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# chapter 1

## ARE YOU REALLY READY TO HAVE A BABY?

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“There’s never a ‘perfect’ time to have a baby. Realistically, some times are better than others, but if you keep waiting for the perfect time, you’ll be waiting forever.”

—LORI, 29, MOTHER OF FOUR

“There’s never a truly ‘right time’ to have a baby. Something always comes up. Simply hold each other’s hands, smile, and jump on the train!”

—ALEXANDRA, 33, MOTHER OF TWO

*So you’re thinking of having a baby*—of trading your relatively sane and orderly life for the chance to hop on board what can best be described as an 18-year-long roller-coaster ride. (Actually, friends of mine who have kids in their twenties tell me that the ride lasts a heck of a lot longer than 18 years, but I have to confess, I’m still in denial.)

Well, before you do anything rash, like tossing the birth control out the window or reaching for the thermometer and the temperature graph, you might want to slam on the brakes for a moment. After all, don’t you owe it to yourself to find out what it’s *really* like to become a parent before you sign yourself up for the mother of all commitments?

If it’s the scoop on parenthood that you’re after, you’ve come to the right place. I mean, if there’s one thing I’ve learned during my 23 years in the motherhood trenches, it’s that you’ve got to be prepared to tell the God’s-honest truth when other parents come around looking for advice and answers. Anything else is a clear violation of the Mom Code—and, trust me, you don’t want to mess with *that*. Glossing over what labour or

new-mom sleep deprivation really feels like isn't nice and it isn't fair. It's also a surefire way to win you some very hormonal enemies.

I've always been one to spill the beans on things (good, bad, and ugly), and I'm not about to change my tell-all ways just because I'm writing a book. Besides, I wouldn't exactly be holding up my end of the deal—giving you the inside scoop on having a baby—if I only talked about how great newborn babies' heads smell and how much fun you'll have filling the hard drive in your computer with snapshots of your baby doing one cute thing after another. In the interest of full disclosure, I owe it to you to spell out the other things you should be thinking about, such as how much this little cherub is going to set you back in first-year acquisition costs (diapers, a stroller, food, and the latest and greatest digital camera).

But wait—that's assuming you're going to go ahead with the deal in the first place; that you've weighed the career costs and the relationship fallout (babies do not bring couples closer together, at least in the short term—that's a bald-faced lie) and decided that having a baby is still a lovely idea.

And if you do decide you want to have a baby, you've still got to decide whether you want to be serious about those baby-making plans tonight, next week, or sometime in the next decade. Of course, before you make that decision, you'll want to make sure you're fully up to speed on the latest facts about biological clocks—both his and hers. (Yep. Even guys have a reproductive best-before date.)

I'll wrap up the chapter by discussing how you may feel about starting a family and what to do if you and your partner aren't exactly on the same page when it comes to the whole baby-making issue.

Just one small footnote before we move on to the real nitty-gritty. There are a number of important health-related issues to consider when you're planning a pregnancy. Rather than starting out with a heavy-duty biology lecture that might evoke frightening flashbacks to your grade-nine health class, I thought I'd ease you into the book gently. That's why I've chosen to postpone the discussion of pre-conception health issues until Chapter 2. (Stay tuned.)

## **A QUESTION OF TIMING**

If you're waiting for some sort of magical signal that will tell you in no uncertain terms that this is really-and-truly-without-a-doubt the right time to have a baby, you could find yourself in for a pretty lengthy wait.

You see, there are always more reasons not to get pregnant than there are reasons to start a family. In fact, if you and your partner were to sit down with a pot of coffee and a pad of paper, you'd be bound to come up with a whole laundry list of reasons why you'd be insane to even think about getting pregnant right now. Here are a few of the reasons that might very well find their way on to your list:

- You've just bought a house and you're up to your eyeballs in debt. You figure that if you scrimp and save and do without unnecessary frills like groceries and clothes, you just might manage to pay for the damned thing before it's time to retire.
- You've just sprung for a hot new sports car—and the interior isn't exactly baby friendly. Even worse, there's no place to attach a car seat tether strap.
- You've just booked one of those truly decadent couples cruise-ship vacations and you know your partner would be less than thrilled if you were to spend most of the vacation holed up in the washroom, battling morning sickness.
- You've just changed jobs and you don't want to have to announce to your new employer that you're "in the family way" before you even get your first paycheck.
- You're approaching the busy season at work and you don't want to risk having to take any time off just because your stomach starts churning every time you come within 20 feet of the coffee pot.
- You and your partner are getting along so famously that you're reluctant to risk ruining a perfectly good relationship by adding a baby to the mix. (There's an alternative scenario to consider, just in case the phrase "marital bliss" isn't the first thing that comes to mind when you think of your partner. If you and your mate aren't getting along at all, you may wonder if having a baby would prove to be the final straw for your relationship.)

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*mom's the word*

"Truthfully, we didn't spend a lot of time talking about having a baby—we actually talked a lot about reasons why we shouldn't have a baby!"

—MYRNA, 32,  
 MOTHER OF ONE.  
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- You've agreed to serve in your best friend's wedding party eight months from now and she's already picked out the matching dresses for her seven bridal attendants. Judging by the cut of the dress, there isn't much room for expansion. What if she were to ask you to relinquish your dress to a surrogate matron of honour?
- If you were to conceive tonight, you could end up giving birth in the midst of a midwinter blizzard or a midsummer heat wave. (Hey, if there's one thing we Canadians can depend upon, it's weather extremes.)
- You need to lose weight and you'd like to drop those extra pounds before you start your family. (Or, conversely, you've just finished losing a ton of weight and you'd like to enjoy the sensation of having a flat stomach before you agree to sublet your belly to someone else.)
- You find the sound of children screaming in restaurants to be annoying rather than endearing—which makes you question whether you've really got what it takes to become a parent. (Of course, this experience can sometimes elicit the opposite reaction: it can convince you that you're bound to do a better job at parenting than that imbecile in the next booth. Hope springs eternal.)

Yes, there are always a million and one reasons not to have a baby. And some of them actually make a lot of sense. I mean, if you and your partner are thinking about calling it quits, a positive pregnancy test may not be welcome at this stage of the game. Likewise, it's probably not a great idea to announce you're pregnant when you're just a week or two into a new job—unless, of course, you happen to be self-employed. But as for waiting until your financial affairs are in order, your calendar is clear for the next nine months, you've reached your ideal weight, and you feel psychologically fit to become a parent (whatever that means), you could find yourself waiting a very long time to plan that perfectly timed pregnancy. (Heck, I've got four kids and I'm still not 100 per cent sure that I'm up to the challenge.)

### **What it really costs to raise children**

There's no denying it: government statistics about the cost of raising children are enough to convince you to put your baby-making plans on hold for at least the foreseeable future—or to start auctioning off

baby-naming rights in order to help underwrite the costs of Junior's upbringing. According to the Canadian Council on Social Development, it costs almost \$167,000 to raise a child from birth through age 18. That first year alone will cost you over \$10,000 (see Table 1.1).

**TABLE 1.1**

## *What It Costs to Raise a Baby from Birth to Age One*

<b>Food</b>	\$1,507
<b>Clothing</b>	1,720
<b>Health care</b>	141
<b>Child care (for employed single parent)</b>	4,568
<b>Shelter, furnishings, household operations</b>	2,157
<b>Total</b>	\$10,093

Source: Centre for International Statistics at the Canadian Council on Social Development (2004), the last year for which such figures are available.

**Notes:**

- You will spend considerably less on food than indicated in this table if you breastfeed. (These figures include the costs of infant formula for an entire year. What's more, health care costs for formula-fed babies tend to be higher than for breastfed babies.)
- A significant number of mothers are employed during their baby's first year of life. The Canadian *Maternity Experiences Survey* (2009) found that 11 per cent of new mothers had returned to work by the time their child was 6 months old, either for financial or career reasons.

Statistics like these are proof that a little knowledge can be a dangerous thing. Not only do they fail to remind you that you're not required to have the entire \$167,000 on hand before you lose the birth control, they also neglect to point out that there are ways of paring down your child-rearing costs without practically guaranteeing that your child will end up on the talk show circuit singing the "I Had a Deprived Childhood" blues.

As you've no doubt noticed by now, prospective fathers tend to be particularly shell-shocked by these types of statistics. In fact, the vast majority of men I know would rather reach for the condoms than risk being shackled up in some unheated shanty with a wife and a brood of children they can't afford to feed. (Clearly this provider thing is hot-wired into men's brains.)

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*mom's the word*

“Don’t plan your family around finances.

Personally, I think a woman’s internal clock is a more reliable guide to family planning! If you have access to free used baby stuff—perhaps from friends or older siblings—babies are not that expensive. I spent less than \$2,400 on my pregnancy and my baby’s first year of life.”

—MARIA, 31, MOTHER OF TWO

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Myrna, a 32-year-old mother of one, remembers her partner experiencing these very types of money-related worries before they decided to take the plunge. “My husband is very practical,” she explains. “He’s very much into saving money and paying off our mortgage—so every time we thought about having kids, he’d get anxious about how much money it was going to cost to send them to university!”

While you don’t want to embark on a pregnancy without giving any thought to how you’re going to pay for a car seat, baby clothes, and other first-year essentials, you don’t necessarily have to start freaking out right now about how you’re going to finance Junior’s postgraduate studies at McGill. Think short term: can you afford to take some time off work and do you have the cash on hand to cover the basics?

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*facts and figures*

The Vanier Institute of the Family estimates that it costs an average middle-class Canadian family about 15 per cent of its take-home pay to care for one child, 25 per cent to care for two children, and 33 per cent to care for three or more children.

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That’s the pragmatic approach that Marinda, 30, and her partner chose when they started planning for their first pregnancy. “Although we didn’t have much money, we both believed that if we waited to be completely financially stable before having children, we might never have them. Being self-employed, I knew I wouldn’t receive any financial compensation from anyone (employer or government) for staying at home, other than the baby bonus, so during my pregnancy I saved enough money to cover half the rent for exactly one year. This [combined with my husband’s income] allowed me to stay home for an entire year with my baby.”

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### *Facts and figures*

The number of dual-income Canadian households in which the female partner is the primary breadwinner has increased dramatically over the past four decades. In 1967, an estimated 11 per cent of Canadian women earned more than their male partners. By 2003, this percentage had nearly tripled to 29 per cent. According to Statistics Canada, in 2003, family incomes for households in which the primary breadwinner was female averaged \$74,000 as compared to \$86,000 for households in which the primary breadwinner was male.

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### **Career considerations**

As if money-related worries weren't enough, you've also got your career to consider—and this advice applies regardless of whether you're planning to stay at home or go back to work immediately, a year after the birth, or five to ten years down the road.

While it would be nice to think that only a few Neanderthal employers still take the view that switching to the “Mommy Track” is proof that you're no longer as committed to your career as your childless counterparts, most women find there are still some career costs associated with having a baby. If you're not willing to put in 60 or more hours a week to prove to the powers that be that you're on the fast track to the executive suite, you could find yourself being overlooked come promotion time, particularly if you work in a profession such as law, where billable hours tend to determine who's hot and who's not.

And then there are all the intangible opportunities that may be lost if you choose to work less-than-full-time hours, or if you decide to drop out of the workforce altogether for a couple of years after your baby's arrival. Joanne Thomas Yaccato, author of *Balancing Act: A Canadian Woman's Financial Success Guide*, discusses this point in an article that ran in *Chatelaine* magazine shortly after the birth of her daughter: “Time off work means time out of circulation; if I lose too many contacts now, I can be a long time getting them back.”

Does this mean the situation is hopeless? That switching to the Mommy Track will automatically derail your career?

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*mother wisdom*

Instead of trying to make your old career fit your new life as a parent, why not consider switching to a career that meshes better with motherhood? Think about ways you can build upon the skills you acquired during your pre-baby life while anticipating the career you hope to have when your kids are a little older.

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Not necessarily, says Lori M. Bamber, author of *Financial Serenity: Successful Financial Planning and Investment for Women*. She argues that the career hit can be lessened if both parents help to cushion the blow: “Having a child does mean sacrificing a degree of career advancement and financial well-being, but the damage can be lessened dramatically by applying the power of two—two loving partners who work together to share the costs.”

According to Bamber, that means ensuring that you and your partner are equally aware of the career sacrifices required after your baby arrives, and that the two of you are willing to plan accordingly. “Splitting the maternity leave so that Dad can have some bonding time with the baby is a wonderful idea and will signal to both employers that, yes, your priorities have changed—and, yes, you can still be counted on because your partner is also there to support you.”

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*facts and figures*

File this one under “the life satisfaction gender gap.” Only 52 per cent of Canadian women in dual-income households in which both partners work long hours and have children at home feel satisfied with their work-life balance, as compared to 71 per cent of their partners.

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Career costs aside, one of the biggest challenges that working parents—and working moms in particular—face is in juggling their various work and family commitments. The 2005 General Social Survey conducted by Statistics Canada found that two-thirds of women and half of men who work long hours and who have children at home feel stressed. There’s never enough time or energy to get everything done—to pull off the daily tightrope act that means balancing the needs of your job against the needs of your family, and vice versa. That’s where the much-talked-about “mommy guilt” fits in: feeling like you’re always short-changing someone, somewhere. Eventually



you learn to accept that fact—that mothers are mere mortals and that they can't be expected to be everything to everyone at one time—but until you reach that realization, you can do quite a number on yourself trying to prove otherwise. Frankly, it can be pretty exhausting.

Lori Bamber offers these words of wisdom to women who are trying to decide whether to return to work after their babies arrive: “I wish I had known that the period in which I was consumed by motherhood would be such a relatively short one relative to my career. At the time, it seemed like I was giving up so much and as if those sacrifices were forever. My children are already at an age where they are as much a help to me as a responsibility, and I am only now entering my prime career years. If I could have known then what I know now, I think I would have relaxed a bit and enjoyed things all the more.”

## The age issue

Another issue that many prospective parents find themselves grappling with is whether or not there's a “perfect age” at which to have a baby.

Some parents choose to start their families when they're still in their twenties, believing that the physical demands of parenting will be easier to handle if they have their babies sooner rather than later. Sometimes they think ahead about the kind of life they want for themselves and their children in years to come. (Jennifer, a 31-year-old mother of two boys, ages 3 and 1, decided to start her family early: “I had visions of my child being 20 and me seeming really old,” she recalls.)

Others prefer to wait until they're a little older and more established so that they'll have fewer financial worries and a lot more life experience to bring to the parenting table.

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### *facts and figures*

While a growing number of women in both Canada and the United States are deciding to have babies in their thirties, a mom giving birth after age 35 in Canada is more likely to be giving birth to her first child than a mom in the United States. According to Statistics Canada, by 2004, 34.7 per cent of births to Canadian women in their thirties were first births, as compared to 27.1 per cent of births to American women in their thirties.

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A growing number of women are opting to postpone motherhood until later in life. The latest figures from Statistics Canada indicate that the average age of a woman giving birth in Canada in 2006 was 29.3 years. The number of women giving birth after the age of 35 has increased significantly in recent years. In 2006, the fertility rate for women aged 30 to 34 surpassed that of women aged 25 to 29. (This rate has been higher than the rate for women aged 20 to 24 since 1989.)

So, is postponing motherhood until your late thirties or early forties in the best interests of both mother and baby? Not according to the Society of Obstetricians and Gynaecologists of Canada, which has been spreading the word that waiting too long to start a family may mean missing out on parenthood entirely.

### ***The female biological clock***

You see, unlike men, who have the ability to manufacture sperm throughout their reproductive lives, women are born with all the eggs they will ever have. The quality of those eggs deteriorates over time—something that can lead to fertility problems and an increased chance of pregnancy loss as a woman ages. By the time a woman reaches 40, for example, nearly half of her eggs will be chromosomally abnormal—a significant increase over age 35, when just one-third of a woman's eggs are abnormal. What's more, according to a study reported in the *British Medical Journal*, by age 45, her odds of having her pregnancy end in miscarriage are close to 75 per cent.

While you might not consciously choose to postpone a pregnancy until you're into your forties, you could find yourself on the far side of 40 by accident. You might find, for example, that after switching into baby-making mode at age 35 it takes you a couple of years to conceive, or that an undiagnosed medical condition (for example, a sexually transmitted infection, fibroids, polycystic ovaries, or endometriosis) has taken its toll on your fertility. There's also the other piece of the process to consider—your partner. Until the two of you start trying to conceive, you have no idea how the baby-making equation is going to work out: sometimes one plus one doesn't add up to a baby (at least not quickly or easily). While many of these problems can be resolved, fertility treatments take time—time that may no longer be on your side if you've waited too long to start trying.

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*mom's the word*

"I've had six miscarriages and have always struggled with infertility problems. That's why it's taken me 20 years to have four children. If you're willing to wait until you're older to start a family, then you must also be willing to deal with the possibility of fertility problems. I'm so glad that I started my family at 20."

—LIZ, 40, MOTHER OF FOUR

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Here are some other things you should know if you're planning to put your pregnancy plans on hold for now:

- Your odds of conceiving decrease as you age. While a woman in her early twenties has a 20 to 25 per cent chance of conceiving during a particular menstrual cycle, a woman in her late thirties has just an 8 to 10 per cent chance of becoming pregnant during any one cycle. (See Chapter 4 for a more detailed discussion of the effect of aging on a woman's fertility.) If she does conceive, the risk of spontaneous miscarriage is higher for a woman over the age of 35.
- Women who become pregnant later in life are more likely to conceive multiples. In addition, more women in their late thirties and their forties are now giving birth to twins and triplets—and even octuplets—as a result of fertility treatments. Given the higher rate of complications in pregnancies involving multiples, and the fact that multiples are more likely to be born prematurely and to weigh less than 5 pounds (2.3 kilograms) at birth, the news that there are two or more babies on the way can lead to worry as well as excitement.
- Older women are more likely than younger women to give birth to babies with chromosomal problems. While a 25-year-old woman faces one in 476 odds of giving birth to a baby with a chromosomal problem such as Down syndrome, a 45-year-old woman faces one in 21 odds.
- Women who become pregnant after age 40 are more likely to develop pregnancy-related complications such as pre-eclampsia (extremely high blood pressure), gestational diabetes (a form of diabetes that's triggered during pregnancy), premature birth (birth before the 37th completed week of pregnancy), and intrauterine growth restriction

(when the fetus is significantly smaller than what would be expected at a particular gestational age). Older mothers are also more likely to have pre-existing health problems (such as arthritis, heart problems, diabetes, or mental health issues) that may complicate their pregnancies.

- Older mothers are more likely to require an operative vaginal delivery (for example, a delivery in which forceps or a vacuum extractor are used) or an induction (when labour is induced artificially). What's more, according to an article in the U.S. medical journal *Obstetrics and Gynecology*, women over the age of 44 are 7.5 times more likely than younger women to require a Caesarean delivery. (U.S. Caesarean rates are always higher than Canadian rates, but it's an interesting fact to note nonetheless.)

### ***The male biological clock***

The biological clock waits for no woman—and for no man either, it would seem. In recent years, fertility researchers have started to document the ways in which time takes its toll on the male reproductive system. Sure, the biological clock is a lot more forgiving of prospective fathers than it is of prospective mothers, but it doesn't hurt for a would-be dad to hedge his fertility bets, given these recent findings on the male reproductive front:

- **A man's fertility declines with age.** While the drop-off isn't as dramatic for men as it is for women (men continue to manufacture sperm throughout their lives, while women have to make do with the supply of eggs they were born with), it's something that the fertility world is starting to take more seriously (after many years of operating under the notion that it was only women who had a best-before date). A study reported in the medical journal *Fertility and Sterility* involving 2,000 women found that women age 35 and older with partners age 45 and older took five times longer to conceive than those whose partners were age 25 or younger. The study also found that women age 25 and under take four times longer to conceive with older partners (over 45) than with younger partners (under 25).
- **Sperm quality declines with age.** A study published in *Fertility and Sterility* found that in men between the ages of 30 and 50, sperm volume declines by 30 per cent, sperm motility declines by 37 per

cent (meaning that the sperm are slower swimmers), and sperm are five times more likely to be misshapen (something that can prevent conception from occurring in the first place or lead to a miscarriage or genetic problem in the developing baby).

- **The risk of miscarriage is greater if a woman conceives with an older partner.** Researchers at the Columbia University School of Public Health found that the miscarriage risk is 60 per cent greater for a woman conceiving with a partner age 40 or older as compared to a woman conceiving with a partner under the age of 25, regardless of her own age, because older men have more abnormal sperm than young men.

While there's still more research to be done on the issue of the male biological clock, men who hope to become fathers would be wise to err on the side of caution and to heed the same advice that is often given to would-be mothers: if having a baby is important to you, start planning for your future family sooner rather than later.

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### *Facts and figures*

Birth defects become more common as men age. Researchers at the University of California, Los Angeles, found that men age 50 and older were four times more likely than younger men to father a child with Down syndrome. Researchers at the University of California, Berkeley, found that older men were more likely to father children with dwarfism or multiple genetic and chromosomal problems. And researchers at the Mount Sinai School of Medicine in New York found that men in their forties are six times as likely as men between the ages of 15 and 29 to father autistic children. A study by a team of British and Swedish researchers has also found that children born to men over 50 are four or five times more likely to develop schizophrenia than children born to fathers age 21 to 24.

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## **A BABY? MAYBE... PROTECTING YOUR FERTILITY**

So you'd like to have a baby someday—just not right now. First of all, congratulations for sneaking a peek in a pregnancy book to get the pregnancy-planning facts ahead of time. That's *way* forward thinking. Now carry that thought process into action mode so that you can

safeguard your fertility—and encourage your partner to safeguard his—to ensure the necessary equipment will be in top working order when it's time to get with the baby-making program. In addition to flipping through the remainder of this chapter and the one that follows, you may want to talk to your doctor about your future plans for parenthood. Your doctor may want to flag some health or lifestyle issues for you before you lose the birth control for good.

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### *mother wisdom*

Fertility experts have recently started talking about female reproductive age in terms of a woman's "ovarian reserve" (the number of eggs a woman's ovaries have in reserve) or—as Sherman J. Silber, MD, author of *How to Get Pregnant*, likes to put it—the amount of time left on a woman's biological clock. The most accurate method of assessing a woman's ovarian reserve is to conduct an ultrasound examination and perform an antral follicle count. The test can be performed by a fertility doctor at any point in your menstrual cycle and won't be affected by any hormones you may be taking. The advantage in finding out just how old—or young—you are, reproductively speaking, is that you can make some informed decisions on that basis. As Silber notes in his book, if the test results reveal that you are approaching the end of your reproductive years, but you still don't feel ready for motherhood, you might decide to freeze some eggs for future retrieval. Likewise, if you discover that you have at least another two decades left on your biological clock, you might not feel quite so pressured to get pregnant this month.

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### **Your Plan**

- **Choose a birth control method that is fertility enhancing rather than one that could cause you grief once you start trying to conceive.** Most experts agree that the birth control pill is a good choice because it changes the consistency of your cervical mucus, thereby reducing the likelihood that bacteria will get into the uterus and tubes. Pill use has been proven to prevent ovarian cysts, to arrest the progression of endometriosis (a condition that can result in progressive scarring of the Fallopian tubes), to decrease the incidence

of ovarian and uterine cancer, and to restore a normal hormonal balance in women who don't ovulate. The intra-uterine device (IUD), on the other hand, isn't attracting such rave reviews. It's been linked to increased incidence of pelvic inflammatory disease (a major cause of infertility in women).

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*facts and figures*

A new type of IUD—the Mirena IUD—reduces the heaviness of your period by 97 per cent after one year.

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If you want a comprehensive—

and Canadian—roundup of various types of birth control, including the lowdown on the latest generation of hormonal birth control options, pick up a copy of *Sex Sense* by the Society of Obstetricians and Gynaecologists of Canada and visit [www.sexualityandu.ca](http://www.sexualityandu.ca).

- **Pay attention to your gynecological health.** Don't neglect any strange symptoms or mildly annoying gyno issues just because you're not planning to have a baby in the immediate future. The time to resolve these problems is when they arise—not years after the fact. If, for example, you have a milky discharge from your breasts, you don't menstruate at all unless you're on the pill, or you experience increasing facial hair and acne into your twenties, you may not be ovulating regularly or you may have some sort of hormonal imbalance (for example, polycystic ovarian disease). Likewise, if you experience unusual pain and bleeding (heavy or breakthrough bleeding), you may be developing ovarian cysts (generally non-cancerous growths that can disrupt your menstrual cycles), endometriosis, or fibroids (non-cancerous growths in the uterus that can prevent pregnancy or increase your likelihood of miscarriage). The sooner you seek out treatment for these conditions, the greater your odds of being able to start your family when you finally decide it's time.
- **Find out about any reproductive red flags that may be hanging from your family tree or hiding in your family closet.** If you have a close female relative who had trouble conceiving, or if there's a history of endometriosis, uterine fibroids, early menopause, or uterine anomalies in your family, it's possible that you could experience these problems too. Many of these conditions are treatable, so find out now which, if any, of them may be in the cards for you. In some

families, obstetrical histories and gynecological conditions are the stuff of which the best-ever family reunions are made; in others, words like “period” and “pelvic exam” are still considered slightly shocking—shocking enough that everyone in the family learns to speak the language of euphemisms whenever the conversation turns to “women’s complaints.” (Yes, it still happens in the best of families.)

- **Know who you’re hopping into bed with.** If there’s a baby in your future, you should plan to practise safe sex, starting right now. Be monogamous or limit your number of sexual partners. Use condoms and spermicide. And make a point of being tested regularly for sexually transmitted infections (STIs) such as chlamydia, gonorrhea, syphilis, human papilloma virus (HPV) (which can cause genital warts and which has been linked to both pre-cancerous and cancerous conditions of the cervix), herpes, HIV, and hepatitis B and C. These STIs can cause infertility by either contaminating the pelvic cavity or altering your body’s immunological defences—something that can trigger pelvic inflammatory disease. And, of course, some of these STIs could also lead to some very serious health problems for both you and your baby-to-be. If you think you may have been exposed to an STI, seek the help of your health-care provider before you attempt conception, since effective treatment is available.
- **Quit smoking.** Women who smoke are 30 per cent less fertile than women who don’t smoke. What’s more, they’re at increased risk of developing pelvic inflammatory disease—one of the greatest threats to a woman’s fertility (something you should be thinking about right now, even if you don’t have visions of a car seat showing up in your vehicle anytime soon). You’ll want to try to quit smoking before you start trying to conceive anyway: smoking during pregnancy has been linked to a laundry list of pregnancy complications and health problems in babies, including an increased risk of sudden infant death syndrome (SIDS). If the pill is your birth control option of choice, you should be talking to your doctor about other birth control options or methods to help you quit smoking: smoking while you take the pill is an especially dangerous combination, due to the increased risk of cardiovascular disease. If you want to research quit-smoking programs on your own, check out the websites of the Canadian Cancer Society ([www.cancer.ca](http://www.cancer.ca)) and



the Lung Association ([www.lung.ca](http://www.lung.ca)), as well as the Health Concerns section of the Health Canada website ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)).

- **Create a healthy environment for the baby you hope to conceive.** Minimize your exposure to toxins at work and at home, and work with your neighbours to safeguard the air, land, and water in your community. Visit the Toronto Public Health website’s “Children’s Health” page ([www.toronto.ca/health/hphe/children.htm](http://www.toronto.ca/health/hphe/children.htm)) to download “Hidden Exposures,” and see Appendix D of this book for links to more resources on environmental health.

### ***Your Partner’s Plan***

- **Encourage your partner to safeguard his fertility, too.** A man’s reproductive system can be damaged as a result of sports injuries, cycling long distances (for example, more than 99 miles (160 kilometres) a week), exposure to toxic chemicals or radiation, and the use of anabolic steroids and certain types of medications that may hamper sperm production and/or reduce sperm counts. If he’s serious about becoming a father some day, he should also plan to get rid of his spare tire: men who are significantly overweight tend to have an oversupply of the female sex hormone estrogen—something that can scramble the messages passing between the testes and the pituitary gland. He should also look at his use of alcohol, drugs, and cigarettes: these so-called lifestyle drugs may hamper his ability to ejaculate and/or affect his fertility. Finally, anything that causes persistent overheating of his testicles is bad news (whether that’s having a laptop on his lap or driving a truck long distances or wearing underwear that’s too tight).
- **Tell him to pay attention to uncomfortable sensations.** If a man experiences itching, burning, or a feeling that something’s just not right in his reproductive tract, he should get it checked out rather than hoping the symptoms will disappear on their own: even if he’d rather stand buck-naked in front of a group of his colleagues at work than have a heart-to-heart talk with the family doctor about his prostate or his urethra. A low-grade infection can kill off sperm—something that can hamper your baby-making plans. Fortunately, this condition is easily treated. A course of antibiotics will generally do the trick. Other common causes of male infertility—such as clogged ejaculatory ducts and enlarged veins in the scrotum (a.k.a. varicoceles)—can also be treated relatively easily,

should that uncomfortable sensation in his nether regions prove to be one of the root causes of your future fertility problems.

- **Make sure that your partner seeks treatment if he has persistent difficulty achieving and maintaining erections.** Erections are, after all, a key barometer of male sexual health. A whole bunch of factors can come into play here: aging, general health (diabetes, high cholesterol, certain prescription medications), lifestyle (smoking, steroids, alcohol use, obesity, poor physical fitness). As Harry Fisch, author of *The Male Biological Clock*, likes to put it so succinctly, “What’s bad for the heart is bad for the penis.”

### *facts and figures*

You are what you eat—particularly when it comes to sexual health. A high-fat, high-cholesterol diet can lead to problems in the bedroom for even the most enthusiastic of Don Juans. An unhealthy diet can extinguish the flames of passion by clogging the arteries that send blood to the penis and by curtailing the production of the male sex hormone testosterone. (The excess fat is converted to compounds that resemble the female sex hormone estrogen.)

### *facts and figures*

So much for the myth that smoking makes a guy manly: smoking releases adrenaline and other compounds into the bloodstream that interfere with the flow of blood to the penis. The bottom line? It’s harder for a smoker to achieve and maintain an erection than it is for a guy who chooses to butt out.

## **Now or never? The health wild card**

Sometimes there are specific health considerations that need to be taken into account when you’re deciding whether to start your family sooner rather than later.

Heather wasn’t in any particular hurry to start trying to have a baby until her doctor gave her a bit of a push. “I have celiac disease and had struggled with poor immune function, extremely low weight, and poor

nutritional status for many years,” the 37-year-old mother of one explains. “So in early 1996, when my gynecologist told me, ‘This is as healthy as I’ve ever seen you, and if you want to have a child, this is probably the time to do it,’ we decided it was now or never. I was in the midst of completing doctoral studies and we hadn’t bought a house yet—one of our goals before having a baby—but we knew it was the right time. Given my health, it might be the only time that would be right, so we both agreed that starting our family was the thing to do.”

Jenny, a 31-year-old mother of one, had a similar experience: “I have a pre-existing medical condition called Alport syndrome, a form of hereditary kidney disease,” she explains. “My nephrologist advised that if we wanted to have children, we should do so sooner rather than later. My husband and I agreed that we wanted children and acknowledged the seriousness of my doctor’s recommendations.”

### **I get so emotional, baby**

Your age and your physical health aren’t the only factors you’ll want to consider when attempting to answer the mother (or father) of all queries: Is this the right time to have a baby? If they were, you could input this data into a computer and get a deliciously uncomplicated answer. As things stand, you will also need to take the pulse of your relationship with your partner (if you’re embarking on pregnancy as a couple) before making the big decision.

### ***You can get there from here, right?***

Couples who stop to consider how having a baby will impact their relationship may find that it can be difficult to get other couples who have crossed “the great divide” into parenthood to speak frankly about what it’s really like. Seasoned parents may joke about how much your life is going to change (“You’ll never have sex again!”), or they may offer vague reassurances about how it’s rough at first, but you’ll get through it. *Get through it how?* you may wonder, looking for some sort of parenting road map (or at least a crumpled up napkin with notes pointing you toward a few key landmarks along the way). But they shrug their shoulders and laugh, saying, “Sometimes we wonder how we got through it. We fought about everything.” And they’re right: there is a lot more to fight about in your post-baby life as a couple—eight times as much, according to marriage researcher John Gottman, Ph.D., author of *Why Marriages Succeed or Fail*. Fortunately, there is plenty you

can do to stay connected as a couple through pregnancy and beyond, and to make your transition to parenthood as smooth as possible for yourself, your partner, and your new baby. We'll be talking about that throughout the remainder of this book.

If you're entering into pregnancy with a partner, something you do need to consider from the get-go—even before you start trying to conceive—is whether you want to have a family with that person. In other words, is he or she Mr. or Ms. Right?

I know: it's a pretty blunt question (and one that you may not find spelled out in black and white in too many other places), but it's one that you owe it to yourself to mull over seriously before you start making decisions that will affect you and your baby for a lifetime. Think about the type of parent your partner is likely to make, given what you know about your partner as a person. Is your partner patient, loving, generous, democratic, or a bit of a control freak? If he or she doesn't have the necessary parenting skills in place right now (and, frankly, a lot of us benefit from some on-the-job training after baby arrives), go into best-guess scenario mode. Consider what you know about your partner's upbringing and how he or she treats other people. Think about the quality of your relationship today and how stable your relationship has been over the years. Can you see yourself with this person—or at least co-parenting with this person—forever? Can you see your partner being a loving and nurturing parent to your child? Which types of parenting issues could you see yourselves disagreeing over: potty training, allowances, or dating rules? (If you can't see yourselves disagreeing about anything, either you've hooked up with a saint or you've got an under-active imagination.) Have you and your partner ever talked about anything parenting-related?

And now on to the heavy stuff. *The really heavy stuff.* Has there been a history of abuse—whether physical or emotional—in the past, or is there likely to be abuse in the future? You don't have to answer this question for anyone but yourself—the answer that you know to be true is the only one that counts. But here's what you need to know. According to the Society of Obstetricians and Gynaecologists, between 6 and 8 per cent of Canadian women experience abuse in their relationships each year, and the incidence rate is believed to be higher for pregnant women. Violence during pregnancy can cause a woman to become depressed—even suicidal—and it can lead to pregnancy complications and even the death of the mother or the baby. For information and support, contact the National Clearinghouse on

Family Violence: [www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php](http://www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php). You can also find local agencies and phone numbers in the front of your local phone book. If you've admitted to yourself that you need to make this call, I want you to look at those statistics again: *at least 8 per cent of Canadian women are abused each year*. That number means you're not alone.

## THE TRUTH ABOUT BABY FEVER: NOT EVERYONE CATCHES IT

Some couples report that, after years of not feeling any burning desire to have children, they're suddenly hit with "baby fever"—a powerful urge to go forth and multiply. That was certainly the case for 32-year-old Jennifer, who recently gave birth to her first baby: "Two years before, I couldn't see myself as anything but a career person and graduate student. A year before, I was comfortable with becoming a wife, but not a mother. Then, almost overnight, motherhood felt right."

Others worry that they don't have what it takes, particularly if they haven't been swept up by that much-talked-about tidal wave of pre-mommy and pre-daddy emotion. "We really had to make a conscious decision to have a baby," explains Mark, 32, whose wife, Debbie, 31, is expecting their first child. "Our lives are quite comfortable now and there was no real drive within us. We were kind of waiting to be hit by this uncontrollable urge, but it never came. Age was probably the biggest consideration for us, both for the baby's health and not wanting to be too old as the child was growing up."

Myrna, a 32-year-old mother of one, found herself experiencing similar feelings of ambivalence throughout her twenties. It took a family crisis to encourage her to give serious thought to having a baby: "What started me thinking about having a child was watching my father go through a very serious, acute illness," she recalls. "My parents have six children, and it really was a time that brought out the strengths in all our family members. I think it also reinforced in me the

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### *mom's the word*

"I always knew that I wanted children, but it wasn't a burning need. Once we'd been married for a few years, I started thinking about babies. Having them, holding them, and wanting one really badly. My husband was the same. That's when we knew that we were ready: we just thought about it all the time."

—JENNIFER, 31,  
MOTHER OF TWO

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importance of family and the bond that I share with my parents and brothers and sisters. I finally became more aware of how much I would miss if I didn't have a child and experience that deep feeling of being a parent. I can't speak for Scott, but I think he was much more ready than I was: he had been secretly 'kid-watching' for quite a few months. So when we finally decided, it was actually a pretty quick decision."

### **When you and your partner don't agree**

While Myrna and Scott arrived at their decision at roughly the same time, some couples find they're operating on entirely different timelines when it comes to embarking on that weird-yet-wonderful voyage to parenthood.

It's a phenomenon that author Marni Jackson describes in her book *The Mother Zone: Love, Sex, and Laundry in the Modern Family* when she recalls how she felt about her partner's reluctance to commit to starting a family: "I wanted him to want [a baby] in exactly the same way, and to the same degree, as I did," she writes. "It didn't occur to me that men might come at the idea of fatherhood from a different angle. Perhaps for men babies are just an idea, an abstraction until they hold them in their arms. But the initial urge, the detailed, irresistible, and irrational longing, was mine. It was physical, like hunger."

Jennifer, 26, remembers feeling impatient when it became obvious that her husband, Kirk, was less ready to start a family than she was. "Kirk took a little longer than me to feel that it was the 'right time,'" she explains. "He said that he wanted to learn to be a good husband before he also had to become a good father. Also, at the time, he was in a contract position that wasn't necessarily secure. His reasons were more logical than emotional, and they were very good reasons that needed to be considered.

"I have to be truthful and admit that it made me sad he wasn't ready. I probably pressured him more than I meant to. I worried about waiting too long, as I'd had a bout of cervical cancer in my early twenties and didn't want scarring to prove too formidable an obstacle to conception. If we did have trouble conceiving, I really wanted to leave myself enough time to follow other options like assisted conception and adoption."

In the end, it didn't take Kirk very long to come around. The couple is currently expecting their first child. Jennifer offers these words of wisdom

to other couples who may find themselves at different points on the journey to parenthood: “Deciding you’re ready to have a baby is a monumental decision in the relationship of a couple. Although it’s hard to wait for your partner to be ‘ready,’ it’s imperative that you give him the opportunity to get used to the idea, too. It’s important to remember that your partner’s reasons for waiting are just as valid as your own. You’ll never be happier than when you first make love after agreeing that the time is right: that feeling alone is worth waiting for.”

If you find that you and your partner are ready to do battle on the baby-making issue, it may be time to call a temporary truce. Here are a few quick tips:

- **Keep the lines of communication**

**open.** While it may be difficult—even painful—for you to hear your partner talk about his or her reluctance to start a family, it’s important to encourage your partner to say what’s holding him or her back. Is your partner worried about how having a child may affect your financial situation? Does he or she feel unprepared to take on the responsibility of caring for a tiny human being? The more you can find out about your partner’s concerns, the easier it will be for you to help to address them.

- **Focus on other aspects of your relationship.** Try to remember what it was about your partner that attracted you in the first place—something that’s easier said than done, of course, if you’re feeling angry and frustrated right now—and make a point of having fun together on a regular basis so that you can stay connected as a couple while you weather this difficult period in your relationship.

- **Accept the fact that you can’t force someone to want a baby any more than you can force someone to fall in love with you.**

All you can do is give your partner the space and time he or she needs and hope for the best.

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*mom's the word*

“Our only reason for waiting a bit was to give us time to adjust to being a couple. It was our belief that parenting is a challenge requiring a definite team effort, and we wanted to strengthen our team with some practise since we’d both been single for so long.”

—JENNIFER, 32,  
 MOTHER OF ONE

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## When Mother Nature has other plans

For some couples, the whole concept of planning a pregnancy is a moot point. Long before they get the chance to sit down to have “the big talk,” the pregnancy test comes back positive.

That’s what happened to Ken and Nicole, who welcomed their first baby two and a half years ago. Ken was thrilled at the prospect of becoming a father, but Nicole didn’t initially share his enthusiasm. “I had a lot of adjusting to do,” she recalls. “I wasn’t sure if I was ready to be a mom yet, and I had to adjust to all the changes my life was about to undergo. Fortunately, time, love, and patience resolved the issues of readiness for me.”

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*mom's the word*

“It was my husband who got the ball rolling. I always knew I wanted children, but was still a bit nervous about the whole thing. I wasn’t sure I was ready. We were married when I was 25, and when I was 27 he gave me a card on Mother’s Day that said, ‘I’m ready when you are.’ I think we talked about it for about six months after that.”

—JANE, 33, MOTHER OF TWO

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Bevin and Ben, parents of a 5-month-old baby girl, found themselves faced with a similar surprise. “Ben and I had actually decided that about four years from now would be the right time to have a baby,” Bevin recalls. “Unfortunately, someone else had other plans! We were just starting the process of purchasing our first home, I was toiling away at university correspondence courses, Ben was very involved with his weekend passion of sky-diving, and we were both working to get debts paid off before having kids. Still, if you pledge to love and care for the child and to do the best you can, then if the timing is off, it’s not the end of the world.”

LeeAnne, a 29-year-old mother of three, feels that it can actually be a blessing to not have to consciously plan a pregnancy. “I never did decide it was the ‘right time’ to have a baby: they just sort of arrived on their own schedule. That was probably for the best. I don’t think we would have decided on our own to have children as early in our twenties as we did, but we’re both very glad that it turned out that way. The kids are great ages in relation to one another (7, 5 and a half, and 3 and a half), and we both feel we have more energy and focus now than we might in our late thirties or early forties. (I could be wrong on that! Guess I’ll find out when I get there, for sure!)”