

# Postponing motherhood:

*What are the risks?*

**I**t used to be unusual for a woman to wait until her thirties before having a baby. And if she did, her choice was often met with disapproval, because it wasn't thought to be medically smart for either the woman or her child.

Over the past fifteen or twenty years that's been changing; in fact, between 1970 and 1987, the number of women who waited until their thirties to have their first child nearly quadrupled. According to a recent Census Bureau survey, more than half of all married women in their early thirties who don't have a child yet are still planning to someday.

In some ways, it's still a medical risk to delay childbirth. But recent research has shown that, in other ways, it's far less of a problem than was previously thought. What follows is a breakdown of how age affects your chances of having a healthy child, from conception through delivery.

## *Fertility*

As a woman ages, it becomes harder for her to get pregnant. Some obstetricians feel that thirty-five is the optimal cutoff age to start a family, because of the increasing chance of infertility and the shorter number of years in which a woman in her late thirties or forties has to conceive. If she waits until after that age, the problems that can occur throughout the reproductive years—such as infertility and miscarriage—become more acute because of the compressed time span.

It's estimated that fewer than 10 percent of women in their twenties are unable to



conceive within one year of trying. For women in their early thirties, the figure rises to 15 percent, then jumps to 28 percent for women in their late thirties. Conception can be even more difficult for a woman if her husband is over forty. Statistically, his ability to impregnate begins to decline after that age.

However, some fertility problems aren't connected directly to age and would have shown up if the women had tried to become pregnant in their twenties. Some researchers argue that even when a woman is in her late thirties, she is likely to have little trouble conceiving if she is in good health and free from the fertility impairments that can occur at any age. If a woman has regular gynecological checkups, she can be on guard against the three most common causes of infertility—endometriosis, pelvic inflammatory disease and sexually transmitted diseases, which can often be treated before they hamper fertility.

## *Pregnancy and labor*

Doctors used to think that pregnancy, labor and delivery became more difficult with

age, but studies have shown that this isn't necessarily true. Some complications of pregnancy—such as a cervix that dilates prematurely or bleeding—do not occur more often for women over the age of thirty-five during their first term pregnancies than for their younger counterparts, according to a study by Donna Kirz, M.D., of the Women's Hospital of Long Beach in California.

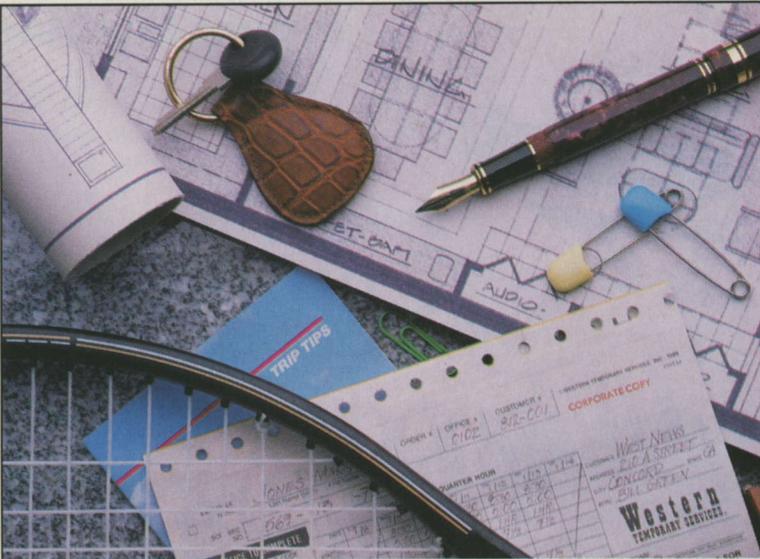
Pregnancy is more likely to induce high blood pressure and diabetes in older women, however, and either of these can complicate a pregnancy. Medical advances

have made it easier to deal with these problems, and evidence shows that women with these conditions who are getting good medical care have the same chance of giving birth to healthy infants as those who don't have these complications. If a woman is in good physical shape, she may very well avoid these conditions altogether: One study showed that women over forty who are not overweight have no more risk of developing high blood pressure during their pregnancies than younger women.

In Dr. Kirz's study, older women didn't experience a greater rate of delivery complications such as prolonged labor, fetal distress or bleeding than the younger women. Cesarean sections are more common in older women, however; the risk of having a C-section, which is generally less than 10 percent at age twenty, rises to over 25 percent after age thirty-five.

## *Miscarriage*

Women in their early twenties run about a 15 percent risk of having *(Continued)*



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## ● medical report

(Continued) their pregnancies end in miscarriage. That risk rises steadily to about 25 percent for a forty-year-old woman. After the age of forty-five, only about half of all pregnancies go to term.

### *Birth defects*

The most common nightmare for women postponing children is giving birth to a baby with a major birth defect, such as Down's syndrome. While it's true that the chance of birth defects increases with the mother's age, fortunately, the risk still isn't very great.

For a woman who is thirty-five years old or younger, the chance of having a baby with serious birth defects is less than one percent, according to a study done by Ernest Hook, M.D., of the Birth Defects Institute in the New York State Department of Health. By the age of forty-five, the risk rises to 5 percent.

The techniques used for prenatal diagnosis are improving, and now doctors can spot many of the genetic abnormalities that cause birth defects as early as eight weeks into the pregnancy. In some cases, corrective treatment can be done prenatally or immediately after birth, or a woman may decide to abort the malformed fetus.

### *Child mortality*

Once the baby arrives, its chances of surviving the first year are the same whether its mother is in her late twenties or early thirties, states a study by Wendy Baldwin, Ph.D., of the National Institute of Child Health and Human Development. Mortality is only slightly higher for babies born to mothers in their late thirties. In this study, less than one percent died before turning a year old.

For mothers in their forties, that number rose to only a little over one percent. Other studies suggest that if an older woman experiences no complications during her pregnancy, the likelihood of her baby surviving its first year is the same as her younger counterparts.

As medical care continues to improve, these risks may decrease even more. In the meantime, however, a woman who's planning to postpone a family can better her chances of having a healthy child by keeping herself healthy, seeing her gynecologist on a regular basis, and as soon as she realizes she's pregnant, getting the best prenatal care possible.

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