



Having a Baby After Age 35

How Aging Affects Fertility and Pregnancy

*In the past 10 years, the age at which women in the United States first give birth has gone up steadily. News stories about celebrities giving birth in their 40s and even 50s can make it seem that pregnancy at an older age is possible for all women. But as you age, so do your **ovaries** and the eggs inside them. Although you cannot see or feel these changes, they happen faster than many women think.*

If you want to have a baby in your late 30s or 40s, it is important to be aware of how aging may affect your plans for pregnancy.

This pamphlet explains

- *why fertility decreases with age*
- *risks of later childbearing*
- *how to make a reproductive life plan*
- *options to preserve fertility*

Fertility and Age

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.

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**.

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.

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*.

Pregnancy Complications

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 can still have complicated pregnancies.

Birth Defects

The risk of chromosome problems increases with age. 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

If you are concerned about birth defects, prenatal tests are available that can look for *genetic disorders* in a fetus. 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.

Other Problems

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.

In addition, some fertility treatments increase the chance of a multiple pregnancy. Although multiple pregnancies can be healthy, these pregnancies can increase the risk of *preterm* birth.

Making 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 plan can simply

be a statement like, "I would like to finish school and have more money saved before having children" or "I would like to have children in my 20s when my chances for a healthy pregnancy are best." Talking with your ob-gyn or other health care professional can help you develop your reproductive life plan. The next step is to put your plan into action.

You 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.

You plan to get pregnant. 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*.

A prepregnancy health care visit with your ob-gyn or other health care professional is a great way to plan for a pregnancy. During a prepregnancy care visit, your ob-gyn or other health care professional will review your medical and family history, any medications you take, and your immunizations to be sure that you have all of the vaccines that are recommended for you. 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

It is a good idea to talk about your plan once a year with your ob-gyn or other health care professional. Ask yourself whether you would like to have children in the next year. If your answer is yes, you can take steps for a healthy pregnancy. If your answer is no, you can make sure that you are using a reliable birth control method.

Preserving 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. The chance that IVF will work for you depends on many factors, including your health and your age when the embryos are frozen.

Pregnancy Later in Life

If you are older than 35 years, it is best to be aware of the special challenges you may face. Seeing a health care professional before pregnancy and receiving good *prenatal care* during pregnancy are key.

Infertility 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.

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 decline with age.

Prepregnancy Care

Women of all ages should talk with their ob-gyns or other health care professionals before trying to get pregnant. Having a prepregnancy checkup is especially important for women older than 35 years. A prepregnancy checkup gives you the chance to find out if you are at risk of certain problems, such as complications from a medical condition. Your ob-gyn or other health care professional will ask about your medical history and family history, medications you take, and any past pregnancies. If you have an ongoing medical condition, such as high blood pressure or *diabetes mellitus*, you and your ob-gyn or other health care professional can work on getting it under control before you get pregnant.

Prenatal Care

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.

Talking with a fertility expert will help you understand your chances of success with IVF. Also, there are financial considerations. Some IVF treatments are expensive and may not be covered by insurance.

Egg Freezing

A procedure called *oocyte cryopreservation*—"freezing your eggs"—has become more popular in recent years. In this procedure, several eggs are removed from the ovaries. The unfertilized eggs are then frozen for later use in IVF.

Egg freezing may seem like a good option for women who want to delay childbearing. But 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.

Finally...

There are more risks with pregnancy after age 35 years, so start thinking about your fertility before you reach this age. Make a reproductive life plan. If you are older than 35 years and want to have a baby, talk with your ob-gyn or other health care professional. Get good prenatal care. Despite the challenges of having a baby later in life, many women older than 35 years can have healthy pregnancies and babies.

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.

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

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.

Genetic Disorders: Disorders caused by a change in genes or chromosomes.

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.

Preterm: Born before 37 weeks of pregnancy.

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.

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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ISSN 1074-8601

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