



# Pregnant? Relax

Odds of having a healthy pregnancy and baby are overwhelmingly in your favor. But there is specific information you need to know. Here, the top concerns for the 35+ mom-to-be. By Diana Tonnessen

I was 34 when I conceived my second child, and more than a little concerned when my physician slapped a fluorescent green “high-risk” label on the outside of my medical file during my first prenatal visit.

“I thought the cut-off age was 35,” I protested. My 35th birthday was twelve days *after* the baby’s due date.

“Well,” my doctor rationalized, “better safe than sorry.”

Throughout that pregnancy (and the one that followed, when I was 37), I felt as though a little fluorescent green worry cloud had attached itself to me, casting a shadow of doubt on my pregnancies. I was still young and healthy, and not at all prepared for the extra emotional baggage that comes with a “high-risk” midlife pregnancy.

As it turned out, both of my so-called high-risk pregnancies were uneventful and had happy endings—a healthy mother and baby. And as the number of women over age 35 having babies has grown over the past 25 years, doctors are increasingly discovering that experiences like mine are the norm, not the exception. *In fact, most women over 35 have problem-free pregnancies and give birth to healthy babies.*

Overall, according to medical studies comparing the pregnancy outcomes of women ages 40 to 50 with those of younger women, some 80 to 90 percent of healthy older women will have an uncomplicated pregnancy and deliver a healthy baby. Even women at greatest risk—those who have preexisting medical conditions, such as heart disease, hypertension, diabetes and those who develop complications during pregnancy—can take comfort in



knowing that most medical conditions can be safely managed so that the health risks to mother and baby are minimal.

By virtue of your age, you've already got a jumpstart. Generally speaking, older is wiser, and mothers-to-be over age 35 tend to seek out medical care early on in their pregnancies, if not before. And getting good prenatal care (or even preconception care) is a key to minimizing and managing the risks.

To ease your mind, here is an altogether reassuring look at some of your most common midlife pregnancy health concerns.

### Birth Defects

It's true that older women are at a slightly greater risk of giving birth to a child with chromosomal abnormalities than younger women. But it's important to put the risk into perspective. Overall, about

one percent of all babies born have a chromosomal abnormality. If you're age 35, the odds of having a baby with *any* chromosomal disorder are one in 192. At age 40, the odds are one in 66. At age 45, the odds are one in 21. Even at age 45, there's more than a 90 percent chance that you *won't* have a baby with a chromosomal disorder.

Fortunately, a variety of prenatal screening tests is available to help screen for many of the most common chromosomal abnormalities. (For more on prenatal testing and genetic counseling, see "What to Expect with Testing," page 114.)

### Multiples

If you had doubts about your ability to get pregnant only to discover that you've been doubly or triply blessed, you're in good company. The rates of multiple births in the past two decades have skyrocketed. Among the findings of recent studies: Overall, there's been a 59 percent increase in multiple births, and a whopping 423 percent increase in higher-order births among women of all ages. Women aged 40 to 44 years experienced the greatest increase in multiple births (110 percent) followed by women aged 35 to 39 years (81 percent) and women 30 to 34 years (62 percent).

Even without the help of assisted reproductive technology, such as in vitro fertilization, older women are naturally predisposed to conceiving multiple fetuses as a result of hormonal changes that occur in midlife. As the ovaries age, they sometimes release two eggs per menstrual cycle instead of one. But by far the driving force behind the trend is the use of fertility treatments. Fertility drugs often trigger the release of numerous eggs. And with treatments such as in vitro fertilization, it is often necessary to insert two or more fertilized eggs to ensure successful implantation of at least one of them.

Fortunately, although the risk of complications is somewhat increased in twin and triplet pregnancies, survival rates for multiples of older moms have actually improved. In one study, researchers at the National Institute of Child Health and Human Development found that twins born to older mothers do not appear to have a greater risk of birth complications than do twins born to younger mothers, and triplets born to older mothers actually fare better than those born to younger mothers. Researchers believe the better outcomes among babies born to older women are partly due to the fact that older moms—especially those who use assisted reproductive technology—are monitored more closely than are those who conceive multiples naturally.

### Cesarean Birth

Generally speaking, cesarean deliveries occur when complications arise, including health problems with the mother or baby, multiple pregnancies or a large baby. In these instances, a cesarean birth is considered to be safer than a vaginal delivery; in some, it can even save the life of the mother and the baby. And inasmuch as women over 35 are at a slightly increased risk of developing certain health problems during pregnancy, yes, statistically, they're more likely to have a cesarean birth.

If you are one of the increasing number of women who would elect to have a cesarean in the belief that it will avoid pelvic and urinary problems later, you should be aware that it *is* major surgery. And studies are unclear on whether cesarean reduces such problems.

As safe as this procedure may be, all surgeries carry some risks, including the risk of infection and complications arising from the use of anesthesia. It takes longer to recover from a cesarean, too. So be sure you understand all of the risks involved before making a decision. Also, some ob-gyns will only perform cesarean for medical reasons and may refer you to another doctor. (For more on cesarean births, see “Special Deliveries,” page 148.)

### Miscarriage

Miscarriage—loss of a pregnancy before 20 weeks—occurs in about 15 to 20 percent of all pregnancies. They can happen to any woman, at any age, although they are somewhat more common in older women.

Usually it's the body's way of dealing with a pregnancy that was not developing normally. Rest assured that emotional upsets (arising from an argument, stress at work, or family problems), a fall or other minor accidental injury, normal physical activity (including housework and moderate exercise), and sexual intercourse generally don't cause miscarriages. The only risk factors within your control are cigarette smoking and heavy drinking. Report any bleeding, cramping or spotting to your doctor. The good news: After you've made it through the first trimester, your risk of having a miscarriage drops off dramatically.

### Pregnancy Problems

Certain medical and obstetric complications do occur more often as you age, but most can be managed—and the risks to mother and baby minimized—with good prenatal care.

**High blood pressure** Some women who have a clean bill of health before they conceive develop high blood pressure during the later stages of pregnancy, a condition known as *pregnancy-induced hypertension*. Since pregnancy puts extra demands on the body, including increased blood volume to help circulate oxygen and nutrients to the baby, there's a greater likelihood that these women will develop complications during pregnancy. But as long as blood pressure is kept under control, the risks to mother and baby are minimal. If you already had high blood pressure before you got pregnant, or if blood pressure rises during your pregnancy, you'll probably need to see your doctor more often during the pregnancy to keep a close eye on it.

**Diabetes** is another concern for women over 35, again partly because the risk of developing non-insulin-dependent diabetes, or *chronic diabetes*, increases with age of whether or not you are pregnant. Another form of diabetes, known as *gestational diabetes*, develops *only* during pregnancy. Although pregnant woman of any age can develop gestational diabetes, it's more likely to occur in women over 35 than in younger women. Still, *the odds that you'll develop a problem are less than one in 10*. And as long as the diabetes is well controlled, the risks for mothers and their babies are about the same as they are for women without diabetes. You'll be screened for gestational diabetes between 24 and 28 weeks of pregnancy. If you do have diabetes, you'll likely be able to keep your blood sugar

in check with a healthy, low-fat, high fiber diet and regular moderate exercise. Your doctor will guide you.

**Preterm birth** Most women over 35 with a single pregnancy and no complications can expect to carry the baby safely to term. And although the risk of preterm labor—labor that begins before the 37th week of pregnancy—does rise with the mother's age, it's low to begin with. Studies have found the risk to be 10 percent among women in their 20s, and 15 to 20 percent for women 40 and older. Most at risk are mothers over age 50, those carrying twins or triplets or those who develop complications during pregnancy such as high blood pressure.

If preterm labor is detected early enough, the baby's birth can sometimes be postponed with bed rest or medication. Even a few extra days can make a difference. Report low back pain, cramps or discharge to your doctor. (For more on preterm birth, see “Born Too Soon,” page 152.)

### Reducing the Risks

To keep controllable risks associated with pregnancy after 35 at a minimum get good prenatal care early and at appropriate times

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throughout your pregnancy. And make an effort to maintain a healthy lifestyle right from the start:

- Eat a balanced diet consisting of a variety of nutritious foods. (See “Pregnancy Nutrition Made Easy,” page 36.) Your doctor may also recommend that you augment your diet with a prenatal vitamin and mineral supplement.
- Engage in regular, moderate exercise on a regular basis. (For guidelines, see “Exercising While Expecting,” page 46.)
- Keep weight gain to within the guidelines recommended by your doctor—most women are advised to gain 25-35 pounds.
- Abstain from alcohol, period. There's no safe amount of alcohol during pregnancy, and heavy alcohol consumption (two or more drinks per day) has been associated with a higher risk of miscarriage and certain birth defects.
- If you smoke, quit. Cigarette smoking increases the risk of miscarriage, preterm birth, and low birth weight. Avoid inhaling secondhand smoke, as well. (See “Commit to Quit,” page 56.)
- Check with your doctor before taking any herbal supplements, over-the-counter drugs or prescription medications as these may affect you and your baby.
- Although no pregnancy is ever completely worry-free (after all, worry seems to come with the territory that is motherhood), by taking good care of yourself throughout your pregnancy, you can be confident that you've done everything you can to minimize any risks and to keep yourself and your baby safe. **p**