In the beginning of parenthood, there was Adam and Eve – who, after a bit of fun with a snake and an apple, had baby Cain. Another 62 children later and the first family was firmly established. No worries about not conceiving, no pressure to have more children than their brothers and sisters. Easy! Also, no stress of dealing with parents asking them when they were ever going to give them grandchildren. Lucky Adam and Eve.

This state of affairs didn’t last forever. A few generations later, their descendant Abraham wanted a little Abe, but his wife didn’t get pregnant, so his wife Sarah gave him her maid Haggar so he could have a child with her. Infertility had arrived in paradise, along with surrogacy. Now 5,000 or so years later, you’re ready to start a family and probably thinking it’s going to be easy. You want to have a baby – so have one! And that’s exactly what may happen – no problems. But it’s a fact that 10 per cent or more of the childbearing population all over the world, including about 1.75 million British couples, have problems getting pregnant or staying pregnant.

In this chapter, we look at some of the genetic realities you should be aware of as you think about adding to your family tree, and we discuss some personal and financial matters, too.
Making Babies: An Inefficient Process at Best

The path to pregnancy is an inefficient one even under the best of circumstances. For example, out of 100 couples under the age of 35 trying to conceive, only 20 will get pregnant in any given month, and of those 20, 3 will miscarry. In other words, if you’re under 35, every month, you have a 17 per cent chance of walking out of the maternity ward with a baby nine months later. The chance is highest in the first few months of trying . . . babies do get made on honeymoon!

The good news is that for 100 couples under 35 trying to conceive, 85 couples will be pregnant within one year of trying. Of the 15 women not pregnant after a year of trying, 10, who may be subfertile or have mild infertility issues, will be pregnant after two years of trying without medical intervention. That leaves the other 5 per cent, who may never get pregnant without some help from the medicine (wo)man.

In the UK, the National Institute for Clinical Excellence (NICE) defines infertility as failing to get pregnant after two years of regular unprotected sex.

High-tech infertility treatments, such as in vitro fertilisation (IVF), claim a success rate of about 30 per cent for those under age 35 (see Chapter 12).

If you’re over 35, you’re in good company; 12 per cent of all first-time mums in the UK are over 35! Despite this, Mother Nature doesn’t make it easy to become pregnant past age 35. By your late thirties, only 10 per cent of you will get pregnant in any given month and 17 per cent will miscarry. If you’re over 40, the pregnancy rate, per month, slips to 5 per cent, with 34 per cent miscarrying. By age 45, your chance per month of conceiving is less than 2 per cent, and 75 per cent will miscarry.

Why the decrease in pregnancy and rise in miscarriage as you get older? A baby girl is born with all the eggs she will ever produce – approximately 1 to 2 million – and as she matures, the eggs reduce in number and increase in age, developing chromosomal abnormalities. Men make new sperm every day until their 70s and women are stuck with a dwindling supply of no-longer grade ‘A’ eggs, which may seem unfair, but that’s biology!

Each embryo usually has 46 chromosomes arranged in 23 pairs (made up from an equal contribution from the egg and the sperm). The most common abnormalities are trisomy, the inclusion of a third chromosome of one type, instead of the normal two. At age 20, your chance of having a baby with a chromosomal abnormality such as Down syndrome (also called trisomy-21), or trisomy-13 or -18 (these usually result in newborn death shortly after delivery), is 1/526. By age 30, the risk is 1/385; by age 35, 1/192; by age 40, 1/66; and by age 45, 1/21. Over 70 per cent of early miscarriages are the result of
chromosomal abnormalities in the egg, sperm, or both. Table 1-1 pulls all the numbers together.

<table>
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<th>Table 1-1</th>
<th>How Age Affects Fertility</th>
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<td><strong>Age</strong></td>
<td><strong>Under 30</strong></td>
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<tr>
<td>Percentage of women who have difficulty conceiving (trying to conceive naturally for one year without success)</td>
<td>20%</td>
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<tr>
<td>Miscarriage rate</td>
<td>15%</td>
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<tr>
<td>Rate of chromosomal abnormalities</td>
<td>1/526</td>
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How Aging Affects Fertility

Whether you’re dealing with fertility or fitness, age does play a role. Whether you feel 15 or 50, whether you look your age or not, your body knows how old you are, and your ovaries do too. Although women have more choices and control in their lives than ever before, our fertility age is pre-destined. Lifestyle issues, such as smoking and being overweight, can shorten our fertile years, but nothing can really increase them. It’s all in the genes.

Calculating your fertility odds at different ages

For women, optimum fertility occurs when you’re about 18 years old. It stays pretty constant in the early part of your 20s and then begins a gradual downward turn. By the time you turn 35, the process has accelerated. When you hit 40, the slide becomes even more dramatic; 33 per cent of women over 35 have some difficulty getting pregnant, and 66 per cent of women over 40 have infertility issues.

Men have it a little easier. Their peak fertility generally remains constant throughout their 30s. It does begin to decline over time, but at a slower pace than their female counterparts. Recent studies, however, do show a rise in chromosomal abnormalities in men over 35, and by age 50, most men show a 33 per cent decrease in the number of sperm produced. So although their problems may be less obvious when it comes to conceiving, the effects of age may play a significant role down the road.
You can keep yourself in better baby-making shape (and better overall health) through common sense ‘healthy living’, including nutrition and exercise. We touch on these topics in Chapter 3. But ultimately, you can’t fool Mother Nature.

Now you may respond with the story of your 18-year-old cousin who couldn’t conceive, your 45-year-old sister who did, or the 80-year-old movie star bouncing the newborn on his knee. Anything is possible. However, statistics provide information on the likelihood of conception, a healthy pregnancy, and babies. These numbers are a resource for determining the best plan of when and how you will conceive. But they’re not a reason to review your life so far and regret not having your first baby before your GCSEs, spending too long with Mr Wrong, or choosing to travel the world before settling down.

**Understanding how much age itself matters**

We say this statement often throughout this book: Human reproduction is a very inefficient process at any age. When a woman is 35, one out of four embryos she produces is abnormal; this number increases to nearly one out of three at age 40, and five out of six at age 45. Although these statistics certainly show that age is a factor in conceiving, remember that you’re an individual, not a statistic, and your odds may be better or worse than the statistics.

**Separating fertility facts from media myths**

How often do we read about those glamorous movie stars of 44, 45, and 47 with their new husbands or boyfriends and their new babies – or even twins – and think that Tinseltown must really have the magic key to overriding the incompatibility of fertility and being over 40. Could it be the water of the Hollywood Hills or the latest macrobiotic diet and ‘yoga-lates’ fad? Or is it proof that if you are one of the ‘beautiful people’, your fertility age will endure? Actually, donor eggs and a good fertility clinic are likely to be the reality behind these fairy tales and, while any wanted baby is always news to celebrate, such media coverage can raise the hopes of us mere mortals who aren’t privy to the whole story.
Ultimately, you are the only statistic that counts when you’re trying to conceive. Again, the statistics provide probable outcomes, not facts. And if you remember only one piece of information in the field of fertility, remember that exceptions always exist. Consider that for all the reasons (including age) why you may not get pregnant, almost 20 per cent of women are diagnosed with unexplained infertility. This statistic certainly shows that while much is known, much is still not understood.

Use age as a suggested guideline – trying to turn Mr Right Now into Mr Right so that you can hit the 35-year-old cut-off is not sane thinking. Fertility usually decreases over time. You won’t become infertile overnight. Indeed, studies have shown that many women experience perimenopause (the stage prior to menopause) and sub-fertility for as long as five to seven years before the onset of actual menopause (which generally signifies the end of your reproductive years). The average age of menopause is 51. You can still become pregnant during perimenopause, although it may be more difficult and require medical intervention because you ovulate less frequently and the quality of your remaining eggs isn’t as good as it once was.

**When is 40-something ‘too old’?**

Although the average age of women having their first baby has increased by 5 years in one generation you can’t pick up a tabloid newspaper or watch daytime TV without hearing it: the great debate over when women should have babies. The average age of women having their first baby in the UK is now 29. But these aren’t Bridget Jones ‘lookalikes’ who ‘want it all’. A woman doctor of 62 becoming a mother causes outrage, but a popstar of 62 becoming a father for the seventh time heralds cries of ‘Congratulations’ and ‘Whadda guy!’ Unfortunately, much of the information in various debates in the popular media is either selective or just plain inaccurate. Recent statistics report an approximate 5 per cent chance in a given month for a woman over 40 to conceive. This number sounds frighteningly low, until you compare it with the statistic that shows that a healthy couple in their 20s has only a 20 per cent chance of success during any given month (after the first three months of ‘trying’). This comparison is seldom brought up because the one isolated, surprising statistic often sells better than the facts.

Don’t assume that everyone who offers up an opinion, even a public one, is experienced enough to comment on fertility and infertility. Instead, ask your doctor, ask your nurse, or read a book (like this one) written by people actually in the field. Ignore the hype. The next big story will take its place in no time.
Things to Think About
Before You Conceive

The arrival of a baby has a huge impact on any couple’s relationship – both positive and negative – and so pausing to consider the major changes a baby will bring to your life before you ditch those condoms or stop taking the pill is worthwhile. Here we consider some questions about the strength of your relationship and the affect of a baby on your income – and expenditure! However, as well as thinking about useful and responsible considerations, don’t over-analyse! Taking too much time navel-gazing about whether everything in your life is perfect enough to have a baby means that you may never start trying, or when you eventually get round to it, your age may become a factor affecting your fertility.

Examining the state of your union

The state of your union is an issue we revisit throughout this book because this factor is one of the most important aspects in dealing with fertility, infertility, and baby makes three (or more). Although biology is a key issue in deciding when and if you’re ready to conceive, maturity, financial security, and stability are equally important when you’re deciding whether to try to become pregnant and raise your baby in a difficult and expensive world.

Many couples are anxious to seal the deal with a baby. This approach is fine for some couples, but others find that they need an adjustment period in the marriage before introducing someone new. Start out by talking with your partner about your hopes and expectations for children. Some couples find that although both partners want children, their timing may be different. You may need to come to a compromise, so that your partner can still fulfil his dream to see the world, and at the same time plan for a baby before your biological clock stops ticking altogether.

The quality of your partnership is the foundation for your family. Take time to make sure that your relationship is solid before moving on to the next level.

Don’t just assume that a baby is the next logical step in a marriage. Babies are cute and cuddly at times (ask any parent about the alternatives of cranky and unmanageable), but they also require an enormous commitment of emotion, time, and money. If you or your partner struggle with the demands of your existing relationship, a baby will only make things more difficult. If both of you have trouble with joint decisions, finances, or future plans, a baby will more than likely increase those differences, not reconcile them. Teamwork is essential in raising Baby. Now is a good time to practise working together.
Some couples ease into the idea of having a new addition to the family by starting with a pet. Fido or Tiddles can serve as good indicators of your (and your partner’s) sense of responsibility, discipline, and sacrifice. If you find yourself at each other’s throats over whose turn it is to feed, walk, or bathe the pet, you may have a little work to do before planning and raising Baby.

Just keep talking! As with all other areas, communication is key in the decision to add to your family. If you find yourselves at an impasse, enlist the help of an outside party – a Relate counsellor, a therapist, or a doctor may be better able to guide both of you toward a decision that will ultimately benefit your entire family, however large or small that may turn out to be. But if you need counselling about a baby before you’ve even planned to conceive, the chances of things working out ‘when you are three’ are probably slim.

**Pregnancy and work**

How will getting pregnant affect your job? Both the Sex Discrimination Act 1975 and the Employment Rights Act 1976 confer statutory rights in relation to pregnancy and maternity, which means that employers can no longer refuse to employ women who are pregnant. Pregnant women are also entitled to the same leave period as anyone with a physical illness. As long as you’re able to perform the main functions of your job, you can’t be fired or not hired.

**The pros and cons of a two-year honeymoon**

My husband and I (co-author Jill) married when I was 29 years old and he was 42. We found out the month before we’d married that his vasectomy reversal had been successful – hurrah! – and decided to settle into our marriage for a few years before trying to conceive. When I was 32, we decided the time was right – he was in a better job, I had been promoted a couple of times, and we were buying a bigger ‘family’ home. Two years later, we were still trying for a baby. I questioned myself endlessly: ‘Maybe we should have started trying right away’ or ‘If only I had those extra two years.’ But that was pointless. We’d had great fun being a couple; we’d got to know each other even better, and had got to know how each other’s families worked – a valuable insight into imagining how our yet-to-be family could be. Don’t endlessly soul-search in that situation. But having come out of the other side, the single piece of advice I would give to girl friends in their early 30s who don’t have children and who want children is to know what their fertility age is (see Chapter 10 for more information on ovarian reserve testing and calculating your fertility age). We’re encouraged to know our cholesterol levels and blood pressure, so why not use the latest tests to have self-knowledge about your chances of conceiving naturally, and knowing approximately how long you might have to defer trying to get pregnant? Then if the news is good, go ahead and enjoy that ‘couple time’ together.
Women who are pregnant or have small children continue to be at a disadvantage when they are considered for promotion, because the workplace perception in many companies is that a mother will put her family before her job. And in most cases, that assumption is logical! So if you’re a fast-track person who wants to stay on the fast-track, you may have to be ‘better’ at the job and more ‘dedicated’ than your childless female colleagues and all your male colleagues in order to convince your employer that your commitment to the job isn’t going to change after you have a child.

Even though you may feel strongly now that your commitment to your career isn’t going to change after you have a child, your feelings may change considerably after your baby arrives. One issue that may affect your situation is childcare. Good day care isn’t always easy to find. Your working hours and the nursery’s availability may not be compatible, or the childminder may be ill, leaving you at short notice, without childcare – and still a job to go to. The possibilities for disruption of even a well-planned childcare system are endless!

But thankfully more companies are learning that women own half the talent, intelligence, and ambition in their company. Consequently, some companies now offer on-site day care, flexitime, and enhanced maternity leave to keep the talent they have. In addition, the Government has increased the length of statutory maternity leave and the weekly benefit to £108.85 for a maximum of 39 weeks, and dads are also now entitled one or two weeks’ paternity leave and Statutory Paternity Pay so that they can take time off work to care for the baby or support the mother following birth. Parental leave also brings mums and dads a right to take unpaid time off work to look after a child up to the child’s 5th birthday (or 18th birthday for disabled children) or make arrangements for the child’s welfare. It all helps.

**Babies aren’t superglue**

Just as Baby’s appearance won’t repair a partnership in peril, it also won’t put you on the personal road to happily-ever-after. Your child will not and should not be your antidote to a bad job, bad marriage, bad childhood, or bad life. This thinking sets up unrealistic expectations and virtually guarantees disappointment, both for yourself and your child. A baby will not solve your problems, and such an expectation has a negative impact on your child’s emotional development. A baby brings not only joy but also sadness, anger, and all the emotions that you experience in your own daily life. Your child comes into this world with his or her own destiny and dreams to fulfil, not yours.

If your life is miserable without a child, chances are it will still be miserable after your child is born. So if you’re looking to salvage your life by creating another one, consider making the changes you need to in order to create your own happiness today. Your future child, and everyone else, will thank you for it tomorrow.
The cost of a baby in pounds and pence

Research in November 2005 claimed that the average cost in the UK of raising a child to 21 was around £166,000 – or the equivalent of £657 a month. (In fact this sum is only slightly lower than the average cost of a house at the same time as the research). And this figure doesn’t account for inflation! Childcare is the single biggest expenditure at around £46,000, followed by food at £15,630, and £12,055 on clothes. Even in the first year of their first child’s life, parents spend about £7,716 on the child. Kids don’t come cheap!

If you and your partner both are employed, you’ll have the following financial and emotional factors to consider:

✔️ Will you (usually the mother, but not always) stay at home for a few years?
✔️ Will you use childcare?
✔️ Do you prefer a nursery or a childminder? What’s available in your neighbourhood?
✔️ How will you feel if your baby cries for the childminder to pick her up rather than you?
✔️ Will your mother babysit (a minefield arrangement that should never be assumed and only undertaken after very detailed discussion)?
✔️ How will you deal with your mother-in-law giving the baby too many biscuits or putting too many clothes on her?
✔️ If you find ‘super nanny’ can you also afford to pay for sick leave and holidays, and any maternity pay, as required by law for any employee?
✔️ Can you afford not to work at all?

Ah, you say, but my child will go to school in a few years and then I can go back to work! Yes, but do you know how many days in a year school terms are actually in session? Do you know how often your child will get sick, fall down on the playground, or have a crisis at school requiring your presence? Do you understand that recorder practice starts at 4 p.m. and that every other child in year one is in the recorder orchestra? Do you know that children sometimes miss their bus and need to be picked up or dropped off at school?

How about the pre-teen years? Will you leave your child home alone for a few hours or do you try to convince her that after-school club is really cool? And if you think parenthood ever ends, well, think again. You’re signing up for a lifelong job. Some 631,000 adults over 30 continue to receive significant financial help from their parents. That adorable, cuddly, newborn could turn into a multi-pierced, loudmouthed stranger before you know it, and you can’t take this child back to the shop! And you wouldn’t want to, because you’ll love her – so much that it hurts sometimes, so much that her problems will break your heart, so much that you would give your life for hers. That’s what parenthood is all about.
Be wise to both the fun and frustrations of parenthood, but don’t think so long about it that you forever put off ‘the month’ you start trying for a baby. If we all thought about the enormity of parenthood, no one would ever become mum or dad. We’d all suffer paralysis through analysis and miss out on the most important, satisfying, difficult, and rewarding role of many people’s lives – being a parent.

**Timing Your Baby: The Big Picture**

Timing is a major baby-making factor in several ways. Some baby stats for you to consider:

- **For how long will I be pregnant?** You probably think that nine months is the correct answer, but pregnancy is actually counted as 40 weeks, or ten months. This duration isn’t as long as it seems. The first two weeks don’t count, because they’re the weeks before you ovulate, and the next two weeks are the weeks before you expect your period, so they don’t really count either.

  Want to work out your due date? Take the date your last period started, count back three months, and then add one week. For example, if the date your last period started was July 1 and you count back three months, to April 1, and then add one week, your due date is April 8.

- **Am I equally likely to have a boy or girl?** As far as conception, boy babies outnumber girl babies 130 to 100, but by the time of birth, this ratio drops to 105 to 100, signifying the higher rate of miscarriage for baby boys.

Now that you’re planning ahead, you want to know about the timing of . . . well, sex. We touch on this point a few more times, but the way to get pregnant is to have sex a day before or the day of ovulation (the release of your egg – Chapter 2 has more details). This interval gives the sperm time to get to the egg and meet in the Fallopian tube. Sperm, by the way, are pretty long-lived; they can hang around two or three days. Eggs, on the other hand, are more fragile – 24 hours is about their life expectancy.

Want a boy? Or a girl? One theory is that boy sperm (those that carry the Y chromosome, which, combined with the woman’s X chromosome, creates a boy baby) are shorter lived but faster swimmers. Girl sperm (those that carry the X chromosome to create a girl) live longer but are slower. So if you want a girl, have sex two days before ovulation; if you want a boy, try to hit the day of ovulation straight on. (We discuss sex selection more in Chapter 23.)
Understanding the Long-Term Effects of Birth Control

You may not be quite ready to start baby-making yet; you may want to wait for promotion at work, or your sister’s wedding to be over, or to move house. In the meantime, you want to use birth control, but you don’t want to use it if it’s going to make getting pregnant that much harder later on. So what method should you use?

✔ **Contraceptive pills:** The good news is that contraceptive pills aren’t likely to impair your long-term fertility at all. Today’s pills contain a fraction of oestrogen compared to pills from the 1960s. Most doctors say that you can start trying to get pregnant immediately after stopping the pill, without any problem. The pill is not advised for women over 35 who smoke, because it may increase the chance of blood clots and stroke. (By the way, don’t smoke! See Chapter 3 for the impact of smoking on sperm and pregnancy.)

✔ **Intrauterine devices:** Intrauterine devices (IUDs) have had lots of bad press over the years, and with reason. They can increase the chance of *ectopic pregnancy* (a non-viable pregnancy that develops in the Fallopian tubes instead of the uterus) and can cause infection, sometimes quite serious. For this reason, an IUD is not the best choice if you want to become pregnant soon, especially if you have *endometriosis*, an outgrowth of uterine lining tissue into other parts of the abdominal cavity, or if you have a history of vaginal or cervical infection. (You can read more about endometriosis and ectopic pregnancy in Chapter 7.) In fact, some doctors recommend against using an IUD if you’ve never had children, because an IUD-related infection may make becoming pregnant much harder for you. And if you do get pregnant with an IUD in place, you face a significant chance of miscarrying.

✔ **The rhythm method:** The old rhythm method can actually be pretty successful; as long as you know what days you ovulate and avoid having sex on those days. But if you really, seriously, absolutely don’t want to get pregnant right now, you’re better off using a more reliable method. We have a name for couples who rely on the rhythm method: we call them parents!

✔ **Condoms and barrier devices (such as the diaphragm):** The old standbys are still fairly effective, at least 90 per cent if used consistently and correctly. Although they’re not necessarily as easy or unobtrusive to use as the pill or an IUD, they don’t have the side effects of their higher-tech cousins.
**Gene Genie: Looking at the Family Tree**

Before trying to get pregnant, you may want to know whether any hereditary diseases or genetic disorders occur on your family tree. These problems may be caused by a dominant gene that you could pass on, if you carry it, even if your partner doesn’t carry it. The following sections tell you how to obtain the info you want and why even ‘bad’ news isn’t necessarily cause for despair.

If you and your partner are blood relatives, you especially need to see a genetic counsellor before getting pregnant. You may carry more of the same abnormal genes than unrelated partners, which may make you more likely to have a child with a genetic problem. The risk for serious birth defects is 1 in 20 for second cousins and 1 in 11 for first cousins.

**Gathering info**

Ask the most talkative member of your family for a family ‘birth history’. You may be surprised what you discover. Find out about the cause of infant or pre-adult deaths over the last few generations.

Researching your family history can provide other valuable information. For example, you may find out that everyone in your family took six months to get pregnant, a fact that may put your mind at ease, particularly around month number five of trying without success. Alternatively, the only thing you discover from family recollections may be non-specific, such as ‘all the Smith boys died young’. Try and pin down why they all died young: Did they have haemophilia or muscular dystrophy, or did they all fall out of the same apple tree?

If your family tree reveals a genetic problem or a birth defect that shows up more than once, you’ll probably want to have genetic testing done. A gene map, which can be done from a blood test, will show whether you carry abnormal genes that could cause problems for your child. If you’re a known carrier of a disease such as thalassaemia, sickle-cell anaemia, or cystic fibrosis, you’ll probably want to have your partner tested as well. These diseases are carried on recessive genes and are inherited only if both partners are carriers.

For couples at high risk of having an affected pregnancy (for example, where both partners are carriers of the cystic fibrosis gene, there’s a 1 in 4 chance that any child they have together could have full-blown cystic fibrosis) the technique of pre-implantation genetic diagnosis (PGD) in which the genetic structure of embryos produced by IVF (the collecting of eggs and fertilisation with sperm in a laboratory) can ensure that only unaffected babies are made.
Before you panic

If you do uncover a ‘bad’ or questionable gene through testing, don’t panic. This discovery is the reason for testing in the first place. Just remember:

✔ Not all gene mutations will cause disease. Some are merely benign changes. These differences are what make us all unique individuals.

✔ If you’re a carrier of a recessive genetic disorder, you will not get the disease, but if your partner is also a carrier, your children could be seriously affected.

And remember, when looking at inherited diseases, medicine is constantly developing, which is good news: You have options that your grandmother and mother never had. You can receive pre-pregnancy genetic counselling or have early pregnancy testing of the fetus for abnormalities. Such problems are more common in women over 35, and no way existed to test for them during pregnancy in earlier generations.

Getting Pregnant: Was It Easier for Grandma?

Sometimes things seemed easier in Grandma’s day. Large families were common, and everyone seemed to have children. In fact, getting pregnant may be harder today, for several reasons:

✔ People are having children later in life. Over the age of 25, you find a slight but definite decrease in fertility in women, a decrease that increases dramatically over age 35. Men are also less fertile at older ages.

✔ Due to better medical care, people are living longer and getting pregnant (or trying to) despite the presence of serious chronic disease, such as diabetes or lupus. In the past, just the presence of these conditions would have precluded the possibility of pregnancy.

✔ Male infertility, related to decreased sperm counts, has increased. Many theories circulate as to why this increase is occurring, with environmental factors being carefully studied.

✔ The incidence of sexually transmitted diseases has increased. Some of these diseases, such as chlamydia, cause serious damage to the reproductive organs.
More men have had a vasectomy and women tubal ligation at a young age, and then decided to have another child. Needless to say, they immediately face fertility issues due to their previous choices.

You may have the impression that everyone had children years ago, but start asking questions and you’ll get a different story. You may find out that Uncle Charlie wasn’t really Aunt Jo’s son; he was her sister’s child. Everyone may have been raising children, but many of those children may have been extended family members.

People today talk more. Just because you never heard about your grandmother’s stillborns or your mother’s miscarriages doesn’t mean that they didn’t happen. Pregnancy talk today is big business, and this focus puts a constant in-your-face emphasis on pregnancy, which can make you feel as if everyone else is doing it better than you are!

Relax, this part is only the beginning for you, and we do our best to help you start baby-making with the best of them.