

Special Care Pregnancies

Pre-existing medical conditions and pregnancy

Women who begin a pregnancy with a pre-existing medical condition like diabetes, high blood pressure, and autoimmune disease, a seizure disorder, etc. need special care. It is particularly important for these women to begin prenatal care early. Pre-planning also can be very helpful. Medication may need to be adjusted or changed. You may need to see another provider who can help manage your condition along with your obstetrical care provider.

Gestational Diabetes in pregnancy

Diabetes mellitus occurs in three to ten percent of pregnancies and increases risks for mothers and babies. If you have diabetes, see your provider before getting pregnant and receive close monitoring during pregnancy to reduce complications.

Gestational diabetes mellitus (GDM) is diabetes that occurs during pregnancy. It usually is diagnosed at 24-28 weeks. Pregnancy hormones can lead to insulin resistance and high blood glucose (sugar) levels. Uncontrolled high blood glucose may cause the baby to grow larger than normal, leading to a more difficult delivery. Treatment may include lifestyle changed, such as a healthy diet, exercise, blood glucose testing and, if necessary, insulin injections to help control blood glucose levels. GDM increases the risk of developing diabetes later in life.

High blood pressure during pregnancy

High blood pressure or hypertension may be a risk during pregnancy. Two major types of high blood pressure are:

- **Chronic hypertension** exists prior to pregnancy and may continue after delivery. You may need to start medication or change medication while pregnant.
- **Gestational hypertension** or preeclampsia may occur after 20 weeks of pregnancy, but goes away after delivery. If you have chronic hypertension, you may also develop gestational hypertension.

Both types of high blood pressure require close monitoring of the mother and often tests to assess the health of the baby.

Having more than one baby (multiples)

In a multiple pregnancy, a woman carries more than one baby (twins, triplets). The most common, twins, are born once in about every 41 births. Triplets occur naturally (without fertility drugs) in only 1 in 10,000 births. Multiple pregnancies have become more common because more women use fertility methods to help them get pregnant.

A multiple pregnancy might be suspected if:

- Fraternal twins tend to run in the woman's family
- Your uterus grows more quickly or is larger than expected
- More than one heart beat can be heard
- You have been taking fertility drugs
- You have extreme bouts of nausea and vomiting in the first trimester
- You feel more fetal movement than you did in any pregnancies you had before
- You are older than age 35

A multiple pregnancy can increase your risk of pregnancy complications such as diabetes, high blood pressure, anemia and preterm labor. In many multiple pregnancies, babies are small for the stage of pregnancy. If you are pregnant with multiples, you will probably be more uncomfortable because of a larger uterus. Multiple pregnancies have higher rates of Cesarean births.

Your pregnancy will need special care. You will have special nutritional needs. You may have concerns about physical activities and work demands. Psychologically, your challenges will be more complex, before and after delivery.

Pregnancy over age 35

Many women choose to delay pregnancies until later in life. Being older than age 35 does not imply you are old or that a pregnancy would be at higher risk. Your health status is as important as your age. Several issues to consider for a woman older than age 35:

- Infertility. Fertility begins to decline after age 30 and it may take longer to become pregnant.
- Medical and obstetrical problems. Women older than 35 are more likely to have chronic health problems such as high blood pressure or diabetes, both of which can complicate a pregnancy and necessitate more frequent clinic visits, special testing and care during labor and delivery.
- Chromosome problems. Even though the risk remains low well into your 30s, the rate of chromosome problems increases as we age. Women older than 35 are offered genetic counseling and testing.
- Breast cancer. If you are planning a pregnancy and are age 40 or older, consider having a mammogram before pregnancy since the breast changes associated with pregnancy and breastfeeding can make it more difficult to detect breast cancer.

If you are older than 35, ask your provider about special care recommendations.

Teen pregnancy

If you are a pregnant teen, you have special needs. Teenagers can have healthy pregnancies, but they need to take good care of themselves to support their own growing bodies and the growing body of their babies. As a teenager, you have special nutritional needs, and it is very important to avoid substance use. Psychologically, teen face pressures of parenting decisions, financial concerns, relationship with the father of the baby and other family stressors. Many community resources are available to help teen moms, and healthcare professionals can help you locate them.

Management of high-risk pregnancies

If you have a high-risk pregnancy, your provider may refer to you an obstetrician or a Perinatologist. They can help manage a high risk pregnancy. St. Cloud Hospital has the Perinatology Clinic that offers a variety of services, including Level II ultrasound, genetic counseling, first trimester screening, verify/non-invasive prenatal testing and amniocentesis.

Non-invasive prenatal testing is offered to women who are at an increased risk for having a child with Down syndrome, Trisomy 18, Trisomy 13 or extra/missing sex chromosomes. A woman is at an increased risk for having a child with an extra chromosome if:

- She will be 35 years or older at delivery
- Ultrasound reveals findings associated with chromosome problems
- She has an increased risk for having a child with a chromosome problem based on first trimester, sequential, integrated, or quadruple screen.
- She has had a previous pregnancy affected with a chromosome problem

Verifi® is a non-invasive prenatal screening test that measures the amount of genetic material in a pregnant woman's blood. This test can be done as early as 10 weeks of pregnancy.

Verifi® detects:

- > 99% percent of babies with Down syndrome (Trisomy 21)
- ~ 97% of Trisomy 18
- ~88% of Trisomy 13
- ~95% of Turner syndrome (Monosomy X)

After the birth of your baby, you can feel confident when you know that a Neonatal Intensive Care Unit (NICU) is nearby. A NICU provides a high level of intensive care to the sickest and earliest premature babies. Neonatologists oversee this care. These pediatricians have an additional three years of training in the care of newborn children.