

5 conditions that can affect a pregnancy

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Hearing the news that you are pregnant can bring excitement, but also anxiety of the unknown.

A common fear for many women is having a high-risk [pregnancy](#)—when the mother or baby has risks factors or medical conditions

during pregnancy. [Research](#) shows that 8% of all pregnancies are high risk.

"It's important to know that the majority of women have successful pregnancies," says Thaddeus Waters, MD, a maternal-fetal medicine specialist at Rush. "There may be challenges along the way, and it may require extra evaluations and follow-up care, but even women with the most complex issues often have healthy pregnancies and [babies](#)."

Learn about five common health conditions that are often a factor in high-risk pregnancies and ways to manage them to ensure a successful pregnancy and delivery.

1. Diabetes

According to the Centers for Disease Control and Prevention, in the U.S., approximately 1% to 2% of pregnant women have Type 1 or Type 2 diabetes. In addition, roughly 6% to 9% of pregnant women develop gestational diabetes, a type diagnosed during pregnancy that typically dissipates after delivery.

High [blood](#) sugar during pregnancy can increase a woman's risk of developing Type 2 diabetes or obesity, and it increase the chance of delivering the baby via C-section. There also is a higher risk of birth defects, preterm birth, stillbirth and macrosomia, a condition in which the baby is born much larger than normal.

To help manage diabetes during pregnancy, Waters emphasizes the importance of consulting with your doctor as soon as you decide to get pregnant (or even before, [as half of all pregnancies in the United States are unplanned](#)).

"Your physician can help you control your blood-sugar levels and make

adjustments to your medications as needed," he says. "They can also check for and treat other health-related complications due to diabetes, such as eye, heart or kidney disease, which may also affect your pregnancy."

Other best practices to consider before getting pregnant include following a healthy meal plan, staying active and taking insulin as directed by your physician.

2. Obesity

In the U.S., one-third of women are obese, and there are 1.1 million obese pregnant women, according to [research](#) published in the U.S. National Library of Medicine National Institutes of Health. And these numbers continue to grow.

Women who are both pregnant and obese tend to have longer labors, and their providers can have difficulty monitoring the baby during labor. This can increase the likelihood of having a C-section. Being obese during pregnancy can also lead to other health problems, including gestational diabetes, preeclampsia (high blood pressure during pregnancy) and sleep apnea.

And the babies of pregnant women who are overweight can be at risk for birth defects, macrosomia, preterm birth and stillbirth.

Waters stresses that losing weight before you become pregnant can help decrease the risk of problems caused by obesity.

"By engaging in regular exercise and working with a dietitian, you can help improve your overall health and pave the way for a healthier pregnancy," he says.

3. High blood pressure

High blood pressure occurs in one in 12 pregnancies among women ages 20 to 44 in the U.S., according to the CDC.

The most common issue for women with high blood pressure relates to the baby's growth, or intrauterine growth restriction, which can contribute to a higher risk of stillbirth.

Additionally, women who have a history of high blood pressure have a higher risk of developing preeclampsia, a potentially dangerous condition that could lead to complications for both the mother and baby. [Studies](#) report that preeclampsia occurs in about one in 25 pregnancies.

"The majority of women who have risks for preeclampsia will not have a severe case, but the unpredictability and fear of what can happen are challenging," Waters says. "Your providers can help you navigate your high blood pressure and associated issues."

If you are pregnant and have high blood pressure, Waters notes that your care team will review and closely monitor your overall health, including your history of high blood pressure, medication and other medical conditions, to help manage the effects.

4. Age

A pregnancy that occurs later in life can affect the baby's health, such as poor growth of the baby and genetic issues—the most common being Down syndrome.

And according to The American College of Obstetricians and Gynecologists, the risk of having a pregnancy affected by Down

syndrome is one in 353 for women who are 35 years old.

"As a woman becomes older, the eggs that she is born with also age. And with each year there is a slightly higher chance of the baby having a genetic issue," Waters says. "But there are ways for us to help evaluate and assess that risk, such as working with a genetic counselor before you plan to get pregnant."

Women over 35 have a higher chance of developing other pregnancy complications, such as gestational diabetes and [high blood pressure](#) or preeclampsia. For women under 35, there can be a chance of a high-risk pregnancy, but Waters says it depends on each woman's distinct risk factors.

"Even if the mother has no issues or relevant history, there is still a small risk of a baby having a genetic issue or an underlying structural problem or other concern with the baby that can make the pregnancy high risk," he says.

With the involvement of high-risk pregnancy services, such as prenatal care and testing, genetic screening and counseling, and labor and delivery planning, Waters notes that the majority of [pregnant women](#)—regardless of their age—will not have any health complications.

5. Epilepsy

A common misconception in the past has been that women who have epilepsy cannot have a healthy pregnancy because it would be too high risk. "This is simply not true in this day and age," says Adriana Bermeo-Ovalle, MD, a neurologist at Rush who specializes in caring for women who have epilepsy.

In fact, according to the Epilepsy Foundation, over 90% of women with

epilepsy who become pregnant have healthy babies.

Another concern for women with epilepsy is managing seizures during pregnancy, which can cause risks to the baby, such as blunt trauma, hypoxemia (a low level of oxygen in the blood), fetal injury, intrauterine growth, a preterm delivery and the potential for pregnancy loss.

However, recent [research](#) shows that with proper prenatal epilepsy care, there is no increased risk of seizure during pregnancy or the immediate postpartum period. "This is amazing news for our patients with epilepsy and families," Bermeo adds.

She recommends working closely with a specialized team of epilepsy providers who can offer guidance on medication interactions, and changes to your hormone levels and metabolism, to help manage your seizures before, during and after pregnancy.

"There has been a lot of progress made, and we now have more options to help [women](#) with epilepsy have healthy, normal pregnancies and babies," Bermeo says. "And seeing happy mothers enjoy their family life is one of the most rewarding outcomes that we can have as providers."

More information: Adriana Bermeo-Ovalle, Like Mother, Like Child. Keeping Control of Seizures During Pregnancy, *Epilepsy Currents* (2021). [DOI: 10.1177/15357597211012026](https://doi.org/10.1177/15357597211012026)

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