



# Our Doctors

## Pregnancy after 35

### The Truth about Today's New Trend

by Jennifer Wadsworth



**S**alma Hayek did it, Madonna did it, and there are even 60-year-old women who have done it. *Getting pregnant later in life has become more and more common with the number of women opting for midlife motherhood doubling over the past two decades.* “Half of my pregnant patients are 35 years of age or older, and it’s been that way for a long time,” says Decatur OB/GYN Dr. Catherine Bonk, who gave birth to her first child when she was 32-years-old and her second child at age 36.

What advice do the experts at DeKalb Medical have if you are considering starting or adding to your family later in life? “Go for it,” says Bonk. “Don’t feel limited by your age, but do consult with a physician if you are not pregnant within six months of when you start trying to conceive.”

#### 10 Things You Need to Know

**1. Is it safe for me to get pregnant after 35?** “Yes, getting pregnant after 35 is not a problem. It’s more of a personal preference,” explains Dr. Stuart Pancer. While most “older” women will deliver healthy babies, they may be slightly more prone to complications due to already existing weight or high blood pressure issues according to Pancer.

**2. What are my chances of being able to conceive a baby at 35 or older?** A woman’s fertility gradually declines as they age while the rate of miscarriage increases. “However, 70 percent of women ages 35-40, will be bringing home a beautiful baby nine months after conception,” shares Dr. Andrea Johnson.

**3. Will in vitro fertilization or assistive reproductive technology help me get pregnant?** Infertility treatment more than

doubles your odds of conceiving if you are a woman over 40. "If you use your own eggs, expect a conception success rate of about 35-40 percent if you are between the ages of 35-39," predicts Bonk, "If you use donor eggs from a younger woman (under 35), the likelihood of conceiving jumps to 50 percent."

**4. Am I considered high-risk if I get pregnant after 35?** "Technically, a woman is considered high risk at 35 and older," explains Dr. Elizabeth Kobe. "However, the treatment approach (frequency of your office visits and checkups) is going to be the same as that of a younger patient unless you are experiencing complications."

**5. What kind of increased risks are we talking about?** "For older women, there is a higher risk for premature labor or bleeding which can increase the need for a C-Section," explains Johnson. As your age advances, the risk for miscarriage also escalates. "Rates of miscarriage run around 12% for women under 30, grow to 25% in your late 30s, and occur in 50% of women over the age of 40."

**6. Will my baby be at a higher risk of being born with a birth defect?** The likelihood of giving birth to a baby with a chromosomal problem does increase as you age. For instance, the rate of Down's Syndrome is about 1 in every 200 babies for mothers aged 35 compared to 1 in 1,000 for women under 30.

**7. Is there anything I can do to prevent an abnormality?** "There is nothing you can do to reduce the risk of giving birth to a child with Down's Syndrome," explains Pancer, "The syndrome is a completely sporadic event that

occurs when an extra copy of Chromosome 21 is randomly duplicated in the egg." However, the risks for fetal Spinal bifida (incomplete spinal cord development) can be greatly reduced by simply adding 400 micrograms of folic acid to your daily diet.

**8. Should I get genetic testing?** The decision is totally up to you. "All pregnant women are offered a simple blood test between 15-20 weeks that is called a *maternal serum alpha-fetoprotein*. It's not mandatory, but the blood sample from the Mom-to-be can screen for risk for Down's Syndrome, spina bifida, and other developmental defects," shares Johnson. Women age 35 and older are also offered an ultrasound and/or amniocentesis, which is done under ultrasonic guidance and can detect chromosomal abnormalities. The tests are very reliable.

**9. How much weight should I gain?** "I recommend gaining between 25 and 30 pounds during your entire pregnancy, if you were not overweight before you got pregnant," advises Bonk. "However, if you are starting your pregnancy with extra pounds, your target weight gain should drop to 15 pounds or even zero," she adds.

**10. Is it harder to get back in shape when you have a baby after 35?** "It can be a little more difficult to return to your pre-pregnancy shape simply because of time crunches," says Kobe, who adds that most women are working and caring for multiple children by then. Continuing to exercise during your pregnancy will make it easier to get back in shape afterwards. Try walking, biking, or participate in low-impact aerobics for 30 minutes four times a week.

## How to Prep for a Healthy Pregnancy

Begin prenatal vitamins plus 400 micrograms of folic acid 2-3 months before pregnancy

Be near your recommended weight before conceiving

Avoid alcohol, caffeine and nicotine

Eat healthy & exercise 4X a week

Ask your doctor what medications are safe to continue in pregnancy

## Meet the Doctors at DeKalb Medical's Maternity Center



**Catherine Bonk, M.D., MPH, FACOG,** received her medical doctorate from Emory University where she completed her OB/GYN residency in 1990.

*The Atlanta Magazine Top Doctor* also holds a master's degree in Public health from Johns Hopkins University.



**Andrea Johnson, M.D.** earned her medical degree from the University of Pittsburgh School of Medicine. As the former OB/GYN Chief Resident

at the Albert Einstein College of Medicine, she has also served on the faculty of Morehouse School of Medicine at Grady Memorial Hospital.



**Stuart Pancer, M.D.** received his medical degree from the University of Pittsburgh in Pennsylvania. This *Atlanta Magazine Top Doctor* completed his OB/GYN residency in

1995 at Medical College of Virginia.



**Elizabeth Kobe, D.O.** earned her doctor of osteopathy degree from the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa.

She completed her OB/GYN residency at Saginaw Cooperative Hospitals, Inc. in Michigan in 1996.

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