

# Supreme Parents

Issue 02  
May 2018

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How to Reduce Chances of  
**MISCARRIAGE**

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# What can women do to reduce risk of miscarriage?

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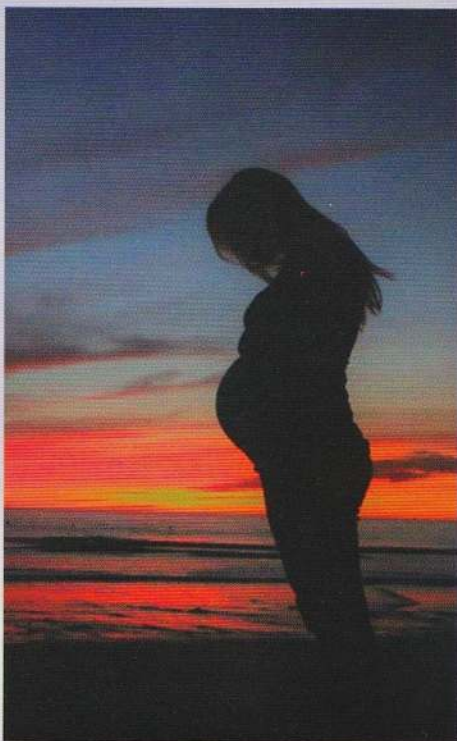
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Women trying to conceive should consume at least 400 micrograms of folic acid a day for a minimum of 1 month before conception and they should continue to do so for their first 3 months as studies have shown that this will reduce the risk of neural tube defects for their foetus and miscarriage. Women are also encouraged to consume foods high in folate like broccoli, asparagus, spinach, kidney beans, advocado, beetroot, parsley, wheat germ, bran, wholemeal flour and peanuts.

It is usually recommended to consume foods high in fiber and low in fat (orange juice, leafy vegetables) and every diet should include proteins, carbohydrates, vitamins, minerals, and minimal fat while avoiding uncooked food and avoid soft cheeses. Besides diet, women should avoid smoking, consuming alcohol & caffeine and exercise regularly as these also help to increase the chances of a successful pregnancy.

Men must also play their part to increase the chances of pregnancy and reduce the risk of miscarriage. Leading a healthy lifestyle while consuming a well-balanced diet, multivitamins containing zinc, vitamin A, C and E (for optimal sperm production and function) and supplements with L-carnitine to increase the number of motile sperm (increases sperm motility). Men should avoid smoking and alcohol, wearing tight underwear and not spend more than 30 minutes in a bath above body temperature, as this may lower the sperm count.

Studies have found that the chances of conception over a month fall from 25% in women in their early twenties to 8% in their early forties. Successful fertility decreases by about 1% for every year after 35 for women. The background risk of miscarriage is 1 in 4 to 6 every time a woman is pregnant. The risk of miscarriage also increases with advancing maternal age so it is best to try to complete your family as soon as possible especially if the woman is above 35 years old.



The predicted risk of miscarriage in a future pregnancy remains about 15% after one miscarriage to 30% after the third. Infection screening and blood tests can be done to see if there are any underlying undiagnosed medical conditions (eg. diabetes, thyroid abnormalities, auto-antibodies) in addition to chromosome analysis for both husband and wife. Investigations to determine if there is an anatomical cause can also be performed such as pelvic ultrasound and hysterosalpingogram HSG (an X-ray of the uterus and fallopian tubes).

Finally following a miscarriage, the physical healing and return to fertility are relatively fast (provided there is no background infertility) but emotional healing may take a longer time, varying from person to person. Having a supportive family, friends and gynaecologist certainly help and usually speeds up the healing process so that couples are more willing to try to conceive again.