

PREGNANCY

complicating factors

What you need to know about three common conditions—so you can get back to enjoying being preggers. by **HOLLY PEVZNER**

KIZZY JARASHOW, of Brooklyn, expected her 16-week ultrasound with baby #2 would be uneventful. Instead, she soon was surprised to learn that her placenta was completely covering her cervix. “I panicked,” she says. “I worried I’d lose the baby.” While Jarashow’s concern about her condition, called placenta previa, was totally understandable, she needn’t have been alarmed. With good prenatal care and close monitoring, most women with pregnancy complications like hers have a healthy baby, says Kecia Gaither, M.D., director of perinatal outreach at Montefiore Medical Center, in Bronx, New York. Jarashow did—and you can too. Get the facts about three medical conditions that could affect your pregnancy.

➔ Placenta Previa

This condition affects about one in 200 pregnancies, though your susceptibility is higher if you’re over 35, became pregnant via IVF, have had prior uterine surgery, or if you are a smoker.

Placenta previa is usually detected during a standard second-trimester ultrasound, as it was in Jarashow’s case, although it may also be diagnosed if you experience painless vaginal bleeding (which, if it persists, may require a blood transfusion). If the placenta doesn’t move from

covering the cervix, you may be put on bed rest. Your doctor will tell you intercourse is off limits too. Fortunately, most women with placenta previa have a safe pregnancy and delivery. And as you get closer to your due date, the chance that your placenta will move out of the way increases, especially if it’s only partially covering the cervix. By delivery time, many women who were initially diagnosed with placenta previa no longer have it. If the placenta doesn’t move, however, you’ll need a cesarean section.

➔ Preeclampsia

Sudden swelling—typically of the feet, but also of the hands and the face—vision changes, severe headaches, and upper abdominal pain are all immediate red flags for preeclampsia, a serious condition that’s generally diagnosed after 20 weeks and is marked by high blood pressure and protein in the urine. It occurs when blood vessels in the placenta restrict blood flow, which raises your blood pressure to unsafe levels and taxes your kidneys and other organs, says Mary C. Tolcher, M.D., an obstetrician at the Mayo Clinic in Rochester, Minnesota.

Preeclampsia may cause your baby to get less nourishment than he needs, which could result in a small size and premature birth. If you’re

under the age of 20 or over age 35, your doctor may already be on high alert for preeclampsia, since your chances of developing this condition are higher. The same is true if you’re carrying multiples or if you have diabetes or high blood pressure (something that all pregnant women are screened for).

Here’s the good news: With early recognition and close observation, both you and your baby should be okay, says Dr. Tolcher.

➔ Gestational Diabetes

During pregnancy, your body will naturally have increased levels of glucose, and insulin helps drive that glucose into your cells to provide extra energy for your growing baby, explains Jean Goodman, M.D., director of maternal-fetal medicine at Loyola University Health System in Maywood, Illinois. But women who develop gestational diabetes either don’t make enough insulin or don’t respond properly to insulin, or both. That can cause your baby to grow too big and put you at risk for complications such as preeclampsia, as well as increase the chances that you will need to deliver your baby via cesarean section.

Roughly 9 percent of women are diagnosed with gestational diabetes. Your ob-gyn will screen you for it with a blood test between 24 and 28 weeks. (If you have a family history of diabetes, had the condition during a prior pregnancy, are obese, or have had recurrent miscarriages, screening will likely begin at your first prenatal visit.)

If you do develop gestational diabetes, you’ll need to follow a special diet and measure your blood sugar multiple times a day. And your doctor may also require you to take medication, such as insulin or glyburide, to help regulate your glucose levels. ✕