HEALTH BASICS

Pregnancy - health risks

Pregnancy health risks are factors that affect the chance of complications before, during, or after pregnancy.

WHAT IT IS
Factors affecting the chance of pregnancy complications

WHERE IT COMES UP
Pregnancy planning, antenatal visits, test results, and new symptoms

WHY IT MATTERS
It guides monitoring, testing, treatment, and birth planning

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A midwife, obstetric clinician, or primary care clinician

HOW IT IS CHECKED
History, examination, blood pressure, blood, urine, and ultrasound tests

Overview

Pregnancy health risk means the chance that a health problem could affect you, the pregnancy, or the baby. It is not a disease or a diagnosis.

Every pregnancy carries some risk, but most concerns can be assessed through antenatal care. Antenatal care is the health care provided during pregnancy. It includes conversations about your health, examinations, screening tests, and plans for birth and recovery.

Risk is personal. It may be affected by your health before pregnancy, previous pregnancies, medicines, age, family history, whether you are carrying more than one baby, and findings during the current pregnancy. Access to food, housing, transport, emotional support, and health care can also affect health.

Being described as having a "high-risk pregnancy" does not mean that a complication will happen. It usually means that you may benefit from extra monitoring, specialist advice, or care in a particular setting.

How it works

Pregnancy changes how many parts of the body work. Blood volume and heart workload increase. Blood becomes more likely to clot, which helps limit bleeding during birth but also raises the chance of a harmful blood clot. Hormonal changes affect blood sugar, digestion, breathing, and the joints.

The placenta is the organ that supplies the baby with oxygen and nutrients. Its position and function can affect the pregnancy. Problems with placental development may contribute to high blood pressure, reduced growth of the baby, or bleeding.

Clinicians assess risk by putting several kinds of information together. There is no single test that measures overall pregnancy risk.

Your health history may identify conditions needing extra attention, such as diabetes, high blood pressure, kidney disease, epilepsy, heart disease, blood disorders, or a previous blood clot. Mental health conditions and previous difficulties during or after pregnancy are also relevant.

Tests may include blood pressure measurements, urine tests, blood tests, and ultrasound scans. Depending on your circumstances and local care system, you may be offered screening for infections, anaemia, gestational diabetes, chromosome conditions, or problems with the baby's growth and development.

A normal result lowers concern about the issue tested, but it cannot guarantee that no later problem will develop. Risk assessment continues throughout pregnancy and for a period after birth.

Why it matters for your health

Understanding risk helps your care team decide what monitoring and support may be useful. This might change how often you have appointments, which tests are offered, whether you see a specialist, or where giving birth may be safest.

Some risks are present before pregnancy. Others appear as pregnancy progresses. For example, gestational diabetes and pre-eclampsia usually develop during pregnancy and may not be present at an early appointment.

Risk can also change after birth. Bleeding, infection, blood clots, high blood pressure, and mental health difficulties can begin or continue during the weeks after delivery. Postnatal follow-up remains important even if the birth itself was straightforward.

Risk information should support shared decisions rather than create blame. A complication can occur even when someone follows medical advice, and having a risk factor does not mean that you caused a problem.

What can go wrong

Pregnancy health risks relate to several different conditions and situations:

Many common pregnancy discomforts, such as mild nausea or backache, are not complications. However, new, severe, or rapidly worsening symptoms deserve medical advice because symptoms alone cannot reliably show what is happening.

Seek emergency help for chest pain, severe difficulty breathing, a seizure, fainting with ongoing illness, heavy vaginal bleeding, severe abdominal pain, or an immediate risk of self-harm. Use your local emergency number.

Contact your maternity service urgently for symptoms such as a severe or persistent headache, vision changes, sudden marked swelling, fever, fluid leaking from the vagina, vaginal bleeding, regular painful contractions earlier than expected, or a clear reduction in the baby's usual movements. Do not wait for a routine appointment if you are worried that something has changed significantly.

For milder concerns that are stable, contact your maternity service or raise them at the next appropriate appointment. They can tell you whether you need an earlier assessment.

- Ectopic pregnancy: a pregnancy growing outside the uterus, usually in a fallopian tube
- Pregnancy loss: miscarriage earlier in pregnancy or stillbirth later in pregnancy
- Gestational diabetes: high blood sugar first identified during pregnancy
- Hypertensive disorders: high blood pressure conditions, including pre-eclampsia
- Venous thromboembolism: a blood clot in a deep vein or the lungs
- Placental problems: conditions such as placenta praevia, placental abruption, or reduced placental function
- Anaemia: too few healthy red blood cells, often linked to low iron
- Infection: infections affecting the pregnant person, uterus, placenta, or baby
- Preterm birth: labour or birth before 37 completed weeks
- Fetal growth problems: the baby growing more slowly or more quickly than expected
- Perinatal mental health conditions: depression, anxiety, psychosis, or other mental health problems during pregnancy or after birth

What you can do

Arrange antenatal care when you know you are pregnant. If possible, discuss pregnancy plans beforehand, especially if you have a long-term condition, take regular medicines, or had a previous pregnancy complication.

Bring an up-to-date list of prescription medicines, over-the-counter products, vitamins, and herbal products to appointments. Do not stop an important medicine without medical advice. Stopping suddenly can sometimes be riskier than continuing or changing it.

Tell your care team about previous pregnancies, operations, blood clots, allergies, mental health concerns, and significant conditions in close relatives. Ask what each offered test checks, when results will be available, and what may happen after an abnormal result.

Keep a record of appointments, test results, medicines, and contact details for your maternity service. If you monitor blood pressure or blood sugar at home, use the equipment and targets provided by your care team rather than interpreting one reading by itself.

Ask about vaccines, nutrition, physical activity, workplace exposures, travel, and any supplements appropriate to your circumstances. Recommendations may be affected by your health history, stage of pregnancy, location, and test results.

There is nothing you can do to calculate your full pregnancy risk accurately at home. Regular assessment and reporting important changes are more useful than relying on an online score.

Common questions

Does "high risk" mean something will go wrong?

No. It means the estimated chance of a complication is higher than usual or that closer monitoring may be helpful. Many people with risk factors have healthy pregnancies.

Can someone become high risk later in pregnancy?

Yes. New test findings, high blood pressure, bleeding, infection, changes in fetal growth, or other developments can change the care plan.

Does age alone decide whether a pregnancy is high risk?

No. Age can affect the chance of some complications, but clinicians consider it alongside medical history, previous pregnancies, test results, and the current pregnancy.

Does a normal ultrasound rule out all problems?

No. An ultrasound provides information about specific features at a particular time. Some conditions cannot be seen on ultrasound, and others may develop later.

Will extra monitoring prevent every complication?

No. Monitoring cannot remove all risk. It may identify a developing problem earlier and help guide treatment or decisions about timing and place of birth.

Does higher risk always mean a caesarean birth?

No. The safest type of birth depends on the specific concern, how the pregnancy progresses, the baby's condition and position, and your preferences. A risk label alone does not determine the method of birth.

Sources

- World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience
- National Institute for Health and Care Excellence. Antenatal care, NICE guideline NG201
- American College of Obstetricians and Gynecologists. Routine Tests During Pregnancy
- American College of Obstetricians and Gynecologists. Preeclampsia and High Blood Pressure During Pregnancy
- Centers for Disease Control and Prevention. Urgent Maternal Warning Signs and Symptoms
- Royal College of Obstetricians and Gynaecologists. Reducing the risk of venous thrombosis in pregnancy and after birth