover a relationship that is destructive and abusive. But remember that your right to freedom from abuse is more valuable than a marriage or relationship that destroys you. Women should never be afraid to reach out for help. Don't feel guilty, ashamed or blame yourself for a failing relationship. Now is the time to make important decisions for yourself and for the health of the baby you are dreaming about.

Relationship quiz?

1. Do you find that your partner doesn't want you to see other friends or participate in activities that do not include him/her?
2. Does your partner criticize the way you dress, talk, look?
3. Are there times when your partner's teasing hurts your feelings?
4. Does your partner make fun of you in front of your friends or family?
5. Do you decide together what to do when together?
6. Do you ever feel pressured to do something?
7. Has your partner ever hit or slapped you?
8. Do you feel free to say "No" without having to explain your reasons?
9. Does your partner help you feel good about yourself?

If you answered yes to any questions but 5, 8 and 9 there are abusive elements to your relationship. Abuse often starts or gets worse during pregnancy. Talk to someone you trust.

FOR HELP CLOSE TO HOME CONTACT:

IF YOU ARE IN DANGER, CALL 911

Health care provider:

Crisis centre:

Sexual assault services:

Women's shelters:

Assaulted Women's Help Line: 1-866-863-0511

Canada's Treatment Programs for Men Who Abuse Their Partners:
http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fem-dir-trtmt-male_e.pdf



SEARCH AWAY...

...For tips to build healthier babies

The information in this workbook is a healthy start for a future baby and a future parent. It provides you with lots of thoughts about pregnancy and having children.

There is always more to learn and people learn in many different ways. Find out where else you can turn:

- Check out the “Help is Close to Home” sections in this workbook.
- Contact your local public health unit. To find your local health unit call 1-800-267-8097 or check www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html.
- Talk to your health care provider.
- Visit your library.
- Visit www.healthbeforepregnancy.ca.
- Public Health Agency of Canada.

Every healthy choice you make and every little change you work on now, before pregnancy, makes a difference!

My notes...

Things to talk about...

My hopes...





by/par health nexus santé

Best Start: Ontario's Maternal, Newborn and Early Child

180 Dundas Street West, Suite 301, Toronto, ON, M5G 1Z8
Phone: 416-408-2249 or 1-800-397-9567 Fax: 416-408-2122

Email: beststart@healthnexus.ca
www.beststart.org • www.healthnexus.ca