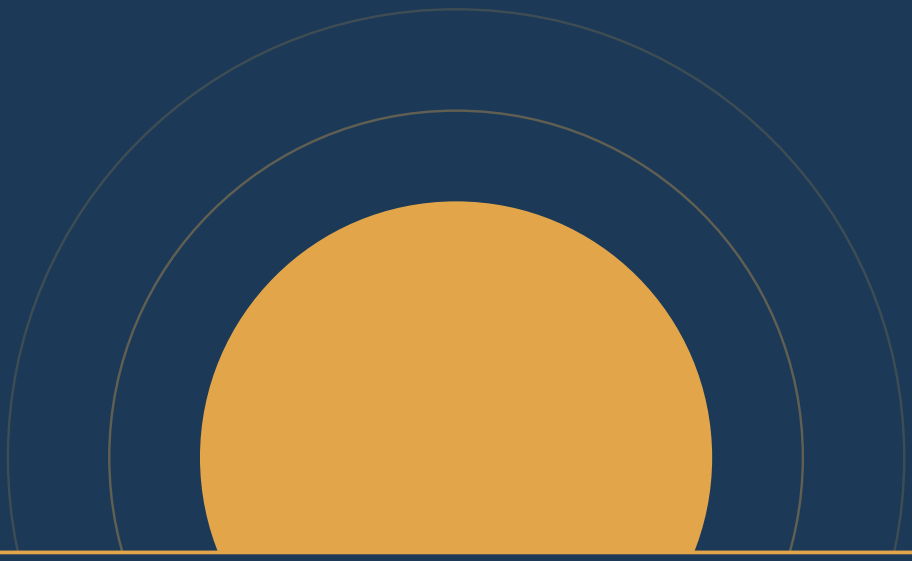
Mamavela

Pregnancy After 35

The real numbers, the tests explained and a calm plan for pregnancy at 35, 40 and beyond, US and UK side by side.



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Welcome

If you are reading this, you are probably pregnant, hoping to be, or quietly wondering whether "later" is still a good time. You may also have read too much already. Pregnancy after 35 attracts a strange mix of headlines: celebrity stories on one side, scary percentages on the other, and very little in between that sounds like a calm, well-informed friend.

This book is that friend, with references. It does three things.

First, it gives you the real numbers, and only real numbers. Every figure in these pages comes from a named source: the American College of Obstetricians and Gynecologists (ACOG), the NHS, the National Institute for Health and Care Excellence (NICE), the Royal College of Obstetricians and Gynaecologists (RCOG), the Human Fertilisation and Embryology Authority (HFEA), the US National Center for Health Statistics (NCHS), the UK Office for National Statistics (ONS), and three large peer-reviewed studies. Where a number is uncertain or debated, we say so. Where we could not find a solid figure, we leave it out rather than guess.

Second, it explains the tests. Most of the anxiety around pregnancy after 35 is really anxiety about screening: combined tests, NIPT, CVS, amniocentesis, and results written as "1 in 250". By the end of Chapter 6 you will know what each test does, what it cannot do, and what a result actually means.

Third, it gives you a plan. Questions to take to your first appointment, a page for your screening results, a trimester-by-trimester plan, and a simple list for the worries that keep you up at night, with space for the answers you get.

What this book is, and what it is not

This book is information, not medical advice. It cannot examine you, it does not know your history, and it never replaces your obstetrician, midwife, family doctor (GP) or genetic counselor. You will not find any medicine doses here, and you will not find promises. You will find the official guidance, organized and explained in plain words, and a constant reminder of when to call for help.

> **Your age is one fact about you, not a diagnosis.**
>
> Being 35, 38 or 43 does not make your pregnancy "high risk" by itself in the eyes of most people who care for you. It is one of several things your team looks at, together with your blood pressure, your weight, your medical history, your previous pregnancies and how this pregnancy is going. Many people in their late thirties and forties have straightforward pregnancies and births.

US and UK: a quick key

The body is the same on both sides of the Atlantic; the words and the pathways differ. Here is a key to the terms you will meet.

You may hear (US)	You may hear (UK)	What it means
OB-GYN, obstetric care provider	Midwife, obstetrician, GP	The professionals who look after your pregnancy
Maternal-fetal medicine (MFM) specialist	Fetal medicine specialist, consultant	Doctors who focus on pregnancies needing extra care
Genetic counselor	Screening coordinator, fetal medicine midwife	The person who explains screening and test results
First-trimester screening	Combined test	Blood test plus nuchal scan, around 10 to 14 weeks
Cell-free DNA screening, NIPT	NIPT	A blood test that screens for some chromosome conditions
Cesarean birth	Caesarean section	Birth through a cut in the abdomen
911	999 (or 112)	Emergency number
988	NHS 111, Samaritans 116 123	Urgent mental health help

How to use this book

You do not have to read it in order. If you are planning a pregnancy, start with Chapters 1, 3 and 4. If you have just seen a positive test, read Chapters 1, 5 and 6, then fill in the first pages of Chapter 15 before your first appointment. If a screening result has arrived and your heart is racing, go straight to Chapter 6 and Chapter 7. Partners: Chapter 12 is written for you.

> A note on words. Health bodies use different words: woman, mother, pregnant person, birthing parent. We mostly say "you". Whether you are in a couple, two mums, co-parenting, or doing this on your own by choice, this book is for you.

Chapter 1. What age really changes, and what it does not

An old word you can let go of

You may still see the phrase "geriatric pregnancy" on an old form, in a forum, or even hear it in a clinic. It is worth knowing where it comes from, so that it stops stinging.

For decades, pregnancy at 35 or older was given labels such as "elderly primigravida" or "geriatric pregnancy". Clinicians today mostly say "advanced maternal age", or simply "pregnancy at 35 or older". You can see the shift in the title of the main US clinical document on the subject: in 2022, ACOG and the Society for Maternal-Fetal Medicine published an Obstetric Care Consensus called "Pregnancy at Age 35 Years or Older". The NHS, for its part, simply lists "being aged 35 or over" or "aged 40 or over" among other factors when it describes particular risks.

A maternal-fetal medicine specialist at Swedish Medical Center in Seattle put it plainly on the hospital's own website: "Geriatric pregnancy is an antiquated term, and 35 is a relatively arbitrary age that was identified in the 1980s as an inflection point for an increased risk of having offspring with chromosomal abnormalities." She added that 35 still determines a diagnosis of advanced maternal age, "but it is important to understand AMA as a continuum of risks that are progressive with age."

That last sentence is the key to this whole book.

A slope, not a cliff

Nothing switches on at midnight on your 35th birthday. ACOG says it clearly in its patient information on having a baby after 35: "When you get pregnant later in life, there is a higher risk of complications. But these risks do not increase all at once. Some risks do not increase until age 40 or later."

So the useful question is never "Am I over 35?" but "What does my own situation look like, at my age, with my health?" Age is one ingredient. A large UK study of more than 76,000 pregnancies (Khalil and colleagues, 2013) concluded that "maternal age should be combined with other maternal characteristics and obstetric history when calculating an individualized adjusted risk". That is exactly what good antenatal care does.

What does change with age

Here is what the official sources and the studies cited in this book actually say. We give the details, with the numbers, in the chapters that follow.

Topic	What the source says	Where to read more
Fertility	ACOG: fertility "starts to decline" by 30, faster from the mid-30s; around 1 in 4 women in their 20s and early 30s get pregnant in a given cycle, around 1 in 10 by age 40	Chapter 3
Chromosome conditions	ACOG: the chance of a pregnancy affected by Down syndrome is 1 in 294 at 35 and 1 in 86 at 40	Chapter 6
Miscarriage	Norwegian register study (Magnus, 2019): about 17% of recognized pregnancies at 35 to 39, about 32% at 40 to 44	Chapter 5
Pre-eclampsia	NHS and NICE list age 40 or over as a risk factor	Chapter 8
Gestational diabetes	NHS lists being over 40 as a risk factor	Chapter 8
Twins	NHS: over 35 you are more likely to have non-identical twins	Chapter 9
Stillbirth	ACOG: the risk is higher in people older than 35; this drives the debate on timing of birth	Chapter 10
Cesarean birth	Khalil 2013: higher odds at 40 and over; ACOG: age alone does not mean you need a cesarean	Chapter 10

What does not change, or not in the way people think

- **Your right to choose.** ACOG states that screening and diagnostic tests "are offered in every pregnancy", that you "don't have to be a certain age" to have them, and that "it is your choice whether you want to have them done". The NHS says the same thing in its own words: screening is offered to everyone, "but it's your choice".
- **The way you can give birth.** ACOG: "If your pregnancy had few or no complications, you can have a vaginal birth. By itself, older age does not mean that you need a cesarean birth."
- **Several risks people assume.** In the Khalil study, being 40 or over was not associated with a higher risk of gestational hypertension, spontaneous preterm birth or a large baby, once other factors were taken into account. (It was associated with several other outcomes; Chapter 8 gives them all.)
- **Your capacity to parent.** No official body suggests that age makes anyone a less loving or capable parent. You bring your own experience, resources and patience to this; that counts.

> **Is this normal? Feeling more anxious than your younger friends were.**
>
> Very common. You may know more, have read more, and perhaps waited longer for this pregnancy. Anxiety is not a sign that something is wrong. If it starts to take over your days or your sleep, tell your provider: support exists, and Chapter 11 explains where to find it.

Relative risk and absolute risk, in one minute

Headlines love relative risk: "twice the risk!" Your body lives in absolute risk. If something happens to 1 pregnancy in 1,000, "twice the risk" means 2 in 1,000. That is still 998 pregnancies in 1,000 where it does not happen. Whenever you are given a risk, ask for it in this form: "Out of 100 (or

1,000) people like me, how many?" You will find this question in Chapter 15, ready to use.

Myths and facts at a glance

You may have heard	What the sources in this book say
"After 35, every pregnancy is high risk."	ACOG: risks "do not increase all at once"; your team looks at your whole situation, not your age alone.
"You'll need a cesarean."	ACOG: older age by itself "does not mean that you need a cesarean birth".
"You have to have an amniocentesis."	Every test is a choice, at every age (ACOG, NHS).
"A low-chance screening result means everything is certain."	Screening gives a chance, not a certainty; only diagnostic tests give a definite answer for the conditions tested.
"A higher-chance result means the baby has the condition."	NHS: most people with higher-chance results "will have a baby without any of the conditions".
"Egg freezing is an insurance policy."	ACOG and the HFEA: no technique guarantees future fertility.
"Only the mother's age matters."	The NHS lists a father aged 45 or over among factors that may increase the chance of miscarriage.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 49 pages.

Get it here: https://mamavela.com/shop/pregnancy-after-35-guide/

One-time payment, instant PDF.