



Pregnancy & Women Age 35+

Don't tell Genevieve Woods* that she's too old to be having her first child. The 38-year-old writer hasn't met any pregnant women under 35 in the parenting preparation groups she's attended throughout her pregnancy. Now, just a few days before her due date, she's begun to think that only pop stars (think Britney Spears and her sister, Jamie Lynn) have babies in their 20s or earlier.

While that's not quite true, the numbers are changing. Between 1980 and 2004, the percentage of women 30 and older having their first baby more than tripled, from 8.6 to 25.4 percent, while the percentage of those aged 35 or older having their first baby jumped six-fold.¹ And while few women had their first babies after age 40 in 1980, by 2006 they accounted for 2.2 percent of all first babies born in the United States.² The growth is even more striking in certain areas of the country. For instance, a 2007 report found that fertility rates in U.S.-born women living in California had actually dropped for teens and women in their twenties since 1982, but jumped nearly threefold for women ages 40 to 44.³

In fact, among some circles (like those in Ms. Woods's Manhattan neighborhood) older mothers are so common that it's sometimes jarring to see a young, college-educated mother. So jarring that in January 2008 the *Washington Post* ran a front-page article about how college-educated couples who had their first child before age 30 were "defying the norm."⁴

The reasons for delayed pregnancy are obvious: Women today simply have more options than marriage and motherhood. They have more education, more professional opportunities, and more reliable birth control than just a generation earlier. They can delay marriage and motherhood while they establish themselves professionally and know, in the back of their minds, that if they do have a problem getting pregnant, or happen to wait just a tad too long, they can always turn to the alphabet-soup of assisted reproductive techniques, such as in-vitro fertilization (IVF) and the like.

However, while the world around them has certainly changed, one thing has not. When it comes to fertility, pregnancy and childbirth, age still matters. While about 8 percent of women ages 19 to 26 are infertile, that number more than doubles to 18 percent in women aged 35 to 39.⁵

"There's no doubt that it's easier to get pregnant and stay pregnant if you're 25 versus 35," said Dana Jacoby, MD, an obstetrician in private practice in Tinton Falls, NJ. It's not easy to tell that to his patients, however. Although he feels comfortable talking about sex, contraception and sexually transmitted infections with the women he treats, when it comes to having the "age talk," Dr. Jacoby admits he and his colleagues often shy away. "We

*Not her real name.

I N S I D E

- 4 What's New in Assisted Reproductive Technology
- 5 Medications during Pregnancy and Breast-feeding: What's Safe?
- 6 Ages & Stages: Marriage and Parenting
- 7 Ask the Expert: Questions and Answers about Pregnancy
- 8 Lifestyle Corner: Raising Your Child

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PREGNANCY & WOMEN AGE 35+ continued from page 1

have to advocate for our patients, but I don't think any of us want to risk offending them, either," he said.

The main reason older women are less likely to get (and stay) pregnant is aging eggs. "By the time a woman reaches her 40s, about 90 percent of her eggs are chromosomally abnormal," said Alan Copperman, MD, a reproductive endocrinologist with Reproductive Medicine Associates of New York in New York City. If your eggs are abnormal, it's highly unlikely they'll be successfully fertilized. Thus, noted Dr. Copperman, there's a much lower chance of having a normal egg fertilize, implant and stick around to create a viable pregnancy.

Of course, infertility problems aren't related just to age. Michele Monterra,* 44, started trying to become pregnant when she was 29. After years of fertility treatments, doctors finally realized she had polycystic ovarian syndrome, a condition in which a woman produces too much testosterone, making pregnancy difficult. In Ms. Monterra's case, the fertility treatments stimulated her ovaries to produce numerous eggs, but they were all of poor quality. She finally became pregnant at age 35 after five IVF attempts.

She admits she was ready to give up and begin adoption proceedings. But her husband wasn't there yet. "He wasn't convinced we'd exhausted all our options," she said. They got through it with their marriage intact—and even stronger—because they supported each other, and they took breaks from the stressful treatments. The result, she says, was worth it—a healthy son. Eighteen months later, when she and her husband were ready to try again for another child, she unexpectedly became pregnant on her own.

Even if the stick does turn pink, older women face another challenge: pregnancy.

Pregnancy Risks after 35

Barbara Luke, ScD, professor of obstetrics, gynecology and reproductive biology at Michigan State University in East Lansing, has spent most of her career focused on pregnancy and childbirth—first as a neonatal and nursery nurse and then as a researcher. In 2007 she published a landmark study that clarified what she'd known intuitively during the years she spent as a nurse: Older women have a significantly higher risk of premature birth, low-birth-weight babies and high-risk pregnancies than their younger counterparts. They're also more likely to have or to develop diabetes and high blood pressure during their pregnancy, as well as to experience heavy bleeding during and after the birth. And, although it's relatively rare, the rate of infant death is 18 percent higher in women 40 to 44 and 55 percent higher in women 45 and older.⁶

Older women are also more likely to have their labor induced, or started artificially, than younger women and are more likely to have cesarean deliveries.⁹

"Women are going through pregnancy with more existing (diseases), and for the most part, most of (the diseases) get worse during pregnancy, which is dangerous," Dr. Luke said. "There's a long-term price to pay for that." For instance, studies find that having gestational diabetes or hypertension during your pregnancy increases the risk of chronic disease after the baby is born, and that women who deliver a low-birth-weight baby (less than 5.5 pounds) have seven to 11 times the risk of early death from cardiovascular disease than women with babies weighing 7.7 pounds or more.^{7,8}

Researchers don't know yet why having a low-birth-weight baby is linked to an increased risk of early death in the mother, but suspect that underlying genetic or lifestyle risk

factors are involved in both the low-birth-weight baby's and the mother's increased risk of cardiovascular disease.

Cesarean Rate Skyrockets

As noted earlier, older mothers are more likely to have cesarean sections than their younger counterparts. That's part of the reason for the nation's skyrocketing cesarean rate, which hit a record high in 2006, accounting for one-third of all births.^{2,9} Other reasons for the 50 percent increase in the past decade range from greater monitoring in the delivery room (which increased the cesarean delivery rate 40 percent with no significant drop in delivery-related problems);¹⁰ higher medical malpractice premiums;^{11,12} and higher rates of obesity.¹³ Contrary to what you may have read in the media, however, women requesting elective cesareans are not causing the increase.⁹

Instead, it seems that physicians are quicker to suggest and perform a cesarean, particularly in first-time mothers. Since the trend these days is for women who have had one cesarean to deliver all subsequent babies the same way, the rate will likely continue climbing.² Overall, estimates are that up to 18 percent of cesarean deliveries in the United States are elective—that is, performed without a clear medical need.¹⁴

It's important to know the facts about elective cesareans: Women and their babies are more likely to have birth-related complications than women who have vaginal births.⁹ They are also more likely to deliver their babies too early.

In fact, a just-published report found that the jump in cesarean

births in this country accounted for 92 percent of the increased rate of preterm births that have occurred since 1996.¹⁵ About three out of every 25 babies were born early (before 37 weeks gestation) in 2006, a 21 percent increase since 1990.² One reason for the increase is the higher rate of multiple births, which, in turn, is the result of increased use of assisted reproductive techniques in infertile couples.^{2,6}

It might seem that having a baby a few weeks early is no big deal. But studies find that even late preterm babies (those born between 34 and 37 weeks gestation) face not only an increased risk of health problems such as breathing and feeding difficulties, jaundice and delayed brain development, but also a greater risk of death in the first month.¹⁶

Healthy at Any Age

OK, enough about the risks. The reality is that women 35 and older are going to continue getting pregnant—because they can. The key is to do everything possible to reduce your risk of problems. Specifically:

- **Get in shape before you get pregnant.** Make sure you're at a healthy weight. Obese women, defined as women with a body mass index (BMI) of 30 or higher, not only have a more difficult time getting pregnant, but are more likely to develop gestational diabetes, particularly if they're older, and that, in turn, is more likely to lead to complications. Obesity also makes it less likely that fertility treatments will work. In fact, some fertility centers will not perform IVF on women over a certain weight.

- **Learn to control and manage the stress in your life before you try to get pregnant.** Better yet, make changes in your life to eliminate stress, if possible. That goes for your mate, too. There is convincing evidence that both acute stress (losing your job) and chronic stress (hating your job) can negatively affect your pregnancy and baby.^{17,18}

- **Begin taking a prenatal vitamin before you even consider getting pregnant.** The supplement contains folic acid, which prevents neural tube defects like spina bifida. You don't need a prescription.

- **Clean up your habits before you get pregnant.** That means quitting smoking, staying out of smoke-filled rooms and cutting out the alcohol. You want your body as cleared of toxins as possible, both to increase your fertility and to provide the best possible home for a fertilized egg.

- **Rest during your pregnancy.** "Sleep is very healing," said Dr. Luke. Even just putting your feet up for 45 minutes every afternoon can help by reducing excess fluids and improving blood flow to the baby. Sleep also helps your baby grow, she says. After all, children only grow during sleep, when growth hormone is released. She also recommends taking time out for yourself during pregnancy. "Listen to your body. Women usually think of themselves as last on the list, but when you're pregnant, that has to end."

Older women are also more likely to have their labor induced, or started artificially, than younger women and are more likely to have cesarean deliveries.

continued on page 4

PREGNANCY & WOMEN AGE 35+ continued from page 3

Reproductive medicine specialists are searching for an accurate test that shows which fertilized eggs will do best.

And don't forget about the positives of being an older mother—call it wisdom, perhaps, but your perspective on life likely has changed from when you were 25. By the time Ms. Monterra became a mother, for example, she had lost two good friends to cancer, an experience that has shaped her as a parent. “Sometimes I listen to the banter going on with some of the under-35 crowd and I think, ‘You don't get it. The things you think are upsetting are just not worth it.’”

Plus, by the time her children were born, the New York attorney had already established her career

and was comfortable stepping back and working part-time. “I'm very content now to say that I had a nice career and did the things I wanted to do, so I'm not constantly feeling torn” like the younger mothers she sees.

Genevieve Woods, at age 38 with her first pregnancy, feels the same. Having a baby at 35+ has allowed her to do what she wanted to do with career and travel, although she's a bit too busy to talk about it now. A few days after she was interviewed for this article, she gave birth to her son. Mom and baby are doing well.✕

What's New in Assisted Reproductive Technology

Just like the first “test tube baby” (Louise Brown, who had her first baby a year ago), the field of assisted reproductive technology (ART) has grown up. In 2005, about 1 percent of all babies born in the United States and 17 percent of all multiple births (twins, triplets or higher-order multiples) were conceived with ART. Overall, nearly half of all ART pregnancies are multiples, despite efforts by the industry to reduce the number of embryos put back into a woman.¹⁹

“We don't want to put in five or six embryos because triplets are traumatic for Mom and the babies,” said Alan Copperman, MD, a reproductive endocrinologist with Reproductive Medicine Associates of New York in New York City. But doctors also want to maximize a woman's chances of getting pregnant.

Reproductive medicine specialists are searching for an accurate test that shows which fertilized eggs will do best, Dr. Copperman says. Several are under investigation, including one that evaluates genes in the ovarian follicle that surrounds an egg²⁰ and one that uses an MRI to evaluate the metabolic health of the embryo.²¹ Dr. Copperman predicts that within a year or two researchers will be able to put a tiny piece of the embryo's DNA on a computer chip and analyze it for abnormalities as well as diseases. It's an emerging field he calls “embryo diagnostics.”

Reproductive specialists are already doing something similar with preimplantation diagnosis, in which clinicians evaluate one cell of an embryo for genetic abnormalities. The process was recently used in Great Britain to ensure that the embryos implanted into a woman whose husband carries the BRCA-1 “breast cancer gene” were free of the genetic mutation.²²

One new technology that appears nearly ready for prime time is egg freezing, in which young women have their eggs harvested and frozen so that when they're ready to get pregnant they don't have to worry about aging eggs. As one woman told Dr. Copperman: “There is a cost to freezing my eggs, but there is also a significant cost to not doing it.” About 500 births have occurred so far with frozen eggs, Dr. Copperman said.

Resources

American College of Nurse-Midwives
240-485-1800
www.acnm.org

American College of Obstetricians and Gynecologists (ACOG)
202-863-2518 (Resource Center)
www.acog.org

American Pregnancy Association
972-550-0140
www.americanpregnancy.org

American Society for Reproductive Medicine
205-978-5000
www.asrm.org/whatsnew.html

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
1-800-673-8499
www.awhonn.org

La Leche League International
1-800-525-3243
www.lalecheleague.org

MISS Foundation
Support to grieving families
1-888-455-MISS (6477)
www.misschildren.org

MOST (Mothers of Supertwins)
Supporting Multiple Birth Families
631-859-1110
www.mostonline.org

National Center for Fathering
1-800-593-DADS
www.fathers.com

National Institute of Child Health and Human Development
1-800-370-2943
www.nichd.nih.gov

National Organization of Mothers of Twins Clubs
248-231-4480
www.nomotc.org

National Organization of Single Mothers
www.singlemothers.org

Learn more. Visit
www.healthywomen.org.

Medications during Pregnancy and Breastfeeding: What's Safe?

You worry over every morsel you put in your mouth, every sip of liquid you drink. Will this hurt the baby? Is this OK for the baby? But what about that aspirin you popped for a headache or the nasal steroid you need for your allergies? What's safe when it comes to prescription and over-the-counter medications? The chart below can give you a quick look at what we know is safe. But, as always, talk to your health care professional before taking any medication or supplement when you're pregnant.

MEDICATIONS GENERALLY CONSIDERED SAFE DURING PREGNANCY AND BREASTFEEDING ^{25,26}		
Condition	Medication	Cautions
Asthma	Budesonide inhaled or nasal spray (Pulmicort, Rhinocort)	
Bladder infection	Nitrofurantoin (Macrobid)	
Constipation	Docusate (Colace, Dulcolax), psyllium (Fiberall, Fibercon), methylcellulose (Metamucil, Citrucel), sennosides (Senokot), magnesium hydroxide (Milk of Magnesia)	
Cough	Dextromethorphan, guaifenesin	
Diabetes	Insulin, glyburide (Micronase), metformin (Glucophage)	
Diarrhea	Loperamide (Imodium A-D)	
Gas	Simethicone	
Gastroesophageal reflux disease	Ranitidine (Zantac); cimetidine (Tagamet)	
Hay fever, sneezing, runny nose, itchy, watery eyes	Diphenhydramine (Benadryl, Tavist), chlorpheniramine	Do not take sustained-action or multisymptom forms of these drugs.
Headache, fever, pain	Acetaminophen (Tylenol)	
Heartburn	Antacids	
Hemorrhoids	Tucks, Preparation H, Anusol	
High blood pressure	Methyldopa (Aldomet); labetalol (Normodyne)	
Hypothyroidism	Thyroid hormone, levothyroxine (Synthroid, Levoxyl)	
Infection	Acyclovir (Zovirax); azithromycin (Zithromax); cephalosporin antibiotics (Keflex, Ancef, Ceclor) clindamycin (Cleocin); erythromycin; penicillin antibiotics; metronidazole (Flagyl)	
Insomnia	Doxylamine (Unisom)	
Motion sickness	Dimenhydrinate (Dramamine)	
Nasal congestion	Pseudoephedrine (Sudafed); triprolidine (Actifed)	Avoid in first trimester
Nausea	Metoclopramide (Reglan)	

Having a baby is the most amazing thing. You leave for the hospital as a couple and return home a family. From lovers to parents overnight. So where does that leave your marriage?

All too often, studies find, out in the cold. “I think couples underestimate how hard the adjustment to parenthood in their own relationship is,” says Marc Schulz, PhD, director of the Clinical Developmental Psychology Program, Bryn Mawr College, PA. Dr. Schulz studies marriage after childbirth. What he and others find is that the post-child marriage isn’t all cozy cooing over a smiling newborn. Instead, becoming parents is one of a couple’s most difficult adjustments and plays a major role in the high rate of divorce that occurs during the first seven years of marriage.²⁷

Basically, studies find that marital satisfaction plummets during the first year after parenthood in 45 percent of men and

58 percent of women, increasing in just 18 percent of couples.²⁸ How that drop affects the relationship in the long term, however, depends on the strength of the marriage pre-baby. “Couples that were having difficulties before the birth are at the greatest risk for divorce and for real significant problems,” Dr. Schulz says, even though couples who were quite happy pre-baby still experience a steep drop in satisfaction during the child’s first year.^{28, 29}

However, Dr. Schulz and others also find that it might be possible to “inoculate” new parents against marital problems. In one study, Dr. Schulz and his colleagues assigned a group of expectant couples to meet with a trained counselor two hours a week for three months before and after

their babies were due and compared the results with a control group that didn’t meet with a counselor.

The parents that met with the counselor focused on issues that typically cause problems in the postpartum period: gender roles (“Will he ever change a diaper?”); sense of identity (“I used to be a high-powered lawyer. Now all I do is breastfeed!”) and on changing work roles (“Here’s your allowance, dear.”). They talked about how the family’s social life might change and how the families in which couples grew up would shape their own experiences as parents.

Nearly six years after the couples had their babies, those who received the intervention have had no drop in marital satisfaction; the control group showed the typical decline beginning after the birth.

Even if you can’t find a similar group—or can’t afford counseling—there are things you can do to protect your marriage. Dr. Schulz recommends finding other pregnant couples and forming a couples support group to share experiences. While women often do this on their own, he said, the fathers should be involved, too.

“One reason we think this group worked so well in terms of preserving marital satisfaction was that the couples were together,” he said. “They were talking and listening about things that might be hard to hear if they were alone.” ✕

Where Babies Come From: Paths to Parenthood

In 2005, fertility centers in the United States performed 134,260 assisted reproductive techniques (ART), either “fresh cycles,” in which a woman’s ovaries are stimulated to produce excess eggs, which are then retrieved and fertilized outside her body, then transferred to her uterus; “frozen cycles,” in which previously frozen embryos are thawed and transferred to the woman or a surrogate; and cycles in which donor eggs from another woman are used and/or in which a surrogate woman receives the fertilized embryo and carries it to term.

- About 12 percent of ART cycles resulted in a live birth.
- Overall, 52,041 IVF babies were born in 2005, 49 percent of them multiple births.
- Forty-five percent of ART transfers using freshly fertilized embryos from the woman’s own eggs were performed on women under 35, 24 percent on women aged 35 to 37, 19 percent on women 38 to 40, 8 percent on women 41 to 42, and 4 percent on women older than 42.
- Forty-two percent of ART infants were preterm.
- The older the mother, the more likely she was to have undergone previous ART procedures.

Many couples, and single women alike, choose adoption as their path to parenthood. According to the National Coalition of State Courts, from 27 states reporting, in 2005, there were 57,500 adoptions in the United States, a 15 percent increase since 1995.²³ The U.S. State Department issued 20,679 visas to orphans coming to the United States in 2006, a 130 percent increase over 1995.²⁴

Commonly Asked Questions & Answers about Women & Pregnancy Age 35+

Q Is amniocentesis my only screening option? I've heard it's risky.

A You probably know that chromosomal abnormalities like Down syndrome are more common in older mothers. But amniocentesis, in which a needle is used to withdraw some of the amniotic fluid to evaluate it for certain chromosomal abnormalities or neural tube defects, and chorionic villus sampling (CVS), in which placental cells are removed and tested for chromosomal and genetic disorders, are both invasive. They each carry a small risk of miscarriage. Today, we can do a fetal nuchal translucency test. This is an ultrasound to assess the thickness of the fold in the back of the fetus's neck, which predicts Down syndrome. The ultrasound is typically performed between 10 and 14 weeks into the pregnancy. Combined with a blood test for pregnancy associated plasma protein a (PAPP-A) and human chorionic gonadotropin, the results are

approximately 90 percent accurate for some chromosomal disorders including Down syndrome. If the alpha-fetoprotein (AFP) blood test is added at 16 weeks, the sensitivity increases to approximately 94 percent. The AFP also is used to detect neural tube defects like spina bifida. In fact, I'm seeing amniocentesis numbers declining in my practice. Be sure to ask all the questions you have about these procedures, if one is recommended for you, so you clearly understand what it's for and its associated risk and benefits.

—Dana B. Jacoby, MD
Obstetrician/Gynecologist
Tinton Falls, NJ

Q I'm expecting twins. Can I prevent a bed-rest recommendation from my obstetrician?

A First, congratulations on your pregnancy and on having twins. While a twin, or any multiple pregnancy, can make

your pregnancy more complicated, it doesn't mean you need to be on bed rest. The major reason women are prescribed bed rest is to prevent premature contractions. Two practices I recommend to delay or even prevent bed rest is to drink plenty of water each day and to relax. Both can help create what I call a "relaxed" uterus, one that is less likely to contract. The resting part may be more challenging for you if you're an active person, but it's important. Simply lying on your left side or sitting with your feet up a couple of times a day for about 30 minutes helps your uterus stretch with less stress, reducing the risk of contractions.

And, of course, follow all of your doctor's instructions. And don't forget to take some time to enjoy your special pregnancy. You certainly won't have much time after those babies are born!

—Lisa Madden, RN
Maternal Child Health
Multiple Birth Specialist
Red Bank, NJ

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Raising Your Child

A few days after you bring that beautiful bundle of joy home from the hospital, it hits you: Oh. My. God. I'm responsible for this child for the next 18 years! What do I know about parenting? How am I going to make sure this child turns out OK in today's world?

Relax. You may not know much about parenting, but there are plenty of experts who do. Here are some things they found that can increase your odds of raising a healthy, happy, independent, successful kid.

- **Maintain high expectations.** If you expect your child to make Cs, he will. If you expect your child to make As, he might not always make them, but he will certainly come closer than if you only expected Cs. The same is true for all other aspects of your child's life. For instance, researchers found that the more positively parents viewed their children and the higher their expectations, the less likely the kids were to use drugs or drink alcohol in middle school.³⁰ The same held in the teenaged years.³¹ Think of positive parenting as a kind of vaccine to protect your children against the negative effects of peer pressure.
- **Provide a spiritual life.** Researchers find that high

schoolers who perceive religion as important in their lives are less likely to smoke, drink and use marijuana.³² Religion is important in many ways: boosting kids' self-esteem,³³ providing a sense of community and offering a healthy option for problem solving. That self-esteem thing matters: girls with high self-esteem are much less likely to have sex at a young age than those who think little of themselves.³⁴

- **Encourage relationships with other adults.** Researchers find that kids with a strong "mentor" in their life (think coach, teacher or counselor) are less likely to engage in risky behavior, such as drinking, using drugs, violence and sex, than those without one.³⁵
- **Eat dinner together at least five nights a week.** Even if it's takeout, the simple act of sharing a meal as family leads to well-adjusted kids who do better at school, have better relationships

with their friends and are less likely to do drugs or become depressed.³⁶ They also have healthier diets than kids who don't eat with their families³⁷ and are less likely to be overweight or obese.³⁸

- **Be active together.** Your kids won't become physically active if they see you lying on the couch all the time. Find activities you can do together, such as swimming, biking, playing on a family softball team, etc. And get your kids involved in team sports early on—the recreational level is fine! A sport teaches teamwork, puts them in contact with other authority figures and provides an innate sense of accomplishment.
- **Be a parent, not a friend.** Whether she's 2 or 12, your child needs boundaries. It is your job to provide them. Although it's harder to set and enforce rules than to give in and be their "friend," the results will be worth the effort.✕



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