About 20 percent of women in the United States now have their first child after age 35, reports the U.S. Centers for Disease Control and Prevention. In 1970, only one percent of first births were to women over 35.

As women wait until their 30s and 40s to start their families, what are some physical and emotional considerations for these moms?

One finding is that fertility begins to decline at a much earlier age than most people suspect, reports the American Fertility Association. A woman’s chances of having a baby decrease every year after the age of 30.

And difficulties with becoming pregnant can have an emotional toll. A woman can feel frustrated when she does not become pregnant as quickly as expected; as the time stretches longer and the disappointment grows, this can lead to depression.

Then, when a woman over age 35 does become pregnant, “there is a double dose of anxiety for these mothers to be sometimes—her age and will the baby be okay,” said John Waeltz, M.D., obstetrics and gynecology, at Wheaton Franciscan Medical Group in Glendale.

Later motherhood

There are many reasons why more women are having babies after the age of 35. Maybe she hadn’t met the right partner until later in her life. Many women pursued their education and careers while in their 20s and 30s. Now, feeling more settled and financially secure, these women feel ready for parenthood.

But the biological clock does keep ticking. As a woman gets older, her ovaries have fewer eggs and the eggs are not as healthy. With age, a woman is also more likely to have a miscarriage.

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The risk of having a baby with any chromosomal disorder increases from one in 385 for a woman age 30, to one in 66 at 40.

Success rates of assisted reproductive technology (ART) methods are affected by the woman’s age, too. According to the 2009 CDC fertility clinic success rates, the average percentage of ART cycles that led to a live birth were 32 percent in women aged 35 to 37, 22 percent in women aged 38 to 40 and 12 percent in women aged 41 to 42.

The risks of some medical conditions that complicate a pregnancy also increase with age, such as elevated blood pressure, gestational diabetes, premature labor and placental abruption.

But, while women should be aware of these risks, “it’s also important to remember that studies of risks are based on groups, they are not based on the individual; risks are different for each individual,” Dr. Waeltz said.

“These women run into all kinds of advice, including negative comments,” Dr. Waeltz said. He tells older mothers-to-be not to focus on the negatives. Her emphasis should be on taking care of herself and following the doctor’s recommendations about nutrition and wellness. “I suggest to these mothers to avoid negative people and be with those who are excited about the pregnancy,” he added.

Emotional issues

“Women can feel judged, subtly or overtly, for delaying motherhood,” commented Julianne Zweifel, Ph.D., a clinical psychologist and clinical assistant professor in the Department of Obstetrics and Gynecology at UW Health; she also meets with patients of Generations Fertility Care in Madison.

Dr. Zweifel said that when a woman is dealing with infertility, she may receive less support from her usual support group, which adds to the difficulties she is experiencing.

Whether pursuing fertility treatments or not, Dr. Zweifel explained that it’s common for a woman in her late 30s or older to put her life on hold while trying to get pregnant. “She might put off looking for a new job, or going on a vacation, or pursuing a new interest, which is okay for the short term, but trying to get pregnant can stretch longer than she thought.”

Putting one’s life on hold for two or three years can lead to feelings of anger, anxiety and guilt. Infertility may put a strain on the marriage relationship; anxiety and depression can also arise during the pregnancy. Talking with a psychologist or other professional can help the woman better cope with these feelings.

Support groups can be an additional resource for women. The American Fertility Association has information about online groups at www.theafa.org, and Resolve, The National Infertility Association lists support groups at www.resolve.org.

See a doctor before conceiving

Dr. Waeltz has noted that women who wait to begin their families tend to have more planned pregnancies and they focus on improving their health before becoming pregnant, such as taking folic acid, lowering their blood pressure and losing weight if needed before trying to conceive.

For any woman considering getting pregnant, it’s a good idea to meet with a doctor for a consultation. A review of one’s medical and family history can identify conditions that might affect the health of mom and baby.