

We had our first child after a gap-year spent backpacking around the world on a shoestring budget. This was at the seasoned age of 35, having squeezed the last drop out of care-free adult life. We joked about our first child being a 'laatlammetjie', but humour soon turned to concern when we heard the term 'geriatric pregnancy' for the first time. Sure, most people are aware of cases where a real geriatric fell pregnant, like Maria del Carmen Bousada Lara, a Spanish woman who gave birth to twin boys in December 2006 at the age of 66.

But here's an indelicate newsflash – if you're over the age of 35 and are pregnant then you also fall into the category of a geriatric pregnancy. That or 'advanced maternal age' – take your pick. At least you're in good company – Halle Berry had her second child last year at age 46. Nicole Kidman fell pregnant for the first time when she was 41, as did Mariah Carey. Both Tina Fey and Jennifer Connelly turned 40 before they had their second children.

So, while around 1 in 10 babies are born to women over 35, and laurels are being sung about the psychological and financial advantages of having babies at a later age, the medical world is rudely name-calling. Although 35 is not a line in the sand for fertility or pregnancy complications, the biological clock does start ticking for many women as their bodies become less supple and certain risks are increased for pregnancy after your mid-thirties.

If you're over 35 and expecting a child then you've already cleared the biggest reproductive hurdle at this age – falling pregnant. Fertility declines as we get older because we're born with a set lifetime supply of eggs. This number reduces over time as we grow older. Women are not on equal footing with men in this regard as sperm are continually produced anew, and fatherhood beyond 60 or 70 years of age is not unheard of, although it does come with risks to the baby. As time is a factor, if the mom-to-be is over the age of 35 and doesn't fall pregnant within six months of trying it is advisable to see a doctor to determine whether referral to an infertility specialist is advisable.

GESTATIONAL DIABETES

Even if you had no history or symptoms of diabetes before falling pregnant, pregnancy

hormones can affect the way your body uses insulin, which may result in pregnancy-related diabetic issues. Women over 35 are twice as likely to develop gestational diabetes as their younger counterparts. Gestational diabetes can be a precursor to diabetes later on in life and results in bigger babies with their own health problems, not to mention a riskier labour.

HYPERTENSION

Studies suggest that the development of high blood pressure during pregnancy appears more common in older women. It can reduce the blood supply to the placenta and therefore, once identified, high blood pressure and the growth and development of the baby needs to be monitored carefully. Additionally, if swelling occurs and protein in the urine is present it could indicate pre-eclampsia, which could lead to eclampsia, a serious condition that puts mom and baby at risk.

PREMATURE BIRTH

A 2006 report by the US Institute of Medicine said that pre-term births (at less than 37 weeks gestation) have risen by 30% in the past 25 years. According to the authors the largest contributing factors were older mothers and increasing obesity. Premature babies are at greater risk of health problems, disability or death.

GENETIC DISORDERS

Although a woman aged 40 is nine times more likely to have a baby with a chromosomal defect than a 30-year-old, statistically the chances are still below 1%. While it is natural to be concerned about age-related risks, remember that the vast majority of babies are born perfectly healthy. According to the UK's Association for Down syndrome, 80% of babies born with the condition are born to women younger than 35.

MISCARRIAGE AND STILL-BIRTHS

Increased miscarriage could be due to the higher likelihood of chromosomal abnormalities or uterine fibroids interfering with foetal development. Although the rates are still low, the risk of having a stillborn doubles once you're over the age of 35.

The bottom line is this: Statistically, 'older' women tend to have more medical conditions, which is why the medical fraternity automatically bumps pregnant woman over 35 into the 'high risk' category. However, this does not mean you'll have problems with your pregnancy, especially if you are fit and healthy before you fall pregnant. A woman's health, family and genetic history are much more indicative than age, and we can do something about your health.



Regular ultrasound examinations are imperative in identifying any abnormalities.

PRE-PREGNANCY PREPARATION

Managing your condition before you fall pregnant will keep both you and baby healthy. Here are a few important steps to take:

- **Undergo a health screen/check-up** and supply your doctor with your complete family and personal medical history (including info on high blood pressure, diabetes, previous pregnancy history, etc). If recommended consider genetic tests.
- **Take a prenatal vitamin**, with at least 400 micrograms of folic acid, which is critical to the development of the baby.
- **Make the required health and lifestyle changes** such as regular exercise and a healthy diet. Ensure you are within your ideal weight range before falling pregnant, and try to reduce your stress levels by relaxing and getting enough sleep. End all use of stimulants, including caffeine (limit yourself to one cup of coffee a day) and other substances, including tobacco and alcohol.

- **Review all medications** you're taking with your doctor and root out, substitute or reduce the unnecessary and unfavourable ones.
- **Stick to your regular pregnancy doctor appointments/check-ups** so that any health issues are detected and treated early.
- **See your dentist** for regular exams and cleanings. Having healthy teeth and gums lessens the chance of preterm birth and of having a baby with a low birth weight.
- **Stick to the prescribed list** of prenatal screenings and tests. Screenings are not invasive or diagnostic (cannot completely rule in or rule out a condition), but help to determine the statistical chance of an abnormality being present, which can then guide the decision for further diagnostic tests.

- **Ultrasound examinations** including nuchal translucency scan (measuring the amount of fluid behind the neck of the

foetus to determine the likelihood of Down syndrome) and foetal anatomical scan can identify certain major and minor abnormalities.

- **Various blood tests** could provide info such as your blood group, rhesus factor, haemoglobin levels, syphilis status and rubella immunity, or blood screening (such as the double, triple or quadruple tests) that measures the level of hormones/chemicals in the blood such as beta human chorionic gonadotrophin (β-HCG) and alpha fetoprotein (AFP). They provide an estimation of risk for chromosomal abnormalities.
- **Urine tests check for high blood sugar and protein levels.** If the screenings indicate an increased risk, birth defects and other medical problems can be diagnosed through further tests such as:

- **Chorionic villus sampling (CVS)** – a fine needle is inserted into the placenta (through the abdomen or vagina) to obtain a small tissue biopsy.
- **Amniocentesis** – a long, thin, needle is inserted through the mother's abdomen into the amniotic sac to extract a small sample of amniotic fluid for examination.

All these screenings are tests that are time sensitive so make sure you keep your appointments. It is also important to continually educate yourself by reading constructive and factual pregnancy and childbirth

CAESAREAN SECTIONS

Many studies have found that the C-section rate rises with the woman's age, and even that older first-time moms are many times more likely to opt for elective caesareans. Based on these findings medical journals have called doctors to recognise that their views of 'elderly primigravida' (first-time mother over the age of 35) were clouding their judgements, leading to increased interventions which did not appear to be connected with specific problems during birth, but often led to complications and, inevitably, a C-section. Although older first-time moms do, on average, labour longer, it is believed that much of the intervention is caused by a general perception that 'older' mothers are 'high risk'.

RUN-UP TO LABOUR

If you successfully conceive then it is important to follow all the basic pre-pregnancy measures in addition to the following:

- Firstly, if you're past your due date don't be forlorn. You're not a deciduous product whose best-before date has expired. In this very controlled and scheduled life it is nice to maintain some mystery and allow baby to choose his/her birth date – up to a 42-week term that is.
- Once there's some action don't phone everybody you know and announce that baby's about to arrive. Labour sometimes takes interesting twists and detours, and you
- don't need additional pressure to perform like clockwork from a well-meaning but misdirected peanut gallery. The same applies for going to the hospital too early. Your home environment is the most conducive and familiar labour environment. Stay there as long as you're comfortable.
- Try to rest and relax as much as possible through the initial excitement. Sleep if you can, take a nice warm bath and eat
- and drink as normal – you'll need the energy later.
- Practise the comfort and relaxation methods you have learnt. Do your breathing, massage and position exercises when you experience a contraction.
- Use visualisation techniques for mental walkthroughs, get into your rehearsed positions and recite your affirmations.

books, watch educational childbirth videos, take a childbirth education class and take a baby care class.

The first and last trimesters could also be taxing, so listen and be kind to your body. Slow down if needed. And make sure you're gaining the recommended amount of weight – women with a normal body mass index (BMI) of between 18.5 and 24.9 kg/m² should gain between 11½-16kg over their entire pregnancy. If at the start of your pregnancy you're underweight you should gain 1-7kg more than the recommended average, and if you are overweight, up to 9kg less than the recommended average.

When you take proper care of yourself there are many positive aspects to a pregnancy that happens later in life. Research shows that older mothers are in general more informed, likely to breastfeed and that they may be less prone to postnatal depression than younger women. The key to success is preparation. 

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ARE YOU OVER THE AGE OF 35 & PREGNANT?

PREPARING FOR A GERIATRIC PREGNANCY

If you're over 35 then falling pregnant and giving birth requires some extra special preparation

