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A Guide for Families Facing High-Risk Pregnancy

Checked against current guidelines by the Juniper Foundation editorial team. Not yet reviewed by a clinician.

This guide is for families who have been told their pregnancy is high-risk. Use it to keep track of your care, know the warning signs, and plan ahead. Bring it to your appointments.

What "high-risk" means

A high-risk pregnancy is one where the pregnant person, the baby, or both need closer watching. According to the National Institute of Child Health and Human Development (NICHD), a pregnancy may be high-risk because of a long-term health condition such as diabetes or high blood pressure, an infection, a problem in a past pregnancy, something that comes up during this pregnancy, or the parent's age and lifestyle.

High-risk does not mean something will go wrong. It means your team wants to see you more often, so they can spot changes early.

People who may be on your team

- **Obstetrician or midwife:** your main pregnancy care provider
- **Maternal-fetal medicine (MFM) specialist:** a doctor with extra training in complicated pregnancies
- **Neonatologist:** a doctor who cares for sick and premature newborns, and who can meet you before birth
- **Nurses, ultrasound staff, and genetic counselors**
- **Social worker:** help with work leave, insurance, lodging, and other practical needs
- **Mental health professional:** support for stress, anxiety, or depression

Keeping track checklist

- A calendar of all appointments and tests
- A current list of your medicines and allergies

- Your diagnosis, written down by your care team
- Any home readings your team asked for, such as blood pressure or blood sugar
- Phone numbers for your care team, including nights and weekends
- The hospital where you plan to deliver, and whether it has the level of NICU your baby may need
- A running list of questions for your next visit

Warning signs: call 911 or go to emergency care

The CDC lists these urgent maternal warning signs. They can happen during pregnancy and up to a year after birth, unless noted:

- Headache that will not go away or gets worse over time
- Changes in vision, such as blurring, flashes of light, or blind spots
- Dizziness or fainting
- Fever of 100.4°F (38°C) or higher
- Extreme swelling of the hands or face
- Trouble breathing
- Chest pain, or a racing or irregular heartbeat
- Severe belly pain that does not go away, or severe nausea and vomiting
- Your baby moving less, or not moving
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy bleeding after pregnancy, such as soaking a pad in an hour or passing large clots, or bad-smelling discharge
- Swelling, redness, or pain in a leg or arm, usually on one side (during pregnancy and up to 6 weeks after birth)
- Thoughts of harming yourself or your baby
- Sudden, severe tiredness or weakness, or feeling very sad after having a baby

If you are not sure whether a symptom is serious, call your care team right away. Tell anyone caring for you that you are pregnant, or were pregnant in the past year.

Planning ahead

- Ask whether you can meet a neonatologist and tour the NICU
- Pack a hospital bag early
- Decide who will care for other children or pets on short notice
- Ask your employer, in writing, about leave options
- Choose one person to share updates with family and friends

Caring for your feelings

Worry is a normal part of a high-risk pregnancy. Ask to be screened for depression and anxiety. If you are in crisis, call or text 988.

Where to learn more

- High-risk pregnancy
- Questions to ask your specialists
- Know the Signs
- NICHD: High-Risk Pregnancy, nichd.nih.gov/health/topics/high-risk
- CDC Hear Her: Urgent Maternal Warning Signs, cdc.gov/hearher

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