Pregnancy Risk Factors

Pregnancy Over Age 35

If you’re over 35 and pregnant, you may face some increased risks. These may include:

- your baby being born with a genetic chromosome condition such as Down syndrome or Trisomy 18
- complications such as diabetes or high blood pressure
- caesarean birth
- miscarriage

Genetic Conditions

Screening tests

All women, regardless of age and family history, have a risk of having a baby with a genetic condition like Down syndrome or spina bifida. Optional prenatal genetic screening can tell you whether your baby is at a higher risk for these conditions. Screening doesn't give a firm diagnosis, but it can help you decide whether to have diagnostic tests.

There are a number of screening tests available, including various blood tests and ultrasounds. The type of screen you might choose would depend on your medical history and how far along you are in your pregnancy. The Medical Services Plan (MSP) covers the cost of some screening tests; you can pay for others at private clinics.

If you’re considering screening, discuss your options with your doctor or midwife as early in your pregnancy as possible.

Diagnostic tests

You may choose to have diagnostic testing if you’re age 40 or older, if your prenatal genetic screening result showed a higher likelihood of certain conditions, or if you have a family history of a certain genetic condition that can be tested for. Unlike screening tests, diagnostic tests are 100% accurate.

**Amniocentesis** (done from 15 weeks onwards) involves removing a tiny amount of amniotic fluid through a needle in your belly.

**Chorionic Villus Sampling (CVS)** (done between 11 and 13 weeks) involves removing a small amount of placenta tissue through your vagina or belly.

Both amniocentesis and CVS carry a small risk of miscarriage.

The decision of whether to do genetic screening and diagnostic testing is yours. Consider whether you need to know for sure if your baby has a genetic condition, and what you’ll do with the information once you have it. Learn more at bcprenatalscreening.ca and bcwomens.ca.

**DID YOU KNOW**

Age is less important than many other factors in having a healthy pregnancy. No matter what your age, focus on eating well, staying active and getting good medical care.

**KEY TAKEAWAY**

Screening tests can tell you if your baby is at a higher risk of a genetic condition.

Diagnostic tests can tell you for certain if your baby has a genetic condition.

**FAMILY STORY**

When we heard that my prenatal genetic screening test was abnormal, we panicked. It turned out that my dates were wrong and I was actually 19 weeks instead of 17, so that meant the results were normal. We sure had a rough few days, though.

Medical Complications

**Gestational diabetes** can usually be controlled with a diabetic diet and regular physical activity, but some people may need insulin injections. It usually goes away after birth, but can increase your risk of diabetes in the future.

**Vaginal bleeding** of a small amount in your first trimester is usually not a problem. But in your second or third trimester, bleeding should be taken seriously. Call your health care provider right away if you have bleeding at any time in your pregnancy.

**Placenta previa** is a condition in which the placenta covers part or all of the cervix. If you have a placenta previa when it’s time to give birth, you’ll need a caesarean.
High blood pressure affects 7 in 100 pregnancies. Contact your doctor or call HealthLink BC at 8-1-1 immediately if you have sudden or fast-increasing swelling in your hands or face, fast weight gain, headaches, blurry vision, spots or stars in front of your eyes or abdominal pain.

Premature rupture of membranes is a tear in the bag of water (the amniotic sac) before you’re in labour. Contact your health care provider if your water breaks early. Note the colour and amount of liquid. Don’t take a bath, have sex or use a tampon until you’ve seen your doctor.

Rh factor and blood type problems can occur if you’re Rh-negative and your baby is Rh-positive. If your blood mixes during pregnancy or birth, you could develop antibodies that will harm your next child. To prevent this, you’ll be given injections of Rh-immune globulin at 28 weeks, after amniocentesis, after any vaginal bleeding, miscarriage or termination, and after the birth.

Breech position means that your baby’s bum or legs – instead of his head – are facing down. As your due date approaches, your doctor may be able to use her hands on the outside of your belly to turn him. If not, you’ll meet with a specialist to discuss the issues of breech delivery and decide whether to have a vaginal breech birth or a caesarean.