



Having a Baby After Age 35

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Why is there a concern about having a child later in life?

Becoming pregnant after age 35 years can present a challenge. Also, having a child later in life has certain risks. These risks may affect a woman's health as well as her baby's health.

How does age affect fertility?

Fertility in women starts to decrease at age 32 years and becomes more rapid after age 37 years. Women become less fertile as they age because they begin life with a fixed number of eggs in their **ovaries**. This number decreases as they grow older. Eggs also are not as easily fertilized in older women as they are in younger women. Problems that can affect fertility, such as **endometriosis** and uterine **fibroids**, become more common with increasing age as well.

What specific health concerns are there for later childbearing?

Older women are more likely to have preexisting health problems than younger women. For example, high blood pressure is a condition that is more common in older women (see FAQ034 "Preeclampsia and High Blood Pressure During Pregnancy"). If you are older than 35 years, you also are more likely to develop high blood pressure and related disorders for the first time during pregnancy. The risk of developing **diabetes** or **gestational diabetes** increases with age as well (see FAQ177 "Gestational Diabetes").

How can high blood pressure affect pregnancy?

High blood pressure poses risks that include problems with the **placenta** and the growth of the **fetus**.

How can diabetes affect pregnancy?

If you have diabetes, you are at greater risk of having a child with birth defects. The risks of high blood pressure, **miscarriage**, and macrosomia, a condition in which the fetus grows too large, are increased as well.

Do older women have an increased risk of having a child with a birth defect?

The overall risk of having a child with a birth defect is small. However, the risk of having a child with a birth defect caused by missing, damaged, or extra **chromosomes** is increased in older women.

What types of testing can be done during pregnancy to screen for or detect certain birth defects in the fetus?

Screening tests assess the risk that a baby will be born with certain disorders. All pregnant women should be offered screening tests for birth defects. Diagnostic tests show whether the baby actually has a certain disorder. Diagnostic tests are available for some, but not all, inherited defects and many chromosomal disorders. They include a targeted **ultrasound** exam, **amniocentesis**, and **chorionic villus sampling**.

Are older women at greater risk of having a multiple pregnancy?

Older women have a higher risk of multiple pregnancy than younger women. In addition, some fertility treatments carry an increased risk of multiple pregnancy.

What risks are associated with multiple pregnancy?

Multiple pregnancy can cause serious problems, including **preterm** birth, **preeclampsia**, fetal growth problems, and gestational diabetes. The risk and severity of these problems increase with the number of babies.

What are the possible complications during labor and delivery for older women?

Older women are at increased risk of preterm labor and preterm birth (see FAQ087 “Preterm [Premature] Labor and Birth” and FAQ173 “Early Preterm Birth”). Babies born preterm can have serious short-term and long-term health problems. The risk of **stillbirth** also is greater in women who are older than 35 years.

Women who are in their 30s are more likely to need a **cesarean delivery** than women who are in their 20s. Like any major surgery, cesarean delivery involves risks. Risks include infection, injury to organs such as the bowel or bladder, and reactions to the anesthesia used. These problems occur in a small number of women and usually are easily treated (see FAQ006 “Cesarean Birth [C-section]”).

What can I do before pregnancy to increase my chances of having a healthy baby?

- See your health care provider for a preconception care checkup (see FAQ056 “Good Health Before Pregnancy: Preconception Care”).
- Eat a healthy diet.
- Take 400 micrograms (0.4 mg) of folic acid daily for at least 1 month before pregnancy and during pregnancy to help reduce the risk of having a baby with a **neural tube defect**.
- Exercise regularly.
- Lose weight if you are overweight or obese.
- Stop smoking, drinking alcohol, and taking illegal drugs.
- Avoid contact with substances in your home or workplace that could be harmful during pregnancy.

What can I do during pregnancy to increase my chances of having a healthy baby?

Continue to take good care of yourself during pregnancy, and get early and regular **prenatal care**. At each prenatal care visit, your health care provider will monitor your health and your baby’s health and manage any problems should they arise.

Glossary

Amniocentesis: A procedure in which a needle is used to withdraw and test a small amount of amniotic fluid and cells from the sac surrounding the fetus.

Cesarean Delivery: Delivery of a baby through incisions made in the mother’s abdomen and uterus.

Chorionic Villus Sampling: A procedure in which a small sample of cells is taken from the placenta and tested.

Chromosomes: Structures that are located inside each cell in the body and contain the genes that determine a person’s physical makeup.

Diabetes: A condition in which the levels of sugar in the blood are too high.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fetus: The developing offspring in the uterus from the ninth week of pregnancy until the end of pregnancy.

Fibroids: Growths, usually benign, that form in the muscle of the uterus.

Gestational Diabetes: Diabetes that arises during pregnancy.

Miscarriage: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy.

Neural Tube Defect: A birth defect that results from incomplete development of the brain, spinal cord, or their coverings.

Ovaries: The paired organs in the female reproductive system that contain the eggs released at ovulation and produce hormones.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Born before 37 weeks of pregnancy.

Stillbirth: Delivery of a dead baby.

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

If you have further questions, contact your obstetrician–gynecologist.

FAQ060: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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