



The Doc is In

Questions:

1. Why the “Magic 35?” - Why does turning thirty-five earn a pregnant woman the title of Advanced Maternal Age (AMA)?
2. What is a preconception appointment?
3. What kinds of questions will be asked during the appointment?
4. What else might a preconception appointment include?
5. What's the difference between "the Blues," postpartum depression and postpartum psychosis?
6. Should an Infant (six months or younger) drink water?

Answers:

1. Why the “Magic 35?” - Why does turning thirty-five earn a pregnant woman the title of Advanced Maternal Age (AMA)?

When a woman is thirty-five years old at her estimated date of delivery, her chance of having a baby with Down syndrome is equal to her chance of having a miscarriage associated with second trimester amniocentesis.

Because some medical providers assume a woman would abort a baby with Down syndrome, the possibility of miscarriage is deemed an acceptable risk.

“Historically, that is where the definition for AMA came from,” according to Dr. Mark Campbell, a board-certified OB-GYN. “However, the miscarriage rate due to amniocentesis is lower now than it was ten years ago. If you are in the hands of a good maternal fetal medical specialist—another title for an OB-GYN sub-specialist—an amniocentesis is not so risky.”

Research does support the belief that risks—both to mom and baby—increase as women get older.

2. What is a preconception appointment?

If you are considering getting pregnant, scheduling an appointment with your physician now will help identify any factors that put you or your baby at risk during pregnancy. You can also deal with any problems that would hinder pregnancy.

3. What kinds of questions will be asked during the appointment?

Your doctor will want to discuss topics including your:

Reproductive history—previous pregnancies, contraceptive use, sexually transmitted diseases (STDs)

Medical/Surgical history—preexisting conditions such as allergies, diabetes or hypertension, as well as previous hospitalizations

Family Health history—conditions including diabetes, twins, ethnic-related conditions, deafness

Current Medications—prescription as well as over-the-counter medications

Personal Habits—alcohol consumption, smoking, illegal drugs use

Overall Health—weight, exercise routine, diet

4. What else might a preconception appointment include?

Your medical provider may decide to give you a physical exam and will want to make sure your immunizations are up to date. If you are 35 years old or older, genetic counseling may be suggested.

For more information:

www.webmd.com

www.aafp.org (American Academy of Family Physicians)

www.acog.org (American College of Obstetricians and Gynecologists)

5. What's the difference between "the Blues," postpartum depression and postpartum psychosis?

Emotional Upheaval

The Blues: "The "blues" is a normal phenomenon that occurs in 70 percent of postpartum patients," Dr. Campbell said. "Symptoms—including weeping, restlessness, headache, irritability and insomnia—occur within the first week to ten days after a woman gives birth and usually resolve quickly. It is not normal when the "blues" last longer than ten to fourteen days. When depression becomes extended, a woman is dealing with postpartum depression."

Postpartum Depression: "Eight to twenty percent of women experience postpartum depression. That's one in five, so it is still pretty common," Dr. Campbell said. "A woman can experience postpartum depression up to a year after giving birth. It's important to remember that this is treatable. Don't give up hope."

Dr. Campbell added that most medical practitioners administer a postpartum depression questionnaire. (See the RESOURCE section at the end of this book for more information.)

Postpartum Psychosis: Postpartum psychosis is much worse than postpartum depression and occurs in 0.1 percent of women. It usually occurs in women who have some past personal history or family history of psychosis.

"Postpartum psychosis can occur two to three days postpartum—or even several months later," according to Dr. Campbell. "A woman experiences schizophrenia or paranoia and an increased level of anxiety and suicidal thoughts."

(Information from *Baby Changes Everything: Embracing and Preparing for Motherhood after 35* by Beth K. Vogt, Revell, August 2007.)

6. Should an Infant (six months or younger) drink water? A recent news article on MSNBC.com warned parents that "babies younger than six months old should never be given water to drink." This was the recommendation of a pediatric emergency physician at Johns Hopkins.

The physician warned that babies' kidneys aren't yet mature, and so consuming too much water can put babies at risk of a potentially life-threatening condition known as water intoxication. Infants should be drinking breast milk or formula, according to the physician.

What tripped me up in this news article was the word never. So, I broached the topic with a family physician, who just so happens to be my husband. Here's his take on the issue:

Infants should be given breast milk (ideally) or formula as their main source of both fluids and nutrients.

In some rare instances, infants given formula and/or baby foods, may need a small amount extra water in their diet. A small amount = 2 or less ounces a day. This is to avoid constipation. If you are concerned about constipation, contact your baby's doctor.

Excessive dilution of formula (or expressed breast milk) with water to stretch your budget is very dangerous. Infants need the full nutritional benefit of whole-strength breast milk or formula.

The key to being safe about your infant's water intake is to consult your medical provider if you use fluids (including juices) other than breast milk or formula.

(Information taken from *Baby Changes Everything: Embracing and Preparing for Motherhood after 35*, written by Beth K. Vogt—and published by Revell in 2007.)

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