

Raised Maternal Age in Pregnancy

Introduction

Pregnancy in older women is becoming more common. Women should be aware of the associated risks so in consultation with the obstetric/midwifery team a plan for care can be adjusted to meet an individual's needs.

Definition

'Older' maternal age is considered to be 40 years and over.

The risks

Most older women have a healthy pregnancy, however there is an increase in risks to both mother and baby. The size of the risk varies depending on specific risk factors, associated medical conditions and previous obstetric history.

On its own maternal age can account for the following problems:

Risks for mother

There is an increased chance of:

- Venous Thrombosis (blood clots)
 - Gestational Diabetes^(1,7,8)
 - Hypertension (x 2 increase)^(1,2,7)
 - Caesarean Section rate 🕒 (2-7 fold increase)^(1,5,7,9)
 - Subfertility (x 4 reduction in fertility ≥ 45 years)⁽²⁾
 - Placenta Praevia
 - Placental Abruption
- } Both of these can cause significant bleeding^(1,7,8)

- Prolonged Labour
- Instrumental Delivery

Risks for baby

There is an increased chance of:

- Stillbirth^(3,4,6-8)
- Miscarriage (50% in women older than 40 years, ≤ 90% at 45 yrs)^(1,2)
- Chromosomal abnormalities, particularly Down's Syndrome^(1,2)
- Low birth weight^(1,2,7)
- Large for gestational age^(1,7)
- Preterm delivery^(1,2,9)

In order to reduce these risks we make the following recommendations:

Pre-pregnancy

- Optimise control of pre-existing medical conditions.
- Folic acid 400mcg daily.
- Stop smoking. Seek referral to the 'Stop Smoke Service'
- Reduce weight if overweight (ie BMI over 30).

Antenatal care

- Consultant-led clinic to plan individual care.
- Offer First Trimester Downs Screening.
- You may be offered repeat growth scans at 28 and 35 weeks..

Delivery

We would recommend delivery at the RD&E Hospital even if there are no other risk factors, other than your age, that might complicate the delivery.

You will have an opportunity to discuss this with the medical team at your clinic appointment.

Timing and mode of delivery

How and when you deliver will very much depend on your individual circumstances and will be tailored to suit your needs.

You may be offered induction from 38 weeks, or in certain cases a caesarean section.

Should you decide to await events beyond 40 weeks you will be offered regular fetal surveillance in our FMAU department.

During labour

Continuous fetal monitoring is advised.

Active management of the third stage of labour is recommended to assist in the delivery of the placenta and reduce the risk of post partum haemorrhage.

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