

## Pregnancy Risk Factors

### Pregnancy Over Age 35



#### 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.

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](http://bcprenatalscreening.ca) and [bcwomens.ca](http://bcwomens.ca).



#### 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.

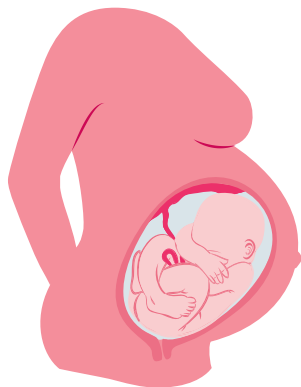
**Placenta previa** is a condition in which the placenta covers part or all of the cervix. If you have a placenta previa when it's time to give birth, you'll need a caesarean.

**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.



### What is HELLP syndrome?

A rare but serious high blood pressure-related liver disorder. If you have pain in the upper right side of your abdomen, go to the emergency room.



### MEDICAL EMERGENCY

Go to the hospital or call 9-1-1 right away if, **at any time in your pregnancy**, you have:

- blurred vision or a headache that's becoming worse and doesn't get better when you take pain medication
- pain or tenderness in your belly, especially in the upper right section of your belly, or if you also have blood in your underwear
- weight gain of 1 kg (2 lb) or more over a 24-hour period
- seizures

If you're **between 20 and 37 weeks** pregnant, call 9-1-1 immediately if you have:

- severe vaginal bleeding
- severe belly pain

If you're **24 or more weeks** pregnant, call 9-1-1 if fluid gushes or leaks from your vagina and you think the umbilical cord is bulging into your vagina. Immediately get down on your hands and knees and raise your bum higher than your head. This will decrease pressure on the cord until help arrives.



### SEEK CARE

See your health care provider right away or call HealthLink BC at 8-1-1 if you have any of the following:

- contact with anyone who has German measles (rubella)
- an unusual rash
- all-over itching with or without dark pee, pale stools or yellow skin or eyes
- sudden, unusual thirst
- unusual weakness
- fever or cough that isn't getting better
- frequent vomiting that won't let you keep fluids down
- bleeding from your vagina, with or without pain, cramps or fever
- tissue passed through your vagina
- burning when you pee, a need to pee frequently, or pee that's cloudy, bloody or smelly
- more vaginal discharge than normal, or discharge that's coloured, frothy or causes itchiness or irritation
- a gush or trickle of water from your vagina that continues after going to the bathroom
- a drop in your baby's movement at a time when he's normally active
- dim or blurry vision
- constant crying or negative feelings about your pregnancy or care of the baby
- severe headache
- swelling of your feet, hands or face
- signs of preterm labour (see [Special Birth Issues](#))