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Safe zone after pregnancy

Kayyamazh / Agnieszka Wozniak / Getty Images Having a child at any age can be fun and exciting. It can also cause concern. For mothers who delay children's relationships and pregnancies until their late thirties and early forties, there may be some added problems to solve. Although the number of these women has increased steadily over the years, the number of moms over 40 is growing even faster than before. It's actually beneficial from the perspective of scientists because they now have more data to solve these women's problems. Prior to doing any research, women were told they had very gloomy prospects of getting pregnant and giving birth to a healthy baby. Science has now shown us that this is not necessarily the case. Here are some areas of concern for middle-aged mothers: Fertility is certainly not a problem with every mother over the age of 30. However, everyone, including men, will have a declining birth rate dating back to their thirties. This cannot be a tangible decrease and there is no established age when it starts. Women in their late thirties and May ovulate less often, their eggs may be harder to fertilize, and they may be more likely to experience endometriosis problems and clog fallopian pipes. There have been many technological advances in fertility treatment, allowing many women who previously would have trouble conception. Good biased help can help you prevent and identify these potential problems before they cause concern. Genetic testing and counseling are very personal issues. Since some growth in birth defects is evident with maternal age, that may also slightly increase miscarriage rates, counseling and testing are offered to most women over the age of 35. Some women and their families choose not to test, while others choose all the testing that is available. There is no correct answer. Genetic counseling can be a good option even if testing is not an option for you. This can even be done before conception. Counseling includes a long, detailed interview with a genetic counselor and possibly blood work from you and your partner. Genetic testing can be as simple and harmless to a child as a test of alpha fetoproteins of the maternal serum (also known as the triple screen). This is a screening test for nerve tube defects and Down syndrome. Other potential trials include amniocentesis, chorion sampling villus (CVS) and ultrasound. Some of these tests carry risks for pregnancy. Talking to your doctor or midwife about potential risks compared to the benefits for you is very important in any decision you make. Just being older than a certain age shouldn't be susceptibility to many pregnancy complications. While most studies show that women over 35 have a higher chance of pregnancy complications, complications are often associated with a preexisting condition (such as high blood pressure) as well age or pregnancy. This is where biased counseling can help you figure out what you need healthy before pregnancy. Here are some hints of a healthy pregnancy: Take folic acid to help prevent nerve tube defectsLearn a balanced dietRecord a balanced dietRecord the program to the rightTo get all pre-existing medical conditions under the control ofAvoid cigarettes, alcohol and other drugs You may have heard that problems during birth in women over 35 years more. Some complications that occur more frequently in middle-aged mothers, like blood pressure problems, often incurred the need for interventions such as caesarean section and labor induction. While there has been an increase in labor duration and a lengthy second phase that may explain higher caesarean rates for this age group, many say it is simply from an increase in medication births for women over 35. Prenatal care and self-care can help prevent and reduce some of these potential complications, as well as look for a practitioner who believes in the philosophy of normal childbirth regardless of age. The good news is that with proper and early dopological care, preferably starting before pregnancy, you can have happy and safe births with very similar outcomes to women in their twenties. Many mothers who fall into this category often feel more prepared to demand a child emotionally and financially. The American College of Obstetricians and Gynecologists concludes: Age should not be a barrier to a safe, healthy pregnancy. Thanks for your feedback! What are your concerns? In my practice as a family doctor, a conservative approach to obstetric care was the rule. It seems reasonable to avoid guaifenesin during the first trimester. While the evidence is inconclusive about potential fetal harm, the resulting marginal benefit seems insufficient to justify treatment early in pregnancy when the fetus is most vulnerable to teratogenic effects overall. Like most other category C medications (except those with clear clinical benefits and no safer alternative), I usually avoid guaifenesin throughout pregnancy. However, it may be reasonable to prescribe it in the second half of a pregnancy when the potential risk is lower; especially in light of the lack of any clear evidence showing harmful effects. Guaifenesin, available in numerous drugs (e.g., Mucinex, Laborussin), is one of the most commonly used over-the-scenes drugs during pregnancy. The National Study on The Prevention of Birth Defects surveyed 2,970 pregnant women from 1997 to 2001; 6.2% reported taking guaifenesin during pregnancy.1 The second survey evaluated 7,563 mothers from 1998 to 2004; 9.2% of mothers reported that they took it during pregnancy.1 Eating guaifenesin during pregnancy was associated with hernias in newborns. From 1958 to 1965, the Joint Perinatal Project recruited 132,500 women to participate in the multicenter study; however, the selection and exclusion criteria are not consistent. From this initial only 50,282 mother-child couples were studied. Trained examiners examined women in 4, 8, 12 and 24-month visits of a child, and then annually after 8 years. Examiners identified 7 children with inlividual hernias among 197 mothers who ingested guaifenesin during the first trimester (standardized relative risk [RR] 2.6; no CI or P value was reported). Twenty children had in smelly hernias among the 1,337 mothers who ingested guaifenesin during any trimester of pregnancy (RR=1.1; no reported confidence interval [CI] or P value).2 The authors acknowledged that reporting bias among participating centers prevented them from drawing any conclusions from the data. The use of guaifenesin during pregnancy may also be associated with nerve tube defects. In a case-control study, researchers identified 538 fetuses and living infants with nerve tube defects between 1989 and 1991.3 Twelve patients with nervous tube defects were exposed to guaifenesin during pregnancy; 6 in the control group reported exposure. The authors reported a tendency to increase the risk of nervous tube defects in the offspring of mothers exposed to guaifenesin (coefficient =2.04; 95% CI, 0.79–5.28).3 However, because the results were not statistically significant, the authors concluded that guaifenesin did not contribute to nerve defects. In the study, which evaluated 6,509 women whose pregnancy led to live births, 241 women reported exposure to the first trimester on guaifenesin.4 Five infants exposed to guaifenesin (2.1%) 1 birth defects have been studied (no violations are reported). Calculated RR birth defect after exposure to the uterus guaifenesin is 1.3 (CIs or P values are not reported); the authors concluded that there was no strong link between guaifenesin and the defects studied.4 Evidence-based responses from the Family Physicians Network Requests Prenatal Massage with a qualified therapist can be a relaxing way to release some back pain during pregnancy. Getting a massage can mean a variety of things - blissful luxury, acute stress management technique, injury recovery strategy or, in the case of pregnancy-related pain, a self-service regimen aimed at pain relief. Some scientific studies have shown that massage therapy can do many things pregnant women want and need: It can help with sleep and improve mood, reduce swelling (swelling of the joints) by increasing circulation and moving fluid in the body, and relieve nerve pain, including joint pain, relaxing muscles that can compress and tighten around nerves and compress them. But is massage safe during pregnancy? Pregnant women interested in massage therapy should take the first safety approach and see only therapists who have been trained and certified in prenatal massage methods. The American Pregnancy Association maintains a list of recommended massage therapists, and your doctor may also have suggestions for therapists in your area. Mary Rosser, MD, PhD, Sciences, in the Bronx, N.Y., recommends certified prenatal massage therapists to their patients, but says it's safest to wait for a pregnancy to pass the first trimester. The first trimester is a critical time when things start to form, she says. Many people are not comfortable in the first trimester anyway; they just don't feel good. Massage time and money may be better spent later when the first trimester of discomfort has passed, and any back pain problems begin to prove themselves seriously. Always follow the Swedish massage technique, which involves long strokes over tight muscles. It is best to avoid deep tissue massage and other methods that may pose a risk of circulation or blood pressure, especially when massaging calves and legs. (Remember that a woman's blood volume doubles during pregnancy.) Make sure that the prenatal massage therapist you are consulting places your pregnant body in a safe, comfortable position. The side position, supported by pillows if necessary, is usually the best way to lie down on a massage table. After 22 weeks lying on your back should be avoided because it can put pressure on a deep blood vessel, which is important for carrying blood and nutrients for your child. If you have a high-risk pregnancy or high blood pressure, or you experience sudden swelling, talk to your doctor before planning any prenatal massage. Finding a pregnancy pillow to help your lower back massage therapy for your lower back, waist, or sciatic nerve pain during pregnancy may not be the best first line of defense for everyone. Colleen Fitzgerald, M.D., medical director of the pelvic pain program at Loyola University Health System in Maywood, Illinois, believes massage therapy should be an additional treatment for other treatments, such as physical therapy. While this may provide short-term relief for daily pain, she warns that massage can sometimes worsen their pain as some patients in moderate to severe pain have increased sensitivity to pelvic girth pressure. Always consult your doctor first to see if the massage is right for your body. If this is the case, you can relax and enjoy a prenatal massage from a certified therapist. Your lower back can thank you! Can yoga also help relieve back pain? 10 remedies for back pregnancy pain Holly Lebowitz Rossi writes the blog Parents News Now for Parents.com, and she is a co-author, with yoga teacher Liz Owen, of Yoga for a Healthy Lower Back: A Practical Guide to Developing Strength and Pain Relief. Yoga for healthy lower backs Liz Owen and Holly Lebowitz Rossi copyright © 2014 Meredith Corporation. Corporation.

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