ACOG
The American College of Obstetricians and Gynecologists

FAQs

Having a Baby After Age 35: How Aging Affects Fertility and Pregnancy

Frequently Asked Questions

How does age affect fertility?

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

How does age affect a woman's eggs?

Women 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 women age, they are at higher risk of disorders that can affect fertility, such as uterine fibroids and endometriosis.

What are the chances of pregnancy as a woman gets older?

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, around 1 in 10 women will get pregnant per menstrual cycle. A man's fertility also declines with age, but not as predictably.

What are the risks of later pregnancy?

Women who get pregnant later in life have a higher risk of complications. For example, pregnant women over 40 have an increased risk of preeclampsia. Pregnancy later in life also can affect the health of the

fetus .

Why are older women at risk of pregnancy problems?

Older women tend to have more health problems than younger women. For example, high blood pressure is more common in older people. Having high blood pressure before pregnancy can increase the risk of preeclampsia. But studies also show that older women who do not have any health conditions can still have complicated pregnancies.

What should I know about birth defects?

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.

How common is Down syndrome?

Down syndrome (trisomy 21) is the most common chromosome problem that occurs with later childbearing. The risk of having a pregnancy affected by Down syndrome is

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

What can I do if I'm concerned about birth defects?

Learn about tests that look for genetic disorders :

- Prenatal screening tests assess the risk that a pregnancy will be affected by a specific birth defect or genetic disorder. Screening can be done before and during pregnancy.
- Prenatal diagnostic tests can detect if a pregnancy is affected by a specific birth defect or genetic disorder.

Am I required to have genetic testing?

Both screening and diagnostic testing are offered to all pregnant women. You don't have to be a certain age or have a family history of a disorder to have these tests. It is your choice whether you want to have them done. Talk with your obstetrician–gynecologist (ob-gyn) about genetic testing options so you can make a choice that's right for you.

What are some other pregnancy risks for older women?

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

Also, 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.

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 plan can be a simple 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 can help you develop your reproductive life plan. The next step is to put your plan into action.

What if I don't want to get pregnant now?

If you don't want to get pregnant and have a male partner, use a birth control method to prevent pregnancy. Make sure you are using a method that fits your reproductive goals, your lifestyle, and any health conditions that you have. Together you and your ob-gyn can review your birth control options.

What if I plan to get pregnant?

If you want to get pregnant soon, you should try to be as healthy as possible before pregnancy. Take steps to stop using alcohol, tobacco, and marijuana. You also should start taking a prenatal vitamin with folic acid to help prevent neural tube defects (NTDs) .

What is a prepregnancy health care visit?

This is a visit with your ob-gyn that helps you plan for a pregnancy. During this visit, your ob-gyn should

review your medical history, your family history, any past pregnancies, and any medications you take. You also should review immunizations to be sure that you have all of the vaccines that are recommended for you. You and your ob-gyn also may talk about

- your diet and lifestyle
- how you can maintain a healthy weight before getting pregnant
- recommended screening for sexually transmitted infections (STIs)
- the option of carrier screening for you and, if needed, your partner

All women should talk with their ob-gyns before trying to get pregnant, but it's especially important for women older than 35.

How often should I review my reproductive life plan?

It is a good idea to talk about your plan once a year with your ob-gyn. 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.

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.

What happens to embryos stored for later use?

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.

What else should I know about IVF?

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.

What is 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.

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Who should think about egg freezing?

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.

When should I consider an infertility evaluation?

If you are older than 35 and have not gotten pregnant after 6 months of having regular sex without using birth control, talk with your ob-gyn about an infertility evaluation. If you are older than 40, an evaluation is recommended before you try 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 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. See Evaluating Infertility for more information.

Why is prenatal care important?

Getting early and regular prenatal care may increase your chances of having a healthy baby. At each visit, your health and your fetus's health should be monitored. If you have a preexisting medical condition or if a medical condition develops during pregnancy, you may need to see your ob-gyn more often. Regular prenatal care can help your ob-gyn find problems sooner and take steps to help manage them.

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. They contain the genes that determine a person's physical makeup.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a

condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

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

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

Eggs: The female reproductive cells made in and released from the ovaries. Also called the ova.

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 human development beyond 8 completed weeks after fertilization.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Folic Acid: A vitamin that reduces the risk of certain birth defects when taken before and during pregnancy.

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

High Blood Pressure: Blood pressure above the normal level. Also called hypertension.

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.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Miscarriage: Loss of a pregnancy that is in the uterus.

Multiple Pregnancy: A pregnancy where there are two or more fetuses.

Neural Tube Defects (NTDs): Birth defects that result from a problem in development of the brain, spinal cord, or their coverings.

cord, or their coverings.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special 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 (IVF).

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury. These signs include 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: Less than 37 weeks of pregnancy.

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

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

Sperm: A cell made in the male testicles that can fertilize a female egg.

Stillbirth: Birth of a dead fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vaccines: Substances that help the body fight disease. Vaccines are made from very small amounts of weak or dead agents that cause disease (bacteria, toxins, and viruses).

If you have further questions, contact your ob-gyn.

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Published: October 2020

Last reviewed: October 2020