



Checklist before or at wish for child

plan*Baby* - Your health and nutrition advice before pregnancy

Think of yourself first! If you are planning a child today, you have to do something for yourself. Even before pregnancy. Scientific studies have shown that the rapid onset of pregnancy, its complication-free progression and the birth of a healthy child are decisively influenced by the health and nutrition practises of both parents - mother and father - even before pregnancy.

On the basis of these findings **plan*Baby*** was developed with the overarching goal of reducing complications during pregnancy, lowering the premature birth rate, and facilitating the onset of pregnancy. **plan*Baby*** is a holistic program that supports you with effective precautionary measures to prepare your baby planning. www.planbaby.de

1. Ingestion of B-vitamins at wish for child and at contraception

Of course, the fresh vitamins taken from the fruits and vegetables are the best I would recommend. Unfortunately, we do not always provide optimal with fresh fruit and vegetables. Especially smokers have a particularly high demand for B-vitamins! Certain vitamins and important trace elements are not sufficiently contained in the food, due to intensified agriculture and food preservation. For this reason, it is legally regulated that the women's physician must advise you to take 600µg of folic acid and 200µg of iodine at the time of your gestation and pregnancy. In many women with children's wish there is an iron deficiency, which is very difficult to balance during pregnancy, since the need for pregnancy is greatly increased. Vitamin D deficiency is very common.

- Any woman with wish for child or taking anti-baby pills should take 600µg of folic acid daily. This is particularly true for smokers. Especially iron and vitamin D deficiency should be compensated before the pregnancy.

2. A well-adjusted thyroid gland

A malfunction of the thyroid gland is a common cause of miscarriage and premature birth. Any malfunction should therefore be adjusted and controlled further in the case of child's wish, in a pregnancy from the 9th week of pregnancy and at breastfeeding.

- Every woman with a child's wish should have her thyroid gland checked and take 200µg of iodine and selenium daily.

3. Complete vaccination protection

Many vaccinations can and should also be made in case of need (tetanus, diphtheria, flu). However, after a vaccination with live vaccines, pregnancy should be avoided for one month. Therefore, these vaccinations should be completed before the child's wish (measles, mumps, rubella, chickenpox). The proof of chickenpox and pertussis vaccination and the existing protection against rubella is a precondition for a child's wish treatment. In a pregnancy the vaccination certificate belongs to the mother's passport!

Vaccinations with live vaccine (afterwards 1 month of safe contraception required):

- Two vaccinations against measles, mumps and rubella** - 1 month after vaccination, pregnancy should be avoided.
- The **proof of sufficient rubella protection** is not necessary if two vaccinations have been carried out.
- Proof of sufficient chickenpox protection** - by a blood test. Caution: Having the disease in the past does not always ensure safe immunity. One month after vaccination, pregnancy should be avoided.

Vaccinations with dead vaccine (also allowed at child's wish):

- A vaccination against whooping cough after 18 years of age** - during pregnancy, all related family members (also close friends and becoming grandparents!) should be vaccinated against whooping cough to protect the newborn from whooping cough.
- 3 vaccinations against hepatitis B** - can also be carried out in pregnancy during planned trips to risk areas (long-distance trips). Even when traveling in Mediterranean countries think of hepatitis A (travel vaccination)!

4. Protection against infectious diseases

Subsequent infectious diseases can endanger pregnancy. Vaccinations against these diseases are not possible. Cytomegaly and "fifth disease" can trigger miscarriages in early pregnancy. However, if there is no immunity, you can reduce the risk of infection.

General infectious diseases for which there are no vaccinations:

- Dental health** - let your teeth be rehabilitated in time. Infectious herds of teeth or gums may increase the risk of prematurity.
- Chlamydia** – the swab and urine examination is taken over by the general health insurance once upon detection of the pregnancy. It is the most commonly sexually transmitted infectious disease and can cause premature births. If an infection has already been carried out, the infection can flash again and again. The single smear test is then not 100% safe and can be safer by repeated smears. The infection usually causes little discomfort.
- Vaginal flora** - Unfortunately the natural balance of the vaginal flora is sometimes disturbed (the doctor speaks of "Dysbiosis"). Before pregnancy, it is particularly important to recognize and treat dysbiosis at an early stage. Disorders of the vaginal flora during pregnancy and magnesium deficiency are the main cause of premature labor and premature birth.

Other infectious diseases, against which there are no vaccinations:

- Toxoplasmosis** - is an infectious disease that is usually not noticeable, which can be transmitted through cat feces, garden earth, sushi or raw meat such as mett or tartar. You can protect yourself against infection by avoiding the use of cat feces (no cleansing of cat toiletries) and gardening during your pregnancy, washing the vegetables thoroughly and avoiding the consumption of raw meat and fish. During pregnancy, toxoplasmosis can lead to severe physical damage or a premature birth. An investigation into toxoplasmosis can be carried out to determine whether immunity exists. In a pregnancy, the disease can be treated with antibiotics.

Attention teachers, kindergarten teachers, pregnant mothers and women in nursing care:

- Cytomegalovirus** - this is the most common infectious disease transmitted in pregnancies. According to research, up to 20 per cent of children under three years of age are infected with cytomegalovirus in day-care centers and are excreting with urine and saliva without any signs of disease. Cytomegaly can cause miscarriages and prenatal developmental disorders and is the most common cause of hearing problems. In the case of infant care, it is therefore advisable to clean, in particular, articles and surfaces which come into contact with urine and saliva from small children. Important for pregnant women without immunity is also a corresponding hand hygiene with soap and warm water after change of nappies, feeding, bathing, nose cleaning and touching toys. Furthermore, the use of cups, towels and other items, common food intake and kissing on the mouth should be avoided. If the infection has been detected in time, a therapy can be performed before birth.
- Parvovirus B 19 („fifth disease“)** - because the symptoms are usually only weakly, the infection is often overlooked during pregnancy and can trigger miscarriages. The infection damages the red blood cells of the unborn child. There may be blood loss and formation of effusions. The disease can be recognized by blood tests. The disease can also be detected if further ultrasound examinations are performed after the 30th week of pregnancy. In case of timely diagnosis, damage to the unborn is to be prevented by transfusion with red blood cells.