

# About Pregnancy

Pregnancy is usually expected to be a safe and healthy process. Seeing a medical provider regularly throughout the pregnancy helps to ensure potential problems can be dealt with promptly before they become serious for the woman or the fetus.

Women who have certain chronic diseases like diabetes or high blood pressure have better chances of successful pregnancies if their illness is under control before pregnancy occurs. It is best to do everything possible to be sure you are in good health **before** getting pregnant. When pregnancy is suspected, it is important to have it confirmed as early as possible and to set up a schedule for regular medical checkups.

## Pregnancy Risks

The risk of having complications of pregnancy varies depending on many factors. A medical expert can help make sense of this complicated health evaluation. Some factors to consider are:

- the woman's general state of health
- her age
- the stage of her pregnancy (risk goes up as the pregnancy progresses)
- illnesses
- past surgeries
- family history
- Previous pregnancy history (number, spacing, and outcome)
- medications currently used or potential exposures to any toxic substances
- any problems identified in the current pregnancy

Most times, pregnancy complications can be managed so there is no lasting effect on health. Some complications will result in serious risk to health. Pregnancy related deaths are rare events. In Alaska, a woman's risk of dying from complications of pregnancy or childbirth is very low, about 10 deaths per 100,000 live births (from data for 2010-2011). This compares to the U.S. maternal death rate of 10 per 100,000 live births.

The most common possible complications of pregnancy include:

- **Ectopic pregnancy** – This is a pregnancy that has implanted somewhere outside of the uterus. A frequent location is in one of the woman's fallopian tubes. There is no room in the tube for a fetus to develop. Ectopic pregnancy can become a medical emergency that can lead to death.
- **High blood pressure** – A woman who has high blood pressure before her pregnancy is at higher risk of pregnancy complications. A woman who has never had high blood pressure can develop high blood pressure during pregnancy. A woman's blood pressure may rise dramatically in pregnancy and cause problems such as impaired functioning of the liver, kidneys or blood clotting system. Fetal growth may be slowed and the placenta damaged. If blood pressure increases out of control, with or without treatment, maternal or fetal death can occur. In late pregnancy the likelihood of high blood pressure increases. The stress of labor and delivery can send the woman with high blood pressure into crisis with seizures, kidney failure, and extreme danger to the fetus. An emergency cesarean section may be needed to save both mother and fetus. These conditions are known as [Pregnancy-Induced Hypertension](#), [Pre-eclampsia](#), [Eclampsia](#), and [HELLP Syndrome](#). (See [glossary](#) for definitions).

- **Infection, especially genital or urinary infections** – Bacterial and viral infections of the genital or urinary tract can contribute to premature rupture of membranes, premature labor, or infection of the fetus or mother.
- **Diabetes** – A woman with known diabetes before pregnancy can reduce the risk of her fetus having birth defects if her blood sugars are in good control. Some women (about 9%) develop diabetes as their pregnancy advances. Too high blood glucose content can contribute to causing high blood pressure and its complications as described above. Another common result of diabetes in pregnancy is a larger than average fetus, which may result in a difficult vaginal birth or the need for a cesarean section delivery.
- **Premature labor** – Premature labor is defined as labor starting after the 20th week of pregnancy but before the full term of pregnancy (37 weeks). Sometimes premature labor can be stopped by medical treatment. If a premature birth results, there is a greater chance of the infant's death due to immature organ systems, particularly the respiratory system. The chances of survival of the infant improve the closer the pregnancy is to the due date.

The process of birth includes labor and delivery. The possible risks and complications of labor and delivery include:

- **Blood clot (embolus)** – Blood clots can become dislodged and move to smaller vessels where they block off blood flow. If blood flow to a vital organ is blocked by an embolus, the woman's death can occur very quickly.
- **Heavy bleeding** – There is always some bleeding with a birth. Heavy bleeding is more likely with a difficult vaginal delivery, the performance of a cesarean section, a large fetus, or when medical complications like high blood pressure are present. This could result in the need for a blood transfusion with its associated risks.
- **Premature birth** – In Alaska, in 2011 9.2% of births were premature. Babies born before the full term of pregnancy have much greater risk of immediate health problems. Many will catch up with full term infants by the time they are one or two years old. Some will not. Some will have lasting disabilities.
- **Infection** – Some infections of the birth canal can be passed to the baby as it is born through the vagina. An important source of infection of the mother is infection that travels up into the uterus after birth has occurred. Bacteria can directly enter blood vessels and spread throughout the body very quickly causing high fevers and chills. These infections can progress to shock and death without prompt medical care.
- **Injuries to the vagina, rectum or bladder** – When the fetus passes through the birth canal, excessive stretching can cause damage to the vagina, rectum, or bladder.
- **Cesarean section** – Cesarean section is the surgical delivery of a fetus through an incision made in the woman's abdomen and uterus. The percent of cesarean sections in Alaska in 2010 was 22.6%, the lowest rate in the United States. Commonly called "C-section", the procedure is done to relieve dangerous conditions of stress on the fetus or the woman, when the fetus is too large to pass through the birth canal, when the woman's labor is not progressing normally, and various other reasons. Any surgery poses some level of risk for problems with anesthesia, injury to the woman or fetus, bleeding or infection.
- **Rh factor incompatibility** – Protein material found on the surface of red blood cells is known as the Rh factor. If a woman and her fetus have different Rh factors, the woman must receive medication to prevent the development of antibodies that would endanger future pregnancies.

# **Fetal Exposure to Harmful Effects of Drugs or Alcohol**

## **Smoking during pregnancy**

Cigarette smoke contains chemicals that are harmful to a developing fetus. Smoking nearly doubles a woman's risk of having a low-birthweight baby. This can occur because of a slower growth rate of the fetus and because smoking can contribute to an increased risk of preterm delivery. Smaller babies have higher risk of health problems during the newborn period and of chronic problems like learning disabilities, cerebral palsy, and mental retardation. The American Academy of Pediatrics policy statement on smoking says, "Pregnant women who smoke should be aware of increased risks to their offspring, including spontaneous abortion (miscarriage), low birth weight, sudden infant death syndrome, and long-term cognitive and behavioral problems including lower intelligence and attention deficit disorder with or without hyperactivity."

## **Alcohol use during pregnancy**

There is no safe amount of alcohol consumption during pregnancy. Alcohol can damage a fetus at any stage of pregnancy. Alcohol use in pregnancy can cause permanent, life-long physical and mental birth defects. Physical defects include smaller brain size; defects in internal organs, especially the heart; and changes in facial features. However, these features can be subtle and difficult to diagnose. Alcohol use during pregnancy can result in lifelong learning disabilities. The effects of alcohol consumption during pregnancy are entirely preventable. For more information on fetal alcohol spectrum disorders (FASD), go to <http://www.dhss.alaska.gov/dbh/fas/pages/default.aspx>

## **Cocaine use during pregnancy**

Cocaine use during the early months of pregnancy may increase the risk of miscarriage. It may also cause problems for the fetus such as heart attack, serious birth defects, and stroke. Cocaine use in later pregnancy can result in premature labor by causing the placenta to detach from the uterus too soon. Any of these conditions may lead to brain damage or death of the woman or fetus or both.

Newborns that have been exposed to cocaine may start life with serious health problems such as low birthweight, mental retardation, coordination problems (such as cerebral palsy), and attention and learning problems. The effects of cocaine exposure are entirely preventable.

## **Other drugs**

Many drugs, legal and illegal, can cause unwanted fetal effects. Some addictive drugs, like heroin, can cause the fetus to become dependent on the drug and lead to very serious health consequences and fragile newborns.

## **Medications**

Some medications, like commonly used seizure medications, warfarin (commonly known as Coumadin) a blood thinning medication; isotretinoin (commonly known as Accutane) to reduce acne; certain anti-depressant medications, especially lithium; high blood pressure medication, (ACE Inhibitors like Captopril and Lisinopril); anticancer medications (Methotrexate) and antithyroid medication (Thiouracil or similar medications) and some antibiotics, can also harm

the fetus. Women using any medications, whether prescription or non-prescription, should tell their health care provider as soon as pregnancy is suspected.

# The Emotional Side of Pregnancy and Birth

Having a baby can be one of the biggest and happiest events in a woman's life. Each pregnancy and birth brings new and different feelings and experiences. Some of the most intense feelings of contentment and fulfillment may mingle with feelings of anxiety, fear, sadness or depression. If depression is left untreated during pregnancy, it can result in complications.

Immediately after a birth there is often fatigue and a period of rapid physical change. Variations in hormones can cause moodiness. Postpartum depression is a term used to describe a wide range of emotional changes that can occur after having a baby. Depression can be treated, but it must first be recognized. Depression can occur within days after delivery and may be only mild and last only a short time. This kind of depression may not need treatment. Sometimes having a supportive partner, friend, or other new mothers to talk things over with is helpful.

If feelings of sadness or anxiety do not go away or if they get worse and begin to interfere with daily activities or the ability to care for a new baby, professional help is definitely needed. In rare circumstances women with depression have harmed themselves or their baby.

# The Importance of Establishing Paternity

Establishing paternity can help provide emotional, social and economic ties between a father and his child, and can ensure that the child receives the same rights and privileges as all children. These include inheritance rights, access to the father's medical and life insurance benefits and to Social Security and veterans' benefits. The child also has a chance to develop a relationship with the father, and to develop a sense of identity and connection to the father's family. It also may be important for the child's health for doctors to know the father's medical history, especially if there is a history of medical conditions in the father's family. Alaska law does not allow a father to be named on a birth certificate if the mother is not married at conception, during the pregnancy, or at birth, unless an affidavit of paternity is completed by the parents or paternity is determined by a court. If a father is not named on the birth certificate, the father of the child cannot obtain a copy of the child's birth certificate.

## How can a father or a mother establish paternity?

Either the mother or the father may complete a voluntary affidavit of paternity. These forms are available at all hospitals in Alaska and are usually given to the mother (if she is unmarried) at the time of birth. Additional forms are available at the Bureau of Vital Statistics. The Bureau has walk-in offices in Anchorage, Juneau, and Fairbanks. The [Bureau's web site](#) has the address and a map showing the location of each office. Affidavit of paternity forms may also be requested by calling (907) 465-8601. If a parent has questions about how to complete the form, they may call the Bureau of Vital Statistics at (907) 465-8601 for assistance. A voluntary affidavit of paternity needs to be filled out and then signed by both parents.

**IMPORTANT:** The affidavit of paternity form must be signed by both the mother and the father in the presence of a notary, a postmaster, or witness. Once the form is completed and signed, it needs to be mailed to the Bureau. The address is on the form.

If the father is not willing to sign a voluntary affidavit of paternity or the mother is married but the husband is not the biological father, the mother should contact the Bureau at the number above for additional assistance.