



OPTIMISING YOUR LIFESTYLE BEFORE CONCEPTION

By Kate Marsh

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Adopting healthy lifestyle habits prior to conceiving can not only improve fertility in both men and women, but may also affect the future health of your child. That's right - research is now showing that a child's future health, including their risk of obesity, type 2 diabetes and heart disease, may be influenced by their parents lifestyle habits, before they are even conceived. With our increasing rates of childhood obesity and high incidence of chronic disease in adults, this is something all prospective parents should be thinking about. »

Here are the habits worth focusing on before you start trying to conceive.

Aim for a healthy weight.

Carrying excess weight can affect fertility (in both partners) and may increase the risk of your child having weight problems later in life. A recent study found that babies born to mothers who are obese have higher levels of body fat and a greater degree of insulin resistance (the underlying problem in type 2 diabetes and metabolic syndrome), even as newborns. Another found that babies of overweight mothers have thickened artery walls, a sign of early atherosclerosis which can lead to heart disease and stroke. The good news is that even moderate weight loss (5-10% of your weight) can improve fertility and reduce health risks for you and your baby. You can achieve this by adopting healthy eating habits, reducing portion sizes and beginning some regular exercise. Avoid overly restrictive diets and rapid weight loss which may be detrimental at this important time - instead **aim for a healthy, sustainable rate of weight loss of around 0.5kg per week.**

Optimise your eating habits.

It's not just the amount you eat, but what you choose to eat that counts. Eating well prior to conception can improve fertility and ensure that your nutritional stores are at optimum levels when you fall pregnant as well as ensuring your baby gets all the nutrients he or she needs in their first few weeks of life. Focus on nutrient-density – this means choosing foods which pack plenty of nutritional punch, rather than energy-dense nutrient-poor choices which only give 'empty calories'. Nutrient dense foods include fruits, vegetables, wholegrains, legumes, nuts and lean protein foods while cakes, biscuits, pastries, confectionary and soft drinks are the nutrient-poor foods that are best left as occasional treats rather than everyday choices. »



A male partner's diet is important at this stage too, **as nutrition can impact on sperm health**. An Australian study found that male rats fed a poor diet, high in saturated fat, prior to conception had daughters who showed early signs of diabetes by the time of puberty, even though the mother had a normal weight and consumed a healthy diet throughout.



Get moving

Exercise has many health benefits, regardless of your pregnancy plans, but if you are trying to conceive, improving your fitness improves your insulin sensitivity and helps your body cope better with the demands of pregnancy. Exercising regularly before you fall pregnant has been shown to reduce the risk of gestational diabetes (diabetes in pregnancy). In fact, one study found that women who were inactive prior to pregnancy were almost 8 times more likely to develop GDM compared to more active women. Of course, depending on the type of exercise you are doing, you may need to make some modifications once pregnant – high impact activities (e.g. running, jumping or skipping) are associated with miscarriage in early pregnancy, so switching to lower impact exercise, such as swimming or walking, is a good choice once you fall pregnant. »

Supplement safely

The National Health & Medical Research Council (NHMRC) recommends that all women who are trying to conceive take a folic acid supplement providing 500 micrograms per day (more if you are at higher risk, for example if you have a family history of spina bifida) and an iodine supplement providing 150 micrograms per day. These nutrients are particularly important for your baby's development and taking folate has been shown to reduce the risk of birth defects such as spina bifida. The evidence for other supplements is lacking but if you do take them it is best to choose a pre-natal or pregnancy multivitamin & mineral. Other supplements, including herbal preparations, may not be safe in pregnancy, particularly those containing vitamin A.

Avoid or limit alcohol

Excessive alcohol intake can affect both male and female fertility, and during pregnancy can harm your unborn baby and increase the risk of miscarriage and stillbirth. Since you won't know you are pregnant in the first few weeks, when your baby's organs are already starting to form, it is best to avoid alcohol when you are trying to conceive. While no amount of alcohol is safe in pregnancy, it is particularly important to avoid binge drinking. Due to the risks associate with alcohol during pregnancy, DrinkWise Australia has launched a new campaign, backed by the Royal Australian & New Zealand College of Obstetricians and Gynaecologists, which advises women that the safest choice for their baby is not to drink alcohol if they are pregnant, planning a pregnancy or breastfeeding. You can find out more at <http://www.drinkwise.org.au/alcohol-pregnancy/parents-to-be/> »

Cut down on caffeine

A moderate intake of caffeine should not affect fertility but **too much caffeine during pregnancy may increase your chances of having a miscarriage, premature birth or a low birthweight baby.** If you are a big consumer of caffeine, start cutting down as soon as you begin trying to conceive. Remember that coffee isn't the only source of caffeine – it is also found in tea, cola drinks, energy drinks and chocolate.



If you smoke, quit

Smoking can reduce fertility in both males and females and pregnant women who smoke have a higher risk of miscarriage, ectopic pregnancy, premature birth and stillbirth. Babies born to smoking mothers also have a greater risk of Sudden Infant Death Syndrome (SIDS).



It is important that fathers-to-be quit too - one study found that children of non-smoking women whose partners smoked prior to their conception had a higher risk of childhood cancer and exposure to second-hand smoke from your partner can also increase the risk of SIDS and having a low birthweight baby. If you are a smoker and are planning a pregnancy, there is a new free quit smoking app available which provides support and encouragement to help you give up smoking. You can Download the 'Quit for you – Quit for Two' app free on your iPhone or iPad from the [Apple iTunes online store](#) »

Stop recreational drugs

If you use recreational drugs while you're pregnant, they will pass through your placenta to your baby and may harm your baby directly or cause it to have withdrawal symptoms after birth. ***There is no safe level of drug use, for you or your unborn baby.*** If you have a problem with any drug, whether prescribed or recreational, seek help as soon as possible.

Your pre-conception checklist

- If you smoke or use drugs, stop
- Limit alcohol and coffee
- Improve your eating habits
- Begin a regular exercise routine
- If you are overweight, improve your diet and activity to achieve gradual weight loss
- Take folate and iodine supplements (but check with your doctor if you have thyroid problems)
- Review your medications (including non-prescription medications and supplements) with your doctor
- See your doctor for your pre-pregnancy health checks



Want to know more? The *Bump to Baby Diet* covers all of these areas in detail, discussing exactly what you need to do to optimize your health and lifestyle prior to trying to conceive and once you are pregnant.

Tap **HERE** for details.

ABOUT THE AUTHOR



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Kate Marsh is an Advanced Accredited Practising Dietitian and Credentialed Diabetes Educator working in private practice in Sydney. She has a particular interest and expertise in the dietary management of PCOS, diabetes, insulin resistance and vegetarian nutrition.

Kate graduated with a Master of Nutrition and Dietetics from the University of Sydney in 1995 and completed a Graduate Certificate in Diabetes Education and Management in 1997. She has more recently completed her PhD looking at the effects of Glycemic Index (GI) in the diets of women with PCOS and is co-author of *The Low GI Guide to Managing PCOS*, *The Low GI Vegetarian Cookbook*, *Low GI Gluten-Free Living* and *The Bump to Baby Diet*.

Kate works with clients with type 1 and gestational diabetes, PCOS, and those following a vegetarian diet. As a diabetes educator, she can also offer diabetes education to people with newly diagnosed diabetes, or those needing review of their diabetes education and management.

Vegetable Fried Rice

Serves 4. Preparation time: 20 minutes. Cooking time: 15 minutes.



Method:

1. Heat wok or frying pan and add 1 tsp oil. When smoking slightly, add the egg and swirl to create a thin omelette.

When the egg has set, turn to cook other side briefly, turn out, cool, roll up and cut into thin strips.

2. Blanch the carrot and broccoli in boiling water for 1 minutes or microwave briefly.

3. Add remaining teaspoon of oil to wok or frying pan heat again. Add the ginger, shallots and capsicum and cook over moderately high heat for 2 minutes, stirring constantly. Add the remaining vegetables, including the carrot and broccoli and stir-fry for a further 2 minutes or until the vegetables are just softened.

4. Add the rice and egg strips and stir until well combined and heated through. Season with sesame oil and tamari and scatter lightly chopped cashews on top to serve.

Ingredients:

2 teaspoons canola or olive oil

2 eggs, lightly beaten

6 shallots, finely chopped

1 medium red capsicum, chopped

1 thumb-sized piece of ginger, grated

100g button mushrooms, sliced

1 medium zucchini, finely sliced

1 large carrot, finely sliced

1 small head of broccoli, cut into small flowerettes

½ x 425g can baby corn

6 canned water chestnuts

250g cooked brown rice (to save time we used SunRice Brown Basmati Microwave in 90 seconds)

1 tsp Tamari or soy sauce, salt-reduced

4 drops sesame oil

60g unsalted cashews to serve

Nutritional analysis per serve: Energy 1235kJ; Fat 13g, Saturated fat 3g; Protein 14g, Carbohydrate 27g; Fibre 8g; Sodium 212mg

Source: *The Bump to Baby Diet*, published by Hachette Australia (\$32.99),

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Salmon Patties

Serves 4

Preparation time: 15 minutes
(plus 30 minute resting time)

Cooking time: 10 minutes



Ingredients:

210g can pink salmon, drained and skin removed
4 shallots, finely chopped
250g cooked brown rice (to save time we used SunRice Brown Basmati Microwave in 90 seconds)
1 egg, lightly beaten
2 slices of wholegrain bread, made into breadcrumbs
1 tablespoon chopped fresh flat-leaf parsley (well washed)
1 lemon
1 tablespoon olive or canola oil for frying
2 medium carrots, sliced into rings
4 medium zucchini, sliced into rings
200g snow peas, trimmed

Method:

1. Warm rice according to packet directions and combine with salmon, shallots, breadcrumbs and parsley in a large bowl.
2. Add grated zest from one side of the lemon. Cut that side off and squeeze juice into salmon mixture. Use remaining half of lemon cut into slim wedges for serving.
3. Rest mixture in refrigerator for 30 minutes before dividing mixture into 8 portions.
4. Shape into patties using slightly moistened hands.
5. Heat 1 tablespoon oil in non-stick frypan and cook patties until golden, approximately 5 minutes either side.
6. While patties are cooking, steam vegetables until cooked
7. Serve patties with lemon slices and steamed vegetables.

Nutritional analysis per serve: Energy 1240kJ; Fat 10g, Saturated fat 2g; Protein 16g, Carbohydrate 32g; Fibre 6g; Sodium 277mg

Source: *The Bump to Baby Diet*, published by Hachette Australia (\$32.99),
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