

GETTING FIT FOR BABY



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Preconception Medical Check-up

Having a pre-conception medical screening is an important first step once you have decided to start a family. This can help improve your chances of conception and ensure a healthy pregnancy and recovery after birth.



“If you are planning for a pregnancy, it is advisable to consult an obstetrician and gynaecologist as early as possible,” advises Dr June Tan, Senior Consultant at the Department of Obstetrics and Gynaecology of the KK Women’s and Children’s Hospital.

A preconception check-up allows your doctor to assess your overall health before you try to conceive and highlight any potential risks to you and your foetus should you get pregnant.

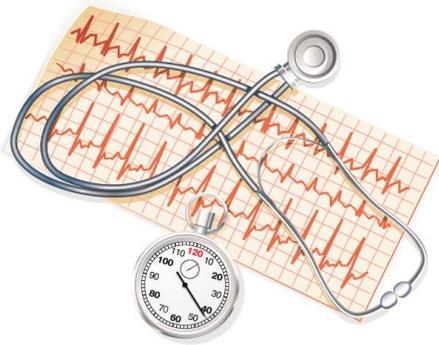
1. Gynaecological History

“A general and basic pelvic examination can help to ensure the womb is healthy and able to carry a pregnancy successfully. In some cases, a pelvic ultrasound is performed to check for ovarian cysts, fibroids in the womb and also for uterine anomalies, as these may affect conception and even the development of the baby in the womb,” explains Dr Tan.

The state of a woman’s gynaecological health is an important factor when trying to conceive. Your doctor will speak to you about your menstrual cycle, sexual history, birth control usage as well as previous pregnancies, miscarriages or abortions.

While it may be awkward to talk about some of these matters, it is important to be honest. If you have been on hormonal contraception, you should also seek advice on when you can start trying for a baby, given the lasting effects of some hormonal contraceptives.

2. Medical History



Your doctor will ask you and your spouse about your medical histories. So, look up your old medical records and inform your doctor of any previous illnesses, surgeries or chronic conditions that either of you might have had.

If possible, you should also speak to your parents about your family's health history.

Check if any family members have had genetic disorders such as cystic fibrosis, blood disorders like Thalassaemia, chromosomal disorders like Down syndrome or congenital defects like a cleft palate.

If any of your family members has had these conditions, you should inform your doctor so that he can advise you accordingly and perhaps recommend some medical tests.

3. Pre-existing Conditions

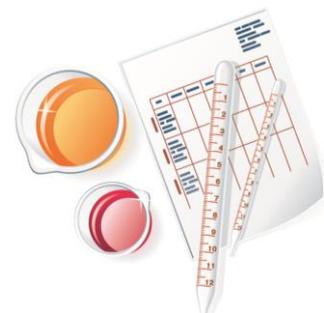
If you have pre-existing medical conditions such as diabetes, hypertension or anaemia, you should ensure that your condition is under control before you try to conceive.

“Women with these conditions can have successful pregnancies. However, they are more likely to have a smoother pregnancy and a healthier baby if these conditions are well-controlled before conception,” says Dr Tan.

You should also inform your doctor about your current medication for your conditions. The doctor may need to prescribe alternative medicine that is safe for pregnant women.

4. Immunisation and Other Tests

Dr Tan's advice to women planning for pregnancy is to check for common infective diseases like Hepatitis B, Rubella or German Measles or Chicken pox and receive vaccination for these conditions if necessary.



These illnesses may severely affect the physical development of the baby during pregnancy. Exposure to Rubella in early pregnancy can cause birth defects such as deafness or heart abnormalities.

“If you have not had any of these illnesses in your earlier years, or have not developed natural immunity to these infections, you should get yourself vaccinated against them at, least three months before trying for a baby,” she says.



Also discuss with your doctor about any health concerns and fears you may have. He or she will be able to highlight conditions which need attention before you try to conceive, and provide other advice to help you prepare well for conception and pregnancy. All the best!

We thank Dr June Tan for her professional inputs.

Baby-Making 101

Understanding the reproductive process allows you to better appreciate the joy of successful conception, and help you to achieve your dream of becoming a parent. Read on to understand the magical inner workings of your body.

While the physical mechanics of sex seem simple enough and even pleasurable, how many people know what happens up close when a sperm meets an egg?

In a recent online study about fertility knowledge, the American Infertility Association found that only one in 12,000 women could answer all 15 questions about fertility and reproduction.

Seven-month pregnant Geeta Sinha, an accountant, confesses, “I wasn’t paying attention during my biology class at secondary school! I knew what happens during sex, but only when I got pregnant, did I realise how two people and their bodies actually create a life. It was humbling to find out, actually.”



Conception takes place when an egg, fertilised by a sperm, gets successfully implanted in the woman's womb. There are three stages leading to conception:

1. Ovulation

Every woman is born with immature eggs in her ovaries. After puberty, the monthly hormonal changes in a woman's body cause the ovaries to release a mature egg (sometimes more than one) into the fallopian tube. This is known as ovulation, and it marks the fertile time of a woman's menstrual cycle. The egg is now available to be fertilised by a sperm.

Dr Tan Heng Hao, Head and Consultant, Department of Reproductive Medicine, KK Women's and Children's Hospital advises, "To maximize the chances of conception, it is advisable for couples to have regular intercourse two to three times per week, after the wife's menstruation every month, regardless of whether she has regular periods or not."

Important Tip

A woman can calculate when she ovulates by taking note of when her last menstrual period (LMP) started. For many, ovulation occurs between day 11 and 21 of the cycle, counting from the first day of the LMP. It is important to note that ovulation can occur at various times during a cycle, and may occur on a different day each month.

Read the 'Best Time to Make a Baby' on page 9 to find out ways of predicting ovulation.

2. Fertilisation

If the couple has unprotected sex around the time of ovulation, a sperm may fertilise the egg. The egg has a limited life span of up to 24 hours of its release and must be fertilised during this period of time for conception to occur.

If the egg is not fertilised during this short window, it will be passed out of the body during menstruation.

Sperm, on the other hand, can survive in the fallopian tubes for up to 72 hours. Fertilisation can therefore occur even if the couple had sex a few days before ovulation.

During conception, only one sperm out of the millions produced by the man can fertilise an egg. Genetic material from the sperm and the egg will combine to create new cells which will start dividing.



Important Tip

To get pregnant, you should have sex one to two days before ovulation to about 24 hours after ovulation. This is because while sperms can live up to three days after ejaculation, your egg survives for just 12 to 24 hours after ovulation.

Once you have pinpointed your ovulation period and schedule baby-making sex accordingly, you would have a higher chance of success.

3. Implantation

The fertilised egg will begin to divide and make its way down the fallopian tube. It will reach the uterus three to seven days later. Here, it will implant itself into the lining of the uterus, where it begins to grow. At this point the woman is considered pregnant. There are times when the fertilised egg is implanted in the fallopian tube instead. When this happens, it is known as an ectopic pregnancy. Such a pregnancy is dangerous and immediate medical attention is needed.

Most women realise they could be expecting when they miss their period. Wait for a few days before getting a pregnancy test-kit from a pharmacy, which should be able to confirm if you are pregnant.



Fun facts about the sperms and eggs:

- The largest cell in the human body is the female egg and the smallest is the male sperm. Talk about how opposites attract!
- The gender of the baby depends on the type of sperm that penetrates the egg. Sperm with a Y chromosome will make a male baby, and sperm with an X chromosome will make a female.
- There is no medical evidence to suggest that you can boost your chances of conceiving after sex by raising your hips with a pillow to give the sperm a helping hand in moving up your fallopian tubes – sperms are programmed to swim. Enjoy the post-coital bliss instead
- A woman is born with over two million eggs in her ovaries, but when she reaches puberty, she is left with about 300,000 to 400,000. By age 37, the number goes down to only 25,000.

We wish to thank Dr Tan Heng Hao for his professional input.

The Best Time to Make a Baby

Why do some couples hit the jackpot on their first try while others attempt for ages with no luck? Find out what is the best time to have sex, to boost a woman's chances of getting pregnant.

Timing plays a very important part in making babies. Couples need to have sex as close as possible to the time of ovulation, which is when an egg is released from the ovaries.



The egg has a lifespan of only 12 to 24 hours, whereas sperms can live up to seven days. To optimise a woman's chances of getting pregnant, try to have sex within a few hours of ovulation so that there are active sperms swimming towards the egg.

In addition, a woman should also have sex before ovulation, so that there are already sperm in the fallopian tubes, ready to fertilise the egg when it comes. Given the long life of sperm, you may get pregnant if you have sex up to six days before you ovulate.

To increase the likelihood of pregnancy, it is therefore important for a woman to know her ovulation cycle.

The Ovulation Cycle

A fertile woman's body goes through a regular cycle (averaging 28 days) where it prepares for pregnancy by releasing an egg each month into the fallopian tubes.

If conception does not happen, the unfertilised egg is passed out of the body during menstruation. After this, the hormone levels in the woman's body rise, and the walls of her uterus thicken to prepare for the next egg to be fertilised.

This cycle takes place for most of a woman's life, from puberty to menopause.

For a healthy, fertile couple under the age of 35, the chance of the woman getting pregnant is estimated at around 25 percent per month, if they have unprotected sex regularly around the time of ovulation.

If the couple is just having sex at random without timing it around ovulation, their chance of getting pregnant drops to 11 per cent per month.

Tracking Fertility

Each month, there is only a window of about six days for an egg to be fertilised. If a couple misses these fertile days to have sex, the woman will not get pregnant no matter how much sex they have on other days. So it is crucial to know when a woman's fertile period is.

Three common methods of tracking fertility are described below.

1. Cervical Mucus

During the fertile period, a woman's cervical mucus becomes stretchy, wet, and slippery as it goes through chemical changes to help sperm swim rapidly towards the fallopian tubes.

As the mucus becomes more watery, a woman may feel discharge in her underwear. She is at the peak of her fertility when the mucus is most wet and slippery — that is usually the day before or on the day of ovulation.

2. Basal Body Temperature

Some women track their temperature upon waking up in the morning. This is called the basal body temperature (BBT). Around ovulation, this temperature will spike slightly, about 0.5 degrees Celsius or so.



A woman should take note of her BBT over two to three months to determine her ovulation period. Hormonal changes during ovulation trigger an increase in BBT for a few days in a row. A woman is at the peak of her fertility on the day her temperature increases, and a few days after that. After charting her temperature for a few months, she should be able to see a pattern. With this pattern, the couple will be able to work out the best time to have sex. If a woman conceives, her temperature will remain elevated.

3. Ovulation Predictor Kits

Ovulation predictor kits work by detecting a surge in luteinizing hormone (LH) in a woman's urine, which occurs about one to three days before she is about to ovulate. That is the woman's window of opportunity to get pregnant.

Ovulation predictor kits are available at pharmacies and are an accurate way of predicting ovulation, especially if a woman's menstrual cycle is irregular.

For women with very regular cycles, a good way to determine ovulation is to subtract 14 from the length of their cycle. For example, if she has a 28-day cycle, she will ovulate around day 14.

Have Sex Before You Ovulate

For a typical 28-day cycle (where a woman ovulates on day 14), Dr Tan Heng Hao, head and consultant of the Department of Reproductive Medicine at the KK Women's and Children's Hospital, advises women to have regular intercourse of two to three times per week after their periods.

This ensures that a couple won't miss out on the woman's most fertile time, especially if her cycle length varies from month to month.

Make it a point to have sex every other day starting around day 10.

When there is a positive result on the ovulation predictor kit (around day 12), have sex that day and over the next two days – these are the prime days out of the month to conceive.

What's the best way?

Dr Tan notes that although all the above are helpful methods, none of them is absolutely accurate in ensuring pregnancy. He says, "For example, in tracking BBT, the body temperature rises after ovulation has occurred, reducing its predictive ability. In addition, a woman's ovulation can fluctuate from month to month."

While the methods to track fertility are useful, he also advises couples to have regular sex. "It is still advisable to have regular intercourse two or three times per week after a woman's period. Studies have shown this to be more effective and less stressful than timed intercourse."

While timing is important, it is not everything. Couples should learn to enjoy the moments of intimacy, rather than being overly conscious about "getting it right" every time. Relaxed, regular love-making would naturally increase your opportunities of having a baby borne out of love and passion.

We thank Dr Tan Heng Hao for his professional input.



Making Love, Making a Baby

There is a good reason why the act of sex is called making love. Let the conception of your baby be a very special occasion.



Love-making is one of the most natural and intimate ways for you to enjoy your relationship with each other. But for many couples who decide it is time to “make babies” rather than “make love”, the act of sex begins to take on a different meaning.

“When James and I decided to start a family, it was like all systems go! We wanted a family quickly and tried very hard, almost every night!” relates Pamela Chong, 34, mum to a pair of three-year-old twins.

The couple tried for six months with no success. Pamela says, “In retrospect, we were too impatient. As a result, we were getting increasingly stressed, to the point that having sex was so mechanical and tedious!” So the couple decided to take a break by going on a holiday. “We made love when we were in the mood. That brought the spark back into our relationship and we felt reconnected with each other again. Sure enough, we got lucky!”

Making babies is a fun experience but pregnancy should not be the only reason for making love. You should enjoy the person you love without the undue pressure to create a baby.

“Sexual intimacy is designed to be pleasurable. Intimacy is a fun thing but if your goal is only on getting pregnant, then it is not enjoyable anymore,” notes Dr Peter Chew, a senior obstetrician and gynaecologist at Gleneagles Hospital and chairman of aLife, a voluntary welfare organisation that educates, advises and supports women and their families on issues related to the unborn child and the mother's reproductive health.

Here are some tips on how to make baby-making an enjoyable experience:

1. **Bring Back that Loving Feeling**

Don't confine lovemaking to the bed – go on a date with your spouse. Try setting the scene by having a relaxing chat over dinner, then cuddling on a sofa together. Remind each other of what it was like when you first started dating.

"My husband packed a picnic and whisked me away to a spot where we used to go when we were courting. It was such a nice surprise. We had a wonderful spread under the stars and I felt so lucky to have someone who loves and knows me the way my husband does!" recalls Anisah Ismail, 30, a mother of two.

Your date does not have to be fanciful; it just needs to be something both of you enjoy doing. Emotional intimacy is a prelude to sexual intimacy, especially for women.

"When I feel understood, supported and valued by my spouse, I feel closer to him. We are such busy people. Once in a while, we just need to reconnect!" says Anisah. And when the loving feeling kicks in, couples can take it to the next level.

2. **Romantic Gestures Work Wonders**



Ramp up the romance by showing affection to your spouse on a day-to-day basis. Pamela, who has been married for 11 years, shares, "There are a few loving gestures that my husband does that melts my heart... like when he squeezes my hand and kisses me goodbye in the morning, and when he whispers that he loves me before going to sleep."

Making romantic gestures on a regular basis will help to generate sparks of passion in your relationship.

3. **Any Time is a Good Time**

Scheduled love-making is a part of making a baby, but that does not mean all sessions need to be time-tabled. There should also be some element of spontaneity and surprise in a couple's relationship. So make love whenever you feel like it, in addition to the planned sessions.

"The biggest organ for sex is the brain. Work on your mindset towards intimacy," says Dr Chew, "Changing how you think about sex will play a big part in injecting fun into sexual intercourse. Relax, be spontaneous and enjoy the experience."

Don't think of physical intimacy as just intercourse; include other acts that are just as fulfilling, such as giving each other a massage or taking a shower together. Emphasise fun and pleasure, without being too outcome-driven.

4. Banish IT

Your bedroom should be a peaceful sanctuary designated for sleep and sex. Get rid of sleep and intimacy killers – such as the television set, computer and mobile phone – from the bedroom. It is hard to get into the mood when there are distractions.

“There was a time when my husband and I were either working on our laptops or playing games on our phones practically every night, in bed! We ended up sleeping late and feeling tired the next day. It came to a point when our sex life fizzled out,” says Anisah. “That was when we decided to draw up some ground rules, such as no IT gadgets in the bedroom and no online activity after 10pm. Going to bed early together really allows you to engage your spouse.”



Banning IT is great for getting enough shut-eye, but if you want to ‘get lucky’, Dr Chew advises couples to make the extra effort to find ways to create an environment conducive to intimacy, be it with “candles, music or aphrodisiac foods”.

5. Make Love Interesting

Some couples leave their sexual satisfaction to guesswork. But being on good terms with your other half does not mean that your partner can read your mind every time. Be proactive.

Communicate and demonstrate how and where you want to be touched and get him/her to do likewise. Ask open-ended questions like “What would you like me to do for you today?” Be willing to experiment!



Getting feedback from your spouse after sex also increases the quality of your sex life. “There is always room for improvement,” says Dr Martha Lee, a clinical sexologist and founder of Eros Coaching, “and a large part of it comes from understanding your spouse’s turn-ons and offs, as well as needs and desires.”

For spouses who are not forthcoming, Dr Lee suggests structuring questions based on a scale of one to 10, one for least enjoyable and 10 for most enjoyable. Ask your spouse to respond with a number and explain why he or she chooses that digit.

Couples tend to fall into a rut in their sexual relationship every now and then. So, inject novelty into your sexual relationship by trying out a new position, or a new location.

While some couples feel the need to get pregnant as soon as possible, remember that the desire to rush will dampen the mood and desire for love-making.

6. Stay Fresh

Exhaustion can wreak havoc on body functions, including fertility. Stress dampens libido, resulting in sex being left by the wayside.



“Don’t attempt to have sex when you are tired or stressed – that is a sure way to take any fun or pleasure out of intimacy. Do it at a time when you are both feeling relaxed,” advises Dr Chew.

For a start, making changes to your routine can open up opportunities for love- making. Pamela, who says her husband is often exhausted by bedtime, decided that making love in the mornings works out better than at bedtime. “Simply because we’ve both had a good night’s rest. Sex in the morning is a great pick-me-up and puts my husband in a really good mood.”

7. Be in the Pink

What you put into your body can make you feel energised and light, or sluggish and stressed. A healthy and balanced diet with plenty of vegetables, protein and whole-grain food can reduce your stress level and increase your energy. Feeling good will go a long way towards getting in the mood for love.

The prospect of exercise after a long day seems unthinkable sometimes, but exercise can in fact help you bust fatigue – just 20 minutes three times a week can make a difference. Anisah and her husband signed up for Zumba classes after work at a community club to keep fit and spend time together. “We feel more energised and I certainly feel happier with my body, and that gives me the confidence when we are in bed,” she says.



Finally, get organised by focusing on priorities in your life and saying “no” to other activities that encroach on your couple time. Not only will you lower your stress level, you’ll also have more time for your spouse.

“If couples are stressed about conception, they should take a break from it and do something else,” advises Dr Chew, “Perhaps what is needed is some time away with each other to help them conceive.”

When you look back on the conception of your child, you would want it to be a wonderful night you will always look back on fondly, not just because you created a life but because you bonded with your spouse. Take time out to romance each other and you will be able to gush over a life created out of love, joy and tenderness.

Getting In Shape

To increase your chances of hitting the baby jackpot, start fine-tuning your lifestyle with the following tips to improve your physical condition.

It is important that you are in good health before you start your baby-making journey. Hence, you should begin with physical preparations even before you start trying for a baby.

Here are some important steps that you can take to improve your physical condition.

1. Boost Your Nutrition

To boost chances of pregnancy, ensure a balanced diet with sufficient nutrients. Dr Peter Chew, a senior obstetrician and gynaecologist at Gleneagles Medical Centre, says, “Having sufficient nutrients also ensure a regular menstrual cycle, making it easier to predict the fertile period. Foods such as whole grains, fruits, vegetables, lean meats, beans, lentils, dairy products and fish oils, improve a woman’s fertility as well as create the best nutritional foundation for foetal growth and development.



“Vitamins such as folic acid, B complex, A, C, D and E in appropriate quantities would also enhance fertility and reduce the risk of foetal abnormalities. Calcium, iron, zinc and magnesium are also important in restoring natural fertility. These supplements should be taken weeks before conception as well as during pregnancy,” adds Dr Chew, who is also chairman of aLife, a voluntary welfare organisation that promotes healthy family life.

“Adequate water intake is important too,” says Dr Chew. “This is because body fluids such as the seminal fluid and cervical mucus will help the sperm to go through the uterus. Hence, water consumption helps to keep the uterus well-hydrated and maintained in an optimum state for conception to occur.”

2. Drop the Vices



Alcohol and smoking can reduce the chances of conception and affect foetal development. Research has shown that smoking may cause impotence in men and accelerate the ageing of a woman’s eggs as well as damage her fallopian tubes. Smoking can also lead to miscarriages and reduce the chances of successful IVF treatments. Hence, it is advisable to quit smoking before you conceive.

According to Dr Chew, social drinking once in a while is acceptable. However, he advises couples who are trying to conceive not to drink heavily.

“Alcohol can affect the quality and quantity of sperm. In pregnant women, alcohol can affect the foetus’ cognitive function,” he explains.

3. Keep Your Weight in Check



Obesity has a negative impact on fertility. If a man is obese, fat deposits increase the oestrogen (female hormone) and reduce the testosterone (male hormone) levels in his body, suppressing the production and maintenance of sperm.

Obese women, on the other hand, are more likely to have pregnancy-related conditions such as diabetes and high blood pressure.

The American Society for Reproductive Medicine suggests that a weight loss of five to 10 percent can dramatically improve ovulation and pregnancy rates for women who are overweight.

“Start a good eating plan by choosing low-fat, high-fibre foods. If you are overweight, exercise regularly to lose one kg a week, instead of taking slimming pills. Crash dieting is not a good way to start a pregnancy,” advises Dr Chew.

4. Get Moving

Improve your overall health and fertility by getting into motion. The Health Promotion Board recommends 150 minutes of physical activity a week.

Check out www.hpb.gov.sg for tips on how to adopt a more active lifestyle. It helps to start moderately, like taking a brisk walk or swimming a few laps in the pool.

Slowly increase the intensity and duration of your exercise routine. For greater discipline, join an exercise class or find an “exercise buddy” who is committed to working out with you regularly.

5. De-stress

Chronic stress affects both male and female fertility as it lowers sperm count and affects ovulation. Studies in the United Kingdom reveal that stress could lead to a 12 percent reduction in the chances of women becoming pregnant.

Find out what is stressing you or your spouse. You can de-stress by exercising regularly or taking up activities such as yoga, taichi or meditation.

(Read “Under Pressure” on page 20 for more tips on managing stress.)

Studies have shown that men and women cope differently with stress. While a woman feels overwhelmed by stress and talks about it to let off steam, a man tends to withdraw into his “cave” to try and think about how to solve the problem himself.

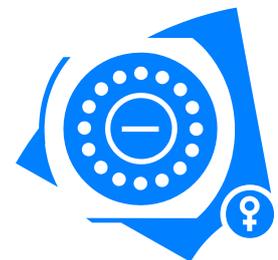
When you recognise that you are wired differently from your spouse, your respect for each other’s way of destressing will go a long way to avoiding quarrels which could lead to more stress.



If the marriage has not yet yielded the longed-for child after a few years of trying and undergoing tests to rule out medical reasons, do not take out your frustration on each other. Remember that stress caused by frustration only worsens the situation. Try swimming, playing tennis, cycling or going for walks or jogs together. After all, you are partners for life and should work as a team to achieve the desired goal of having a baby.

6. Stop Your Contraception Early

The effects of hormonal contraceptives take some time to wear off as they work by stopping ovulation from taking place. The effects of the Pill wear off rather quickly, so Dr Chew advises couples to start trying after two months. If a woman is on the Depo-Provera birth control shot, the couple would have to wait for her periods to resume before they can start trying.



According to Dr Chew, this can take three months or more. He advises couples who are on hormonal contraception to seek further advice from a doctor on when to start trying for a baby, given the lasting effects of some hormonal contraceptives.

7. See Your Doctor

Before you start trying for baby, it is advisable to go for a preconception medical check-up.

(Read “Preconception Medical Check-Up” on page 3 for more information.)



During the examination, your doctor will assess your overall health and highlight any potential risks to you and your foetus, should you get pregnant. The doctor would be able to identify existing medical conditions, for instance, diabetes or endometriosis, and help you tackle these issues to ensure your body is in a better state for pregnancy. You can also consult the doctor on diet and stress management.

Preparing to have a baby should be a time of happy anticipation so relax and don't get anxious about it. Just follow the guidelines above so that you feel confident that you have done all you can to improve your diet and your health and refrain from habits that may lower the chances of pregnancy.

Don't regard it like preparing for an examination and get all tensed up and afraid of failure. Just go with the flow of nature procreating the human race and look forward to the joyful day when your doctor tells you, "Congratulations, you are pregnant!".

Under Pressure

Stress can dampen your sex life and fertility. Here's what you can do to beat it and up your chances of conceiving.

Stress is a part of everyday life. While stress can be a great motivator at times, chronic stress can be detrimental to health and affect fertility.

Stress can also inject tension into and affect a couple's sex life. When one partner is stressed out, the libidos of both parties are affected which means the couple won't be having frequent sex — quite the opposite of what you should be doing if you are trying to conceive.



“Having sex with my wife is the last thing on my mind after a day of meetings and deadlines,” confesses Jonathan Seet, 34. His job as a sales manager takes a lot out of him. “When I get home late at night, all I want to do is shower and sleep. Then the routine starts all over again the next day.”

Stress and Fertility

Research featured in the journal *Fertility and Sterility* (2011) provides evidence on the association between high levels of stress and reduced chances of a woman conceiving during the fertile days of her monthly cycle.

“Chronic stress or a sudden surge in stress can affect male and female fertility,” says Dr Peter Chew, a senior obstetrician and gynaecologist at Gleneagles Hospital, “Even mild stress can interfere with a man's testosterone production and lower his sperm count.”

Dr Chew, who is also the chairman of aLife, a voluntary welfare organisation that educates, advises and supports women and their families on issues related to the unborn child and the mother's reproductive health, explains that stress boosts the level of the hormone cortisol. Cortisol inhibits the body's main sex hormones.

"Women under extreme stress may ovulate less regularly, making it difficult to try for a baby. Couples need to figure out what is stressing them out and how to de-stress, especially if it is affecting them physically," says Dr Chew.

Here are some strategies to help you manage your stress.

1. Talk it Out



Identify the sources of stress and talk about them. It helps to express your concerns and feelings to your spouse, as sometimes all you need is a listening ear.

While not all problems can be resolved immediately, speaking to someone who will not judge you can help put things in perspective.

"I can tell when Jonathan is stressed, and that is very often. He has that particular look on his face and gets all quiet," says Amy. "So I bought a pair of bikes and we have started cycling along the park connector every Sunday morning. When we take a break from cycling, we would have a chat over refreshments. It helped him to open up and relieve his anxieties."

Research has also shown that men who keep their feelings bottled up can be at risk of lower fertility. Men who have no fertility problems are also likely to be the ones who could talk freely about their emotions.

2. Wind Down Your Life

When tension builds up, find ways to unwind. Play soothing music or find activities that will help you relax.

"People who are stressed can explore relaxation techniques, such as breathing exercises, *taichi* or yoga," says Dr Chew. These exercises help train the mind to focus on relaxing the body, thus reducing feelings of stress.

A very simple exercise to do each day is to focus on slow, deep breathing for five minutes before you sleep. This helps to clear the mind and improves sleep quality. During the day, taking two to three minutes to close your eyes and focus solely on breathing deeply can also help you to de-stress.



A massage can also work wonders. You can either book a couple's session at a spa, or give each other one in your very own bedroom!

3. Don't Sweat the Small Stuff

Happiness and stress reduction expert, Richard Carlson, in his “Don’t Sweat the Small Stuff” series of books, advises, “Repeat to yourself: Life isn’t an emergency.” He noted that many people were starting to neglect their families as well as their own physical and emotional wellbeing because they always feel that they need to get “everything done”.



Carlson makes it clear that no one ever completely clears their “in-box”. What is important is to focus on what is important at that particular time in your life, rather than try to deal with everything at once, which can be overwhelming.

“I find it really helpful to make a list each day, so I can clearly see what needs to be dealt with. Sometimes when it is all in my head, I do feel like I might explode. But once it is on a list, things don’t seem so overwhelming,” says Amy.

4. Change the Menu

Food rich in vitamin B can help combat stress. B vitamins support the entire nervous system, are essential for energy production and boost the immune system, which suffers under constant stress.

They also help regulate blood-sugar levels to keep energy and mood stable. Add a healthy dose of broccoli, whole grains, lentils, salmon, nuts, sunflower seeds and eggs to your diet.

5. Drink Up

Opt out of quick fixes like coffee and chocolate when you are feeling drained.

“I used to be a three-coffee and two-espresso kind of guy. Sure, those gave me a kick, but I knew I was relying too much on caffeine for a pick-me-up,” confesses Jonathan, “When the caffeine wore off, I’d grab a chocolate bar for some energy.”

Caffeine and sugar can give you an initial buzz, but the effects wear out after a while, leaving you feeling more tired than before.

Drink water instead. This hydrates the body and brain and can help you better cope with stressful situations. Other quick energy boosters include bananas, citrus fruit and nuts.



6. Burn It Off

Exercise releases negative emotions such as stress, anger and hostility in a healthy way. Take a brisk walk around your block, swim a few laps, go for an exercise class – any activity that gets you moving for at least 30 minutes 3 times a week is beneficial.

7. Seek Help Early

Getting help does not mean you are weak or sick. It shows that you are in control of your life. Do not let stress stand in your way of baby-making.

Should you require greater support in combating stress, do not delay in seeking help from people around you or from doctors.

There are talks and workshops that help individuals manage stress. You might also wish to approach aLife (www.alife.org.sg, tel: 6258 8816) or the Singapore Planned Parenthood Association (www.sppa.org.sg, tel: 6775 8981) for advice on dealing with parenthood-related stress.

We thank Dr Peter Chew for his professional input.

Coping Emotionally When Trying For a Baby

If getting pregnant is taking longer than you have expected, anxiety and frustration can slowly creep in. Learn how to manage your emotions as you push on in your baby-making journey.

Couples who are trying to conceive might experience a diversity of emotions. While couples embark on the journey with anticipation and excitement, apprehension will start to set in when the process is not as smooth as expected. The emotional pressure can take a toll on relationships and health if not managed well.

1. Coping Together



“The inability to conceive can lead to emotional stress, and vice versa,” says Ms Natalie Lim, a psychologist and director of Psych and Psych Consultants, “In Singapore, about 10 to 15 percent of couples seek counselling on fertility-related problems.”

Medical treatments for fertility issues can be expensive, time-consuming and tiring. Some couples may feel that money, time and energy have been wasted if their efforts are futile after a long period of trying.

“Couples in such situations may go through a myriad of emotions such as guilt, frustration, and even anger or jealousy,” explains Ms Lim. “To cope effectively, both husband and wife first need to acknowledge rather than avoid the issues.”

“Resist the temptation to blame yourself or your spouse; it is not helpful at all,” she adds, “It will be easier to cope if you both approach your fertility issues as a team and understand that you are both going through this together. Lend a listening ear regularly, look out for each other’s emotional well-being, and discuss options as a couple.”

If necessary, seek help from professionals. Here is a choice of professional counselling centres that offer services for couple counselling regarding infertility issues:

The Centre for Psychology - Tel: 6733 2893, www.center4psy.com

All in The Family Counselling - Tel: 9030 7239, www.allinthefamilycounselling.com

VAPC (Von Auer Psychology Center) - Tel: 6235 9602, www.vapc.sg

2. Talking to Other Couples

At times, you might find it difficult to put on a brave front when people you know start to have children one after another. You may feel isolated and conclude that no one understands what you are going through.

It might be useful to talk to other couples who are facing fertility issues. You can participate in online forums or join support groups. This would reassure you that you are not alone in this, and that the emotions you are experiencing are normal. Such sharing would also allow you to pick up insights on dealing with the emotional and physical aspects of trying for a child.

3. Keeping the Love Alive



During this time, remember to shower each other with tender loving care. It is important to affirm the love that you still have for each other, despite hiccups in the baby-making efforts.

Make an effort to rejuvenate the relationship by engaging in activities that allow two of you to relive the joy and fulfillment of being a couple.

4. Getting on With Life



It is good to have other areas to focus on, such as your career, relationships and hobbies. If you have always wanted to learn something new, go ahead and do it. Or you might wish to volunteer your time to help others in the community, which is always an uplifting experience.

If trying for a baby has become too stressful, it might be helpful to take a break.

However, always keep the lines of communication with your spouse open so that decisions are always made as a team.

5. Moving On

The decision to overcome fertility issues is a personal one. Some couples stop early on, while others attempt every single treatment available to them. As a couple, discuss your expectations and options. Whatever the decision made, it should be made after honest conversations, mutual understanding and agreement.

When You Hit a Bump On the Road

Boy weds Girl. Sperm meets Egg. Then comes Baby! But for some couples, conception remains elusive. If your efforts to get pregnant have not borne fruit, take heart, you are not alone.

Your spouse and you have decided that the time is right to start a family. You're ready, physically, emotionally and financially. You've been trying for a baby for several months. Yet, the long-awaited 'Positive' has not appeared on the pregnancy test stick. What's wrong?



Factors Affecting Fertility

A delicate balance of hormones in the body controls your fertility. This balance is influenced by an array of factors from diet, obesity, environmental toxins, work stress to lifestyle habits such as smoking and exercise. It would be useful to identify the possible factors hindering your procreation efforts.

Dr Ann Tan, a specialist obstetrician & gynaecologist at the Women & Fetal Centre a member of Pacific Healthcare @ Paragon advises couples who are planning to conceive, to eat well and pay close attention to their lifestyle to improve the quality of their eggs and sperm.

“Fertility problems can affect both males and females,” shares Dr-Tan. “In one case, the husband who used to engage in competitive long-distance cycling improved his sperm count tremendously when he stopped the activity. Some women, on the other hand, had their hormones return to normal levels when they reduced their stress at work by, for example, working shorter hours, or going on fewer overseas working trips.”

She adds, “Addressing some factors such as obesity can be quite a challenge for some. Getting someone to change his or her diet to lose weight is not an easy task. However, with strong determination on their part and support from people around them, it is possible.”

Age Matters Too

Age is a key factor in conception. Dr Tan advises couples to “consider starting a family earlier in their marriage to avoid difficulties later as fertility declines with age.” A woman’s fertility starts to decline when she is in her late 20s, and falls rapidly after she turns 35.

“Studies have found that the probability of conception in a month falls from 25 percent for women in their early 20s to 8 percent for those in their late 30s,” says Dr Kelly Loi from the Health & Fertility Centre For Women. The probability of conception within a year also falls from 97 per cent for women in their early 20s to 65 percent for women in their late 30s.

Male fertility also declines with age. As reported in The Straits Times in 2012, male infertility is on the rise in Singapore, and age is thought to be one of its causes. While older men can still father children, the level of testosterone – the hormone that is required for sperm production in males – decreases as they age. This in turn affects fertility.

Seeking Medical Help Early



According to the KK Women’s and Children’s Hospital, infertility is a common problem, affecting at least one in eight couples at some time in their lives.

The Department of Obstetrics & Gynaecology at the Singapore General Hospital advises couples to seek treatment for infertility if they have been trying to conceive unsuccessfully for a year (or for six months if you are over 35

years of age). This is because studies have shown that 85 percent of couples normally conceive within a year of having unprotected sex.

Seeking treatment is even more important if you have other problems such as irregular menses, difficulty in sexual intercourse or erectile dysfunction. As both men and women could encounter fertility problems, couples are advised to visit the obstetrician or reproductive specialist together, so that the underlying fertility issues can be more readily identified and addressed.

You should discuss any concerns or fears freely with the doctor and be honest about how long you have been attempting to conceive. The doctor might arrange for some tests before advising what to do next.

Infertility – Causes & Treatments

Today, many fertility problems can be easily identified and treated. Artificial conception methods, such as in-vitro fertilisation (IVF) and intrauterine insemination (IUI), can help fulfill parenthood dreams. However, success rates for fertility treatments fall with age. So the earlier you start treatment, the higher the chance of success. According to The KK Women's and Children's Hospital IVF Centre, patients who are below 36 years old have a better chance of pregnancy.

The centre's overall clinical pregnancy rate is about 40 to 44 percent per IVF cycle and the take-home-baby rate is about 30 percent. Fertility problems can occur in either the male or the female. The table below shows some common causes and their treatments.

Female – Accounts for 39% of all fertility problems*	
Condition: Endometriosis	
Definition	Cells from the lining of the womb are found outside the womb, usually in the pelvis and around the womb, ovaries and fallopian tubes.
Possible symptoms	Painful menstrual periods, irregular or heavy bleeding and infertility.
Possible solutions	Hormonal therapies can help. So can laparoscopic surgery to remove patches of endometriosis by destroying them or cutting them out by means of key-hole surgery.
Condition: Ovulation problems	
Definition	Any condition (usually hormonal) that prevents the release of a mature egg from an ovary.
Possible symptoms	Absent or infrequent periods and excessively heavy or light bleeding.
Possible solutions	Treatment may include taking medication, which stimulates the ovaries to release eggs.
Condition: Polycystic Ovary Syndrome	
Definition	Patients whose ovaries contain many small cysts have hormone imbalances and do not ovulate regularly. This affects about 5-10 per cent of women of reproductive age.
Possible symptoms	Irregular periods, acne, weight gain, excessive hair growth on the face and body.
Possible solutions	Lifestyle changes: exercise, a healthy diet and weight control. Hormone-balancing drugs prescribed by doctors may also help.

MALE – Accounts for 20% of all fertility problems*

Condition: Varicoceles

Definition	Varicoceles are dilated veins in the scrotum which form when valves inside the veins do not work properly.
Possible symptoms	None.
Possible solutions	Surgery to repair the varicoceles.

Condition: Poor Sperm Quality

Definition	Infertility caused by low or no sperm count, poor sperm motility (movement), and abnormally-shaped sperm.
Possible symptoms	None.
Possible solutions	Hormone therapy and lifestyle changes. Viable sperms can be extracted to be used in procedures such as In-Vitro Fertilisation (IVF) or ICSI.

Condition: Azoospermia

Definition	The sperm-producing cells in the testes either did not develop or have been irreversibly destroyed due to chromosomal or genetic disorders, inflammation of the testes or side-effects of certain drugs.
Possible symptoms	None.
Possible solutions	Insemination of donor sperm

Condition: Unexplained or “idiopathic” infertility

Definition	When there is no identifiable cause of infertility, even after going through all the standard tests available.
Possible symptoms	None.
Possible solutions	Drugs to induce ovulation, IUI, or IVF.

Combination infertility

Definition	Both the male and female may be infertile or sub-fertile. For some, infertility may be suspected to be immunological or due to genetic reasons.
Possible symptoms	Various, depending on causes.
Possible solutions	Usually ART (Assisted Reproduction Technology treatments) such as IUI and IVF.

Infertility factor figures are from SingHealth.

Funding Infertility Treatments

In Singapore, married couples who require Assisted Conception Procedures (ACP) are allowed to withdraw \$6,000, \$5,000 and \$4,000 from their Medisave accounts for the first, second and third treatment cycles respectively.

Since September 2008, the government has also introduced an Assisted Reproduction Technology (ART) treatment subsidy that co-funds half of the cost of an IVF treatment at public hospitals, capped at \$3,000 per fresh cycle and up to a maximum of three fresh cycles. This subsidy is only for women below the age of 40.

More details on these schemes can be found here:

http://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/Marriage_and_Parenthood_Schemes.html

What is the difference between ACP and ART?

Assisted Conception Procedures (ACP) is a term often used to refer to all methods used to help couples conceive. These would include ovulation induction with medication, and follicle tracking (monitoring of follicular growth, ovulation, and intercourse timing) with ultrasound scans.

Assisted Reproduction Techniques (ART) refer specifically to methods involving laboratory technology. These would include intra-uterine insemination (IUI) where semen is collected and prepared or 'washed' before injection into the uterus and in-vitro fertilisation where eggs are fertilised by sperm in a petri dish before transferring the embryos (fertilised eggs) back into the uterus.

Looking ahead

Dr Loi points out that as treatments for infertility are continuously evolving and improving, couples with fertility problems should not lose hope as they pursue their parenthood dreams. While difficulties in conceiving may make them feel that their journey to parenthood is fraught with obstacles, it is well worth the effort when they finally get to cradle the baby in their arms.



We wish to thank Dr Ann Tan and Dr Kelly Loi for their professional input, and SingHealth for the statistical information provided.

A Closer Look at IVF

Couples who are unable to conceive naturally can consider Assisted Reproductive Techniques (ART). There are various types of ART that couples can turn to, one of the most effective being in-vitro fertilisation (IVF).

An estimated five million people have been conceived via IVF worldwide since the first IVF baby was successfully born 34 years ago, in 1978. The European Society of Human Reproduction and Embryology (ESHRE) has reported that an estimated 350,000 “test-tube babies” are now born every year.



What is IVF?

IVF is the fertilising of the eggs by the sperm outside a woman's body. The procedure involves collecting eggs from the woman's ovaries, and then placing them with the man's sperm in a laboratory dish for fertilisation to occur.

In cases when the man's sperm count is very low, or fertilisation fails to occur, the hospital would carry out the intracytoplasmic sperm injection (ICSI), where a single sperm is injected into the centre of an egg.

Dr Sadhana Nadarajah, director of KKIVF Centre, KK Women's and Children's Hospital, explains that before couples decide to go for IVF, it is important to identify the problem that is causing the infertility so as to maximise the success of the fertility treatment.

“Although fertility treatment programmes such as IVF and ICSI may offer the highest success rates, in some couples, simple measures like induction of ovulation, surgical correction of endometriosis, removal of polyps, intra-uterine insemination, etc. may help them conceive,” she says.

IVF is an option when the woman has blocked or damaged fallopian tubes or if the quality of the man's sperm is low. It is also an effective procedure for unexplained infertility, defined as when a medically-fit couple has tried for a child for three years with no success.

Brian, 37 and Ming Lee, 33, conceived their only child Sherlyn through IVF three years ago. After actively trying for two years with no luck, they sought medical treatment. A series of tests revealed that Brian had low sperm count and slow sperm motility, which meant that it was difficult for his sperm to reach the egg.



The couple was disappointed with the news. Ming Lee recalls, "Brian's self esteem plummeted. But having a family of our own is very important for us, so we decided to seek fertility treatment."

The IVF Process

The first 4 weeks

Preliminary medical tests to assess the state of the couple's health and fertility are done before IVF treatment can begin.



An IVF cycle lasts six weeks. During the first four weeks, the woman is prescribed fertility drugs to stimulate her ovaries to produce mature eggs that can be fertilised. Usually, a woman only releases one mature egg per month.

To stimulate the development of multiple egg follicles and to prevent ovulation, the woman needs hormone injections (Lucrin and Puregon), which she can administer herself. At this stage, spontaneous ovulation needs to be prevented so that the eggs don't ovulate before the doctor has a chance to retrieve them.

"I really hate injections," says Ming Lee, "And to self-inject or get Brian to do the injections every day was a big challenge for the both of us. But it was something we had to do."

Dr Yu Su Ling, Director, Centre for Assisted Reproduction (CARE) and Senior Consultant, Obstetrics and Gynaecology, Singapore General Hospital (SGH) explains that some of the side effects of hormonal injections are skin allergies and ovarian hyperstimulation syndrome (OHSS). The symptoms of OHSS include bloatedness and nausea. As different women respond differently to the drugs, each patient is closely monitored.

The next two weeks

The next stage involves the retrieval of eggs from the woman's body. First, an ultrasound scan is conducted to check if the woman's eggs are ready to be collected. During this time, fresh samples of the man's sperm will also have to be collected. The sperm and egg are then combined in a petri-dish and placed in an incubator. The dish is checked the next day to see if fertilisation has occurred.

The fertilised eggs become balls of cells called embryos.

After a few days, the healthiest embryos will be transferred to the woman's uterus. The number of embryos that are transferred will depend on factors such as the woman's age and quality of the embryos. To avoid multiple pregnancies (which can be risky) no more than three embryos are transferred each time. The remaining embryos are frozen for future use.

"After the transfer, I was given medical leave to rest at home. It was so nerve-wrecking and stressful!" recalls Ming Lee on the two-week wait for the embryo to implant itself onto her uterine lining.



After the two weeks, a woman then takes a pregnancy test to confirm if the procedure has been successful, and that she is pregnant.

Success Rate

A study by the Ministry of Health (MOH) in Singapore shows that the average success rate of IVF across hospitals ranged from 16 to 28 per cent. Statistics in other countries show similar results.

Dr Nadarajah says, "The success rate depends on various factors such as the age of the woman and the cause of the fertility problem. A younger woman will have healthier eggs."

She also emphasises that identification and correction of the factors that affect the fertility health of a couple will help to improve the success rate of the IVF programme.

The Cost



An IVF cycle costs between \$8,000 to \$10,000 at a public hospital and up to \$15,000 at a private hospital. Couples can seek a government subsidy of up to \$6,000 for the procedure in public hospitals, for up to three cycles. Couples can tap into their Medisave to pay for the remainder of the bill. Up to \$6,000, \$5,000 and \$4,000 from Medisave can be used for the first, second and third cycle respectively.

The Pros and Cons

Because IVF has been practised for a good number of years, researchers have been able to conduct health studies on children conceived using this method.

In majority of the cases, there have been no long-term health problems in the child. This treatment also offers men with severe sperm defects the opportunity to father a child.

Says Dr Yu, "One downside of IVF is that stimulation of ovaries can cause OHSS which brings about uncomfortable symptoms.

Multiple pregnancies can also occur with multiple embryo transfers. Statistics reveal that one in four couples who have had successful IVF treatments have twins. But while some couples may think this is a blessing, multiple pregnancies can also increase the risk of miscarriage.”

Start Young



Reflecting on her IVF experience, Ming Lee says, “When I was young, I thought having babies was a natural thing. I took for granted the ability to conceive naturally. But now I tell my friends – it’s really not that easy to have a baby unless you start young.”

It is recommended that couples get their fertility health checked if they have not had success after a year of trying for a baby. Dr Yu suggests that couples should visit a reproductive medicine specialist to discuss the need for IVF. The Ministry of Health has also made it compulsory for couples to go for IVF counselling before embarking on the programme.

Ming Lee and Brian have no regrets on their decision to conceive through IVF. “Now we have a beautiful little girl, and knowing how challenging it was to conceive her makes us treasure our family even more,” says Ming Lee.

We wish to thank Dr Yu Su Ling and Dr Sadhana Nadarajah for their professional contributions.

How to Use a Home Pregnancy Kit

If you think that you may be pregnant, the quickest way to find out is with a home pregnancy kit. How does it work, and is it accurate?

If you have been trying to conceive and you have missed your period, you will naturally be anxious to know if you are expecting. You can consider using home pregnancy kits for the preliminary tests, before heading to the doctor for confirmation.



How the Kits Work

Home pregnancy tests are convenient, inexpensive disposable kits which can be purchased from most pharmacies, or online.

The pregnancy kits sold locally are usually those that come with a dipstick to hold in the urine stream or to dip into a sample of urine.

They work by detecting levels of human chorionic gonadotropin (hCG) in a woman's urine. This hormone is released into the bloodstream soon after conception, usually between eight and 10 days after the fertilised egg is implanted in the uterus. The hCG level continues to rise until about 12 weeks into the pregnancy.

Dr Tan Heng Hao, head and consultant of the Department of Reproductive Medicine at KK Women's and Children's Hospital, says that these kits are "about 97 per cent accurate and are usually able to pick up the hCG in a woman's urine by the first day she misses her period".

Tips on Taking the Test

A couple may want to do the test together for moral support and to share the potential excitement and joy.



The best time to test is first thing in the morning, as hormone levels are less likely to have been diluted. Avoid drinking lots of water before testing, to avoid diluting the urine. Read the instructions on the packaging carefully and make sure that you check the test result after the recommended time – usually about five minutes.

Reading the Results

Depending on the type of test kit you use, the results will appear differently on the small window of the kit. For most, the response will appear as two parallel lines, or a cross. Some kits reveal a plus or minus sign, or the words - 'pregnant' / 'not pregnant'. It is important that you read the instructions before you use the kit.

Some tests are more sensitive than others. The more sensitive ones can detect a hCG level of at least 20 mIU (that is 20 parts per one thousandth of a millilitre), while standard tests will only give a result when there is 50 mIU. You should be able to check the sensitivity of the tests on the box.

If there is a negative result, it could be that pregnancy has not occurred. It could also be that testing has taken place too early, when the pregnant body has not made enough hCG.

Explains Dr Tan, "If a woman has a negative result when she takes the test, it may be that the level of hCG has not yet reached a level where it can be detected by a home pregnancy kit. In this case, she may want to wait a few days before she tests again."

On the other hand, there are cases when the test incorrectly states that a woman is pregnant. This could happen when the woman has had fertility treatments involving hCG.

Follow Up with Your Doctor

If you tested positive from the home pregnancy tests, follow up with an appointment with a doctor to confirm the pregnancy and arrange follow-up care.

Dr Tan says, “If a woman with regular periods has missed her period for more than two weeks, and the home pregnancy kit results are positive, she should see a doctor. The foetus can be seen through a vaginal ultrasound at five to six weeks of pregnancy.”



Confirming a pregnancy early is useful as it allows you to start prenatal care from the first month of pregnancy. This ensures that any changes to diet and lifestyle can be made as soon as possible for a healthy pregnancy.

We thank Dr Tan Heng Hao for his professional input.

Choosing An Ob-Gyn

So you've recently made the decision to have a baby or you've recently discovered that you are pregnant. One of the first most important decisions you will have to make is choosing an obstetrician-gynaecologist (ob-gyn). Here are some factors to look at before you make that decision!



Having a baby is a life-changing event. It can also be a very stressful period — and having the right doctor to usher you through it can make a huge difference.

That is why it is important to find an ob-gyn you are comfortable with and whom you can trust. You can start your selection process by talking to relatives or friends who have recently had a baby or who work in a hospital. You can also approach your family doctor for recommendations.

Dr June Tan, Senior Consultant at the Department of Obstetrics and Gynaecology at the KK Women's and Children's Hospital, offers some tips for choosing the right doctor: "Your choice of an ob-gyn should be determined by your comfort level, the location of his or her practice, the gender of the doctor and your financial capability."

You should also look at the following factors when choosing an ob-gyn:

Medical History



Do you have a chronic illness such as diabetes, high blood pressure, epilepsy or any other potential health complication? Even if your condition is under control, you will need to ask the ob-gyn you are considering if he or she has experience in caring for patients like you. This is because such chronic conditions can have an impact on your pregnancy and delivery.

The Doctor's Beliefs

It is important that you find a doctor who has a similar opinion as you on issues such as the use of pain relief (epidurals, etc.), episiotomy (which is when the doctor makes an incision on the vaginal wall to aid the baby's birth) and natural childbirth.



You can't predict what your individual situation will require, but it is good to ask questions of your prospective ob-gyn and get an idea of his or her common practices. You may also want to suss out your doctor's opinion on having other people in the delivery room besides the husband. Some doctors are fine with it while others might be less welcoming of the idea.

Ability to Communicate

Do you feel at ease with the doctor you are considering? Are you comfortable with asking him or her any questions you might have? Does he or she take the time to answer your questions and allay your fears? These will help you determine if this doctor is able to communicate well with you.

The Ob-gyn's Affiliated Hospital



Most ob-gyns are affiliated with one or two hospitals and this is an important consideration when selecting a doctor. Is the hospital easily accessible from where you live? Can you afford the hospital's delivery charges? These are all factors to consider.

Women with high-risk pregnancies should make sure that the hospital they choose is able to provide the special care they need.

"If the patient has a high-risk pregnancy, it might be good to find out whether the maternity hospital is well-equipped to cater for such pregnancies, given that a multidisciplinary team care is often required," advises Dr Tan.

"In general, restructured hospitals like the KK Women's and Children's Hospital, Singapore General Hospital and National University Hospital offer more cost-effective care for high-risk pregnancies," she adds.

What is an Ob-Gyn?

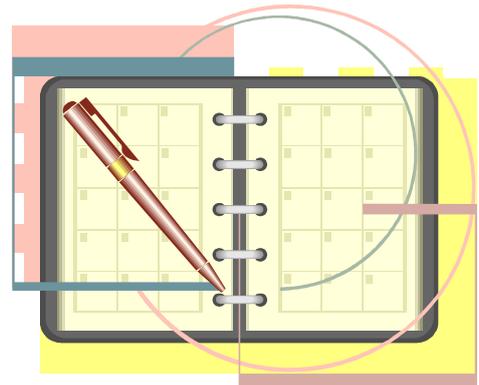
A gynaecologist is a doctor who specialises in women's health. This includes the care of other reproductive organs, breasts and sexual function. An obstetrician is someone who has completed special training in the care of pregnant women and delivering babies. An obstetrician-gynaecologist does both these jobs.

Prenatal Check-Ups – What You Can Expect

Is your pregnancy going on smoothly? Is your baby healthy? Prenatal check-ups will allow your doctor to track your pregnancy milestones and address your queries.

Regular visits to your doctor are very important during your pregnancy. Ideally, you should have your first prenatal appointment about six to seven weeks from the first day of your last menstrual period. This will be followed by another visit at about nine or 10 weeks, followed by another one at approximately 12 weeks.

You may then have to see the doctor monthly till 32 weeks, fortnightly till 36 weeks, and then weekly till 40 weeks. The frequency may vary for high-risk pregnancies and late deliveries beyond week 40.



Dr Tony Tan, Specialist in Obstetrics & Gynaecology and Consultant with Raffles Women's Centre, gives us an insight into what couples can expect at prenatal check-ups leading up to the delivery of the baby.

Your First Visit

6 - 7 weeks

During the first visit, your doctor will ask you about your medical history. He or she will need to know about your past pregnancies; any medical, surgical or gynaecological problems; any family history of abnormal or disabled babies; any known genetic syndromes; and whether you smoke or drink.

Your first visit will also include an ultrasound scan to determine if the foetal measurements correspond with the dates, if there is one or more foetuses, and if the foetus is healthy.



Your doctor will also check your blood pressure and weight — and will continue monitoring these during subsequent visits. He or she will also be able to address any concerns you have about your pregnancy as well as provide advice on nutrition, prenatal care and how you can combat morning sickness.

For example, your doctor might tell you to avoid multivitamins containing iron and calcium till after 12 weeks as they may exacerbate your morning sickness. He or she might also give you a prescription for folate, which reduces the risk of foetal brain and spinal abnormalities.

Subsequent Visits

9 - 10 weeks

Most miscarriages happen before eight and nine weeks. This is why most doctors include a scan at nine to 10 weeks. "It is reassuring if the foetal heart activity is seen during this second scan as the risk of miscarriage after this is greatly reduced," says Dr Tan.

Many obstetricians also do their routine blood tests at this stage. This includes blood tests to screen for syphilis, hepatitis B, HIV, rubella, anaemia, thalassemia, etc.



11 - 13 weeks

The First Trimester Screen is done at 11 to 13 weeks. This scan screens for chromosomal abnormalities, pre-eclampsia and intrauterine growth restriction. The screen includes a detailed study of your personal and family history, an ultrasound examination of the length of the foetus and other features such as the nasal bone, as well as Doppler studies of the uterine arteries of the mother.

16 weeks

At 16 weeks, many obstetricians will physically examine the heart, lungs and breasts of the mother to check for any obvious abnormalities that could compromise the health of both mother and baby. The sex of the foetus will be obvious by now.



20 weeks



At 20 weeks, the Foetal Anomaly Scan is performed. This scan screens for many of the common and obvious physical abnormalities. The doctor will check the brain and the heart, the size and sex of the foetus, the placental position (low-lying placenta is a risk for bleeding during pregnancy or labour), as well as the risk of pre-eclampsia and/or intrauterine growth restriction. The doctor can also determine the risk of preterm labour by

measuring the cervical length. Some doctors might also recommend that you start taking a DHA (docosahexaenoic acid - a form of fatty acid) supplement at this stage, which is useful for the development of the baby's brain and retinas.

24 - 37 weeks

During subsequent visits, the doctor will screen for growth abnormalities of the foetus (too small or too big) by taking serial measurements of the size of the uterus or through serial ultrasound measurements of the foetal parts. The doctor will also continue to screen for pre-eclampsia by measuring the mother's blood pressure and testing her urine.

At 28 weeks, the doctor will test for gestational diabetes by examining the mother's urine and for anaemia by conducting a full blood count.

At 35 - 37 weeks, the doctor will screen for group B streptococcus, a bacterial infection, using a low vaginal and rectal swab.

Last Few Visits Before Delivery

39 weeks and beyond

In the lead-up to your due date, your doctor will have in-depth discussions with you about labour, how you can recognise it, pain relief methods, and the possibility of assisted vaginal delivery or a Caesarean.



You might be asked to monitor your baby's daily movement. This can be done over any two-hour period during the day when you can set aside time to count your baby's movements. It is a good sign if the foetus moves more than 10 times in two hours. Report it to the doctor if your foetus moves less than 10 times in two hours.

"Often this is a false alarm," says Dr Tan, "but it is good to check that the baby is healthy when foetal movement is markedly reduced."

A vaginal examination may also be performed at 39 weeks to determine if your cervix is ready for labour.

You are not expected to deliver before 37 weeks. However, you should come straight to the hospital if you think that you are experiencing symptoms of labour before 37 weeks (such as regular painful contractions, vaginal bleeding or if your water bag bursts).