

Our physicians and staff are devoted to providing the best medical care available. Our physicians are very experienced in caring for High Risk Pregnancy, Infertility and minimally invasive (laparoscopic) surgical techniques. We are looking forward to getting to know and caring for you. If you have any questions or comments about our services, please let us know.

feature of the month

Pregnancy after age 35

More and more women are postponing pregnancy until later in life. Greater than 20% of women start a family after age 35 and that



number is increasing. There are differences between pregnancy at age 25 versus 35 and beyond.

Is it more difficult to get pregnant?

Fertility naturally declines with age, beginning in our twenties. Unfortunately, the rate of decline accelerates after age 35. This is because the hearty eggs have ovulated earlier in life leaving eggs of decreased quality. These eggs are less likely to lead to a successful pregnancy, but this is a relative decrease. For some, it may take longer to become pregnant. Women in their late 30s and early 40s are still capable of achieving and carrying a pregnancy.

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Do birth control pills save my eggs for later use?

No, even though the pills prevent pregnancy by preventing ovulation, the eggs still age and become less fertile.

What are the risks in early pregnancy?

Around 30% of all pregnancies end in miscarriage. Women in later child-bearing years are at greater risk of miscarriage than younger women. This is due to several factors. Older eggs are more likely to have chromosomal abnormalities, which could cause Down syndrome or other chromosomal problems. These pregnancies are more likely to miscarry.

Also, women in their late thirties and forties are more likely to have problems inside their uterus, such as fibroids that may hamper their ability to carry the pregnancy to term.



What is my risk of having a baby with Down syndrome or another chromosomal abnormality?

This risk is age dependent, as well as related to family history. A 25 year old has a 1 in 1667 chance of having a baby with Down syndrome. By 35 years old, risk has increased to 1 in 385 and by age 40 the risk for Down syndrome is 1 in 100 and of a baby with any chromosomal abnormality the risk is 1 in 40.



What tests can help find these birth defects?

The earliest method of detection is through Chorionic villus sampling (CVS), which can be done between 10-12 weeks. Using ultrasound, a tube is guided towards the placenta and then a needle takes a small sample of cells from the placenta. These cells are then grown in a lab to determine the chromosomal make up of the baby.

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Amniocentesis is done slightly later in pregnancy 15-18 weeks and again involves using ultrasound to guide a needle. Only fluid from around the baby is sampled, and again cells are grown in a lab to determine the chromosomes of the baby.

There are risks and benefits to both these procedures.

Ultrasound is not good at determining if a baby does or does not have a chromosomal defect. It can show birth defects that are suggestive of a problem, but some babies with Down syndrome or other chromosomal abnormality will have a normal ultrasound.



The good news is most women will have healthy, successful pregnancies with healthy babies. However, it is always wise to discuss your pregnancy plans with your physician.

What other concerns are there for women over 35?

Some medical problems such as hypertension and diabetes occur more frequently in this age group. Both of these can complicate pregnancy and should be under good control prior to pregnancy.

Preconceptual counseling is recommended for all women planning pregnancy, but is it especially important for those women with other medical problems. Early and regular prenatal care can help to find and prevent some complications of pregnancy.