



Having a Baby After Age 35

How Aging Affects Fertility and Pregnancy

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How does age affect fertility?

A woman's peak reproductive years are between the late teens and late 20s. By age 30 years, fertility (the ability to get pregnant) starts to decline. This decline becomes more rapid once you reach your mid 30s. By age 45 years, fertility has declined so much that getting pregnant naturally is unlikely for most women.

How likely is pregnancy as a woman ages?

For healthy couples in their 20s and early 30s, around 1 in 4 women will get pregnant in any single menstrual cycle. By age 40 years, around 1 in 10 women will get pregnant per menstrual cycle. A man's fertility also declines with age, but not as predictably as a woman's fertility.

Why do women become less fertile as they age?

Women become less fertile as they age because they begin life with a fixed number of eggs in their **ovaries**. The number of eggs decreases as women get older. Also, the remaining eggs in older women are more likely to have abnormal **chromosomes**. And as age increases, women are at higher risk of disorders that can affect fertility, such as uterine **fibroids** and **endometriosis**.

What are the risks of later childbearing?

Women who get pregnant in their late 30s or 40s have a higher risk of complications. Some of these problems may affect a woman's health. Others can affect the health of the **fetus**.

How can later childbearing affect a woman's health?

Pregnant women older than 40 years have an increased risk of **preeclampsia**. Some of the increase in risk may be because older women tend to have more health problems before they get pregnant than younger women. For example, having high blood pressure, a condition that becomes more common with age, can increase the risk of preeclampsia. Studies also show that older women who do not have any health conditions still can have complicated pregnancies.

How does aging affect the risk of having a baby with a birth defect?

The overall risk of having a baby with a chromosome abnormality is small. But as a woman ages, the risk of having a baby with missing, damaged, or extra chromosomes increases. **Down syndrome** is the most common chromosome problem that occurs with later childbearing. The risk of having a baby with Down syndrome is

- 1 in 1,480 at age 20 years
- 1 in 940 at age 30 years
- 1 in 353 at age 35 years
- 1 in 85 at age 40 years
- 1 in 35 at age 45 years

Is there testing to find out the risk of having a baby with a birth defect?

Yes. Prenatal **screening tests** assess the risk that a baby will be born with a specific birth defect or genetic disorder. Prenatal **diagnostic tests** can detect if a fetus has a specific birth defect or genetic disorder. Every woman should review the available testing options with her **obstetrician–gynecologist (ob-gyn)** or other health care professional so that she can make an informed choice.

What are other risks of later childbearing?

The risks of **miscarriage** and **stillbirth** are greater in women who are older than 35 years. Also, multiple pregnancy occurs more often in older women than in younger women. As the ovaries age, they are more likely to release more than one egg each month.

What is a reproductive life plan?

All women should think about whether they would like to have children and, if so, when to have them. This is called a reproductive life plan. If you would like to have children someday, your ob-gyn or other health care professional can help you develop your reproductive life plan.

How often should I talk about my reproductive life plan with my ob-gyn?

It is a good idea to talk about your plan once a year with your ob-gyn or other health care professional.

What should I do if I do not want to get pregnant now?

If you do not want to get pregnant now or have decided not to have children, use a birth control method to prevent pregnancy if you are having **sexual intercourse**. Make sure you are using a method that fits your reproductive goals, your lifestyle, and any health conditions that you have. You and your ob-gyn or other health care professional can review your birth control options.

What should I do if I do want to get pregnant soon?

If you want to get pregnant soon, you should try to be as healthy as possible before pregnancy. Steps toward better health include stopping alcohol, tobacco, and marijuana use. You also should start taking **folic acid** to help prevent **neural tube defects**.

What is a prepregnancy health care visit?

A prepregnancy health care visit is a time for your ob-gyn or other health care professional to review your medical and family history. He or she also will review any medications you take and your immunizations to be sure that you have all of the recommended vaccines. Your ob-gyn or other health care professional also may

- ask about your diet and lifestyle
- discuss how you can maintain a healthy weight before getting pregnant

- recommend screening for **sexually transmitted infections (STIs)**
- discuss the option of **carrier screening** for you and, if needed, your partner

Are there ways to preserve fertility?

Currently, there is no medical technique that can guarantee fertility will be preserved. If you know that you want to have children later in life, one option may be **in vitro fertilization (IVF)**. With IVF, sperm is combined with a woman's eggs in a laboratory. If the sperm fertilizes the eggs, **embryos** may grow. Embryos can be frozen and used many years later. When you are ready, an embryo can be transferred to your **uterus** to try to achieve a pregnancy.

What are the chances that in vitro fertilization will work for me?

The chance that IVF will work for you depends on many factors, including your health and your age when the embryos are frozen. Talking with a fertility expert will help you understand your chances of success with IVF.

What else should I know about in vitro fertilization?

Some IVF treatments are expensive and may not be covered by insurance.

I have heard about egg freezing. What is this procedure?

In a procedure called **oocyte cryopreservation**—"freezing your eggs"—several eggs are removed from the ovaries. The unfertilized eggs are then frozen for later use in IVF. Egg freezing is recommended mainly for women having cancer treatment that will affect their future fertility. There is not enough research to recommend routine egg freezing for the sole purpose of putting off childbearing. Egg freezing also is expensive and may not be covered by insurance.

I have not gotten pregnant. Should I have an evaluation?

If you are older than 35 years and have not gotten pregnant after 6 months of having regular sexual intercourse without using any form of birth control, talk with your ob-gyn or other health care professional about an infertility evaluation. If you are older than 40 years, an evaluation is recommended before trying to get pregnant. This advice is especially true if you have a problem that could affect fertility, such as endometriosis.

What happens during an infertility evaluation?

During an infertility evaluation, you have physical exams and tests to try to find the cause of infertility. If a cause is found, treatment may be possible. In many cases, infertility can be successfully treated even if no cause is found. But the chances of success with these treatments decrease with age.

Can a woman older than 35 years have a healthy pregnancy?

Yes. Despite the challenges, many women older than 35 years can have healthy pregnancies and babies. Seeing a health care professional before pregnancy and receiving good **prenatal care** during pregnancy are key.

Why is prenatal care important?

When you are pregnant, getting early and regular prenatal care may increase your chances of having a healthy baby. You should visit your ob-gyn or other health care professional regularly. At each visit, your health and your fetus's health will be monitored. If you have a preexisting medical condition or if a medical condition develops during pregnancy, you may need to have special tests or more frequent prenatal care visits. You also may need special care during labor and delivery.

Glossary

Carrier Screening: A test done on a person without signs or symptoms to find out whether he or she carries a gene for a genetic disorder.

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

Diagnostic Tests: Tests that look for a disease or cause of a disease.

Down Syndrome: A genetic disorder that causes abnormal features of the face and body, medical problems such as heart defects, and intellectual disability. Most cases of Down syndrome are caused by an extra chromosome 21 (trisomy 21). Many children with Down syndrome live to adulthood.

Embryos: The stage of prenatal development that starts at fertilization (joining of an egg and sperm) and lasts up to 8 weeks.

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 stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

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

Folic Acid: A vitamin that has been shown to reduce the risk of certain birth defects when taken in sufficient amounts before and during pregnancy.

In Vitro Fertilization (IVF): A procedure in which an egg is removed from a woman's ovary, fertilized in a laboratory with the man's sperm, and then transferred to the woman's uterus to achieve a pregnancy.

Miscarriage: Loss of a pregnancy.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Oocyte Cryopreservation: A procedure in which eggs are removed from a woman's ovaries and frozen for later use with in vitro fertilization.

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

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.

Screening Tests: Tests that look for possible signs of disease in people who do not have signs or symptoms.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female (also called "having sex" or "making love").

Sexually Transmitted Infections (STIs): An infection that is spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Stillbirth: Birth of a dead fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

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

FAQ060: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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