

Problems of Older Maternal Age and Pregnancy Outcome

Rachana Chibber, FRCOG*

Objective: To examine pregnancy outcome at age 40 and older.

Setting: King Fahd University Hospital, Al-Khobar.

Methods: The study population consisted of women who delivered at age 40 or over between January 1995 and December 2002. The control population was women who delivered between age 20 and 29 years during this 8 year period.

Results: Thirty one thousand and eight hundred women delivered during the study period. One thousand two hundred and seventy two (4%) women were age 40 or older, of which 1202 (3.7%) were included this study, of these 254 (21%) were nullipara. The cesarean delivery rate for these patients was 42.0%, while multipara women it was 26.0%. In the control group cesarean rate was 19.5% for nullipara and 12.8% for multipara women. In the older age group the operative vaginal delivery rate was 11.2% for nullipara and 4.6% for multipara women compared to 5.3% and 2.0% respectively among the younger group. The following rates were significantly higher among older nulliparas: asphyxia 5%, growth retardation 2%, malpresentation 7% and gestational diabetes 6% compared with younger nullipara controls (2.5, 1, 2.5, 1.8% respectively). There was similar significant increase among older multipara compared with younger multipara controls. Birth weight of infants delivered by older nullipara women were significantly lower than that among younger nullipara controls ($P<.01$). However, mean birth weight in the group of older multipara was no different than that of younger multipara controls. Gestational age at delivery was significantly lower among older nullipara, compared with younger nullipara controls ($P<.01$), and similarly lower among older multipara, compared with multipara controls.

Conclusion: Women aged 40 or over have a higher risk of operative delivery than younger nullipara women. Rates for birth asphyxia, growth restriction, malpresentation and gestational diabetes were significantly higher among older nullipara respectively compared with younger nullipara controls. There were similar significant increases among older multipara compared with younger multipara controls. Birth weight of infants delivered by older nullipara women were significantly lower than younger nullipara controls ($P<.01$). Gestational age at delivery was significantly lower among older nullipara, compared with younger nullipara controls ($P<.01$), and similarly lower among older multipara, compared with multipara controls.