Congratulations on your pregnancy. Although you are a beneficiary of a long established and successful procedure, it is important that you are aware of any risks and potential complications which can occur during a pregnancy following IVF treatment. Please talk to your doctor or midwife if you have any questions after reading this.

More than four million babies have been born by assisted reproductive methods since the birth of the first IVF baby Louise Brown in 1978. Once you’re pregnant, unless there are specific medical complications, your pregnancy should continue as per usual. But after all the stress of IVF treatment, it is understandable you are a little nervous about issues such as the risk of miscarriage. These fears are similar to those of many other women who get pregnant naturally.

Is my pregnancy at higher risk because it is as a result of fertility treatment?

The statistics show that spontaneous miscarriages are higher in IVF pregnancies compared to naturally conceived pregnancies, although this is strongly linked to the age of the women.

Complications later in pregnancy associated with assisted reproduction include gestational diabetes, hypertension, placenta praevia (low lying placenta),
abruption, and caesarean section deliveries, mothers with multiple pregnancies being at particular risk. Studies suggest that an IVF pregnancy does increase the risk of pre-term delivery, small birth weight babies and admission of baby to the neonatal unit.

But is it important to state that the absolute risk for these complications is small and it is generally considered that the initial causes of infertility may have a higher affect than assisted reproductive techniques themselves. For example, polycystic ovarian syndrome, which is a common cause of infertility, is in itself linked to the development of gestational diabetes.

Additionally, pregnancy complications including placenta praevia, prolonged labour, hypertension, and caesarean delivery are associated with older women. Therefore the older you are, the greater your risk of obstetric complications.

**Will my care during pregnancy be different?**

You should book early in your pregnancy and will be offered consultant led care. You may have to make more frequent visits to your doctor and midwife to check your blood pressure and dip your urine. You are also likely to have more frequent blood tests looking for diabetes and an extra ultrasound scan if there are any concerns about the baby’s growth. You will also be advised to deliver your baby in the hospital rather than at home or in a low risk birth unit.

You may be offered induction of labour around 40 weeks of gestation due to the small increased risk of still birth if pregnancy continues beyond that.

**If I have any further queries?**

You can always ask your midwife or obstetrician any further questions you may have.