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High Risk Pregnancy

What is a high-risk pregnancy?

A high-risk pregnancy is one that threatens the health or life of the mother or her baby or both. It often requires specialized care from specially trained providers.

Some pregnancies become high risk as they progress, while some women are at increased risk for complications even before they get pregnant for a variety of reasons. Early and regular antenatal care helps many women have healthy pregnancies and deliveries without complications.

What are some factors that make a pregnancy high risk?

Several factors can make a pregnancy high risk, including existing health conditions, the mother's age, lifestyle, and health issues that happen before or during pregnancy.

Existing health issues:

- **High blood pressure.** Even though high blood pressure can be risky for the mother and fetus, most women with slightly high blood pressure and no other diseases have healthy pregnancies and healthy deliveries because they get their blood pressure under control before pregnancy. Uncontrolled high blood pressure, however, can damage the mother's kidneys and increase the risk for low birth weight or preeclampsia. It is very important for women to have their blood pressure checked at every prenatal visit so that healthcare providers can detect any changes and make decisions about treatment. Not all drugs used to lower the BP are safe during pregnancy hence women with high BP on medication have to confirm with

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their doctor before planning a pregnancy or as soon as the pregnancy is detected and get the medication changed.

- **Diabetes.** It is important for women with diabetes to manage their blood sugar levels both before getting pregnant and throughout pregnancy. During the first few weeks of pregnancy, often before a woman even knows she is pregnant, high blood sugar levels can cause birth defects. Even women whose diabetes is well under control may have changes in their metabolism during pregnancy that require extra care or treatment to promote a healthy birth. Babies of mothers with diabetes tend to be large and are likely to have low blood sugar soon after birth. Larger babies can lead to difficult and traumatic deliveries or caesarean section. Tests for babies well being like NST and sonographies are very important as there are chances of sudden intrauterine death.
- **Kidney disease.** Women with mild kidney disease often have healthy pregnancies. But kidney disease can cause difficulties getting and staying pregnant as well as problems during pregnancy, including preterm delivery, low birth weight, and preeclampsia. Nearly one-fifth of women who develop preeclampsia early in pregnancy are found to have undiagnosed kidney disease. Pregnant women with kidney disease require additional treatments, changes in diet and medication, and frequent visits to their healthcare provider.
- **Autoimmune disease.** Conditions such as lupus and multiple sclerosis can increase a women's risk for problems during pregnancy and delivery. For example, women with lupus are at increased risk for preterm birth and stillbirth and cardiac rhythm problems. Some women may find that their symptoms improve during pregnancy, while others have flare-ups and other challenges. Certain medicines to treat autoimmune diseases may be harmful to the fetus, meaning a woman with an autoimmune disease will need to work closely with a healthcare provider throughout pregnancy.
- **Thyroid disease.** The thyroid is a small gland in the neck that makes hormones that help control almost all bodily functions and metabolism. Uncontrolled thyroid disease, such as an overactive or underactive thyroid, can cause problems for the fetus, such as heart failure, poor weight gain, and brain development problems. Thyroid problems are usually treatable with medicine or surgery. Also extreme thyroid abnormalities may lead to abortions, preterm deliveries .
- **Obesity.** Being obese before pregnancy is associated with a number of risks for poor pregnancy outcomes. For example, obesity increases a woman's chance of

developing diabetes during pregnancy. Obesity can also cause a fetus to be larger than normal, making the birth process more difficult. obesity increases the risk for sleep apnea and disordered sleep breathing during pregnancy. Obesity before pregnancy is associated with an increased risk of structural problems with the baby's heart. There can also be problems if overweight or obese women gain too much weight during pregnancy. Difficult labours are known, increased chances of deep vein thrombosis in immediate post delivery period, increased risk of wound infection and opening up of wound. An integrated approach can help obese women to limit their weight gain during pregnancy, leading to better pregnancy outcomes. It is recommended that overweight women gain no more than 15–25 pounds during pregnancy and that women with obesity gain no more than 11–20 pounds.

- **HIV/AIDS.** HIV can pass to a fetus during pregnancy, labor and delivery, and breastfeeding. Fortunately, there are effective treatments that can reduce and prevent the spread of HIV from mother to fetus or child. Medications for the mother and for the infant, as well as surgical delivery of the baby before the “water breaks” and feeding formula instead of breastfeeding, can prevent mother-to-child transmission and have led to a dramatic decrease in transmission.

Age:

- **Too young:** teenage pregnancies carry risk of preterm labour, anemia, development of high BP, difficult labour, difficult breast feeding. Very young girls also are vulnerable for carrying sexually transmitted diseases.
- **Women over 35 yrs:** elderly pregnant women carry high risk of developing high BP and preeclampsia, gestational diabetes, growth retarded babies. Maternal age more than 35 yrs carries a risk of baby having chromosomal abnormalities like Down's syndrome. Appropriate screening helps detecting these genetic abnormalities in first three months itself.

Life style factors:

- **Alcohol use.** Drinking alcohol during pregnancy can increase the baby's risk for fetal alcohol spectrum disorders (FASDs), sudden infant death syndrome, and other problems. FASDs are a variety of effects on the fetus that result from the mother's drinking alcohol during pregnancy. The effects range from mild to severe, and they include intellectual and developmental disabilities; behavior problems; abnormal facial features; and disorders of the heart, kidneys, bones, and hearing. FASDs are completely preventable: If a woman does not drink alcohol while she is pregnant, her child will not have an FASD.

Women who drink also are more likely to have a miscarriage or stillbirth. Currently, research shows that there is no safe amount of alcohol to drink while pregnant.

Tobacco use: Smoking during pregnancy puts the fetus at risk for preterm birth, growth restriction and sudden infant death syndrome (SIDS). Smoking during pregnancy can lead to changes in an infant's immune system. Second-hand smoke also puts a woman and her developing fetus at increased risk for health problems.

- **Drug use.** Research shows that smoking marijuana and taking drugs during pregnancy can increase the risk of miscarriages, still births, can affect baby's brain development.

Conditions of pregnancy:

- **Multiple gestation.** Pregnancy with twins, triplets, or more fetuses, called multiple gestation, increases the risk of infants being born prematurely (before 37 weeks of pregnancy). Having three or more fetuses increases the chance that a woman will need to have the infants delivered by cesarean section. Twins and triplets are more likely to be smaller for their size than single fetus. If babies are born prematurely, they are more likely to have difficulty breathing and require NICU.
- **Gestational diabetes.** Gestational diabetes occurs when a woman who didn't have diabetes before develops diabetes when she is pregnant. Gestational diabetes can cause problems for both mother and fetus, including preterm labor and delivery, sudden intrauterine death, large babies facing birth difficulties. It also increases the risk that a woman and her baby will develop type 2 diabetes later in life. strict sugar control in mother is required with fetal well being monitoring. Baby requires monitoring of blood sugars after birth as there are chances of sudden drop in blood sugars. Also respiratory system development is slightly lagging in babies of diabetic mother so baby may require NICU.
- **Preeclampsia** is a sudden increase in a pregnant woman's blood pressure after the 20th week of pregnancy. It can affect the mother's kidneys, liver, and brain. The condition can be fatal for both the mother and the fetus or cause long-term health problems. Eclampsia is a more severe form of preeclampsia that includes seizures and possibly coma.
- **Previous preterm birth:** Women who went into labor or who had their baby early (before 37 weeks of pregnancy) with a previous pregnancy are at higher risk for preterm labor and birth with their current pregnancy. Healthcare providers will want to monitor women at high risk for preterm labor and birth in case treatment is needed. research has shown that, among women at high risk for preterm labor and birth because of a previous preterm birth, giving progesterone can help delay birth.

- **Birth defects** or genetic conditions in the fetus. In some cases, healthcare providers can detect health problems in the fetus during pregnancy. Depending on the nature of the problems, the pregnancy may be considered high risk because treatments are needed while the fetus is still in the womb or immediately after birth. For example, if certain forms of spina bifida are detected in the fetus, the problems can be repaired before birth. Certain heart problems that are common among infants with Down syndrome need to be corrected with surgery immediately after birth. Knowing a fetus has Down syndrome before birth can help healthcare providers and parents be prepared to give treatment right away or give them the choice of medical termination before 20 weeks.
- **Pregnancies with previous caesarean delivery:** The uterus is scarred and sometimes that area is extremely thinned out and may give way before or during labour threatening both the lives.

Thus high risk pregnancies require special care, and a set up which is well equipped to handle new born babies, preterm babies with complications and intensive care support for the mother and blood storage and transfusion facilities and availability of specialists from other fields as well.