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Promote Healthy Parenting Before Conception and Birth

Consider this: A compulsory education program for health professionals called *Cancer Prevention Before Conception*.

Yes, it may sound bizarre at first, but a growing body of evidence links childhood cancers with hazardous substances that parents are exposed to before conception occurs, as well as during pregnancy, especially at work.[2] Many preconception and *in utero* risks also lead to birth defects, asthma, allergies and low birth weights. Add these up, and it makes sense for health care professionals responsible for healthy babies to offer preconception *and* prenatal health guidance to prospective parents — including information about exposures to toxic substances.

Infertility itself is a problem. The National Center for Health Statistics estimates that about 10% of the population of childbearing age — six million couples in the US alone — experiences infertility; others say it's as high as 15%. One reason is that many women now delay pregnancy until their thirties or early forties, which significantly lowers fertility rates. Environmental factors also appear to play a role. Exposure to agricultural pesticides has been linked to declining sperm counts, as has exposure to chemicals such as styrene, formaldehyde and toluene.[3] The main medical response to date has been to intervene with a wide array of costly and often complex reproductive technologies.

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> When research data from well baby clinics from before World War I were analyzed, it became readily apparent that health outcomes for life are determined not only by what happens while in utero, but — even more importantly — by the state of health our mother and father were in 100 days prior to conception.
>
> — Dr. Allan Lieberman[1]

Most preconception care, when it is practiced, mirrors the approach of the mainstream cancer establishment, focusing on lifestyle issues such as smoking, healthy diet, exercise and personal factors such as age, prescription medications and family histories of disease. Environmental and occupational hazards are rarely examined.

The Center for Occupational & Environmental Medicine in South Carolina offers preconception care that does consider the toxic world we live in. Dr. Allan Lieberman, the Center's medical director, credits the British pioneer Belinda Barnes, who had no medical degree, with a "remarkable record of pregnancy outcomes that no medical establishment has ever accomplished":

- No premature births
- No miscarriages
- No birth weight below 5lbs., 2oz.
- No congenital malformation
- No need for neonatal intensive care.

- Center for Occupational & Environmental Medicine, *Preconception Care*: www.coem.com/preconception.asp
- *Health Professionals' Guide to Preconception Care*, by Dr. Marilyn Glenville: www.foresight-preconception.org.uk/booklet_healthproguide.htm.
- *Planning for a Healthy Baby*, by Belinda Barnes and Suzanne Gail Bradley (Vermillion): www.foresight-preconception.org.uk/books_planninghealthybaby.htm

Belinda Barnes's book, *Planning for a Healthy Baby: Essential Preparation for Pregnancy*, offers a practical program of health care that includes advice on nutrition, family planning, common illnesses and diseases, and toxic substances to be avoided.

At the Foresight Preconception Clinic in the UK, the preconception program focuses on the following, based on the work of the nutritional therapist Marilyn Glenville:

- Nutrition
- Tobacco, alcohol and street drugs
- Food additives
- Food allergies/malabsorption
- Organophosphate pesticides
- Drinking water
- Mineral analysis, toxic metals and supplementation/cleansing
- Contraception
- Genitourinary infections
- Other areas of concern, including electromagnetic radiation.

The same approach could be adopted by naturopaths, midwives and other complementary and alternative health practitioners. Dr. Sat Dharam Kaur's book *The Complete Natural Medicine Guide to Women's Health* is an excellent resource.[4]

The impact of preconception and in utero exposures to a wide range of toxic substances presents a forbidding challenge to science and public health, as Dr. Ted Schettler concluded in his report *Infertility and Related Reproductive Disorders:*

> Human studies designed to examine these questions (of infertility) are complex, difficult to carry out and expensive. Studies that measure fetal exposures to substances of interest and then follow offspring as they mature and attempt to reproduce require decades and consistent, close follow-up.[5]

In 2005 the American government scuttled a major children's health study slated to monitor a wide range of health indicators including contaminants in umbilical cord blood and other toxic substances. Even if the study had gone forward, complete results would not have been available for more than two decades. Dr. Schettler makes a strong case for using the evidence that's already in hand, even if it's partial and imperfect:

> A central question requiring public discussion and policy decisions is the extent to which the results of animal testing, wildlife observations and limited information about human health trends should be used now for protecting the reproductive health of humans and wildlife.

We will say more bluntly what Dr. Schettler implies: We can't afford to wait for more studies. Cleansing and detoxifying our world — which will eliminate common environmental hazards such as dioxins and trace solvents from crossing the placenta — is the only way to proceed. The first environment for developing infants must be safe, protective and pollutant-free.