

Single Centre Experience of Peri-Partum Outcomes in the Very Advanced Maternal Aged Cohort

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1. Introduction

With advances in reproductive techniques and technology, the number of women giving birth over the age of 45 is higher than ever and continues to increase. According to the Office for National Statistics, the number of live births in this age group increased by over 250% from 2000-2020¹.

It has long been recognised that advanced maternal age is an independent risk factor for poorer maternal and fetal outcomes at the peripartum stage². By identifying the characteristics of those patients with very advanced maternal age, we can explore how to specifically improve outcomes for this potentially high-risk group.

2. Objectives

To identify the characteristics of our very advanced maternal aged cohort (≥ 45 years) and analyse the maternal and foetal outcome.

3. Design

A retrospective study of electronic notes was conducted over the period of 2019-2021. As the numbers involved in this cohort are small, a retrospective study was the most effective way to collect meaningful data over the timeframe of the COVID-19 pandemic.

4. Method

This study was undertaken at University Hospital Lewisham, a District General Hospital situated within London, with a large ethnic minority population. The electronic patient records system (iCare) provides an integrated database of all patient notes, investigations and clinic letters. All mothers aged 45 years and over at the time of delivery were identified and their records analysed (n=63) in the time period from January 1st 2019 to June 30th 2021. The data fields were identified and collected using Microsoft Excel. All statistical analysis was performed using Microsoft Excel

6. Conclusions

1. Advanced maternal age, coupled with other comorbidities such as obesity, multiple pregnancies and the use of assisted conception requires closer monitoring and early intervention by the obstetrics and medical teams.
2. The most important measure is optimising maternal health pre-pregnancy, which in our cohort was suboptimal. In response to this we have set up a pre-pregnancy counselling clinic.

5. Results

Ethnicity Patient Demographics

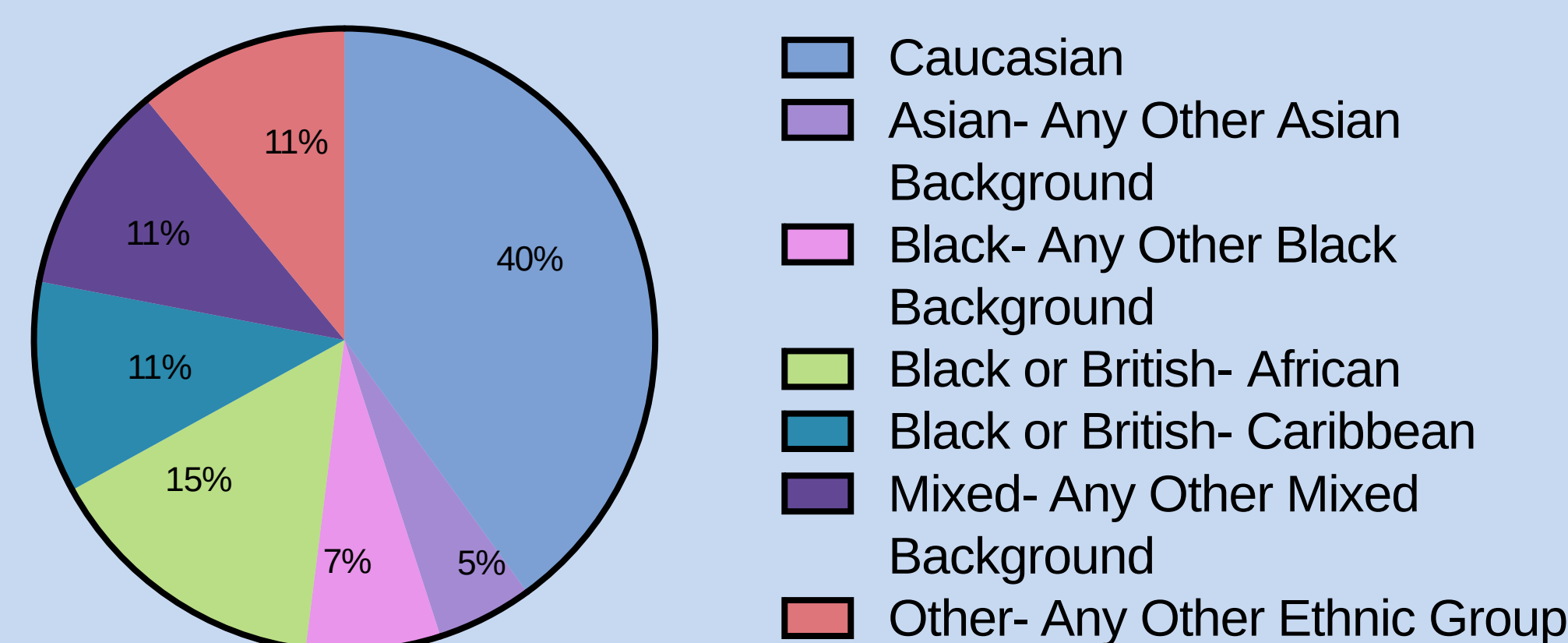


Figure 1. The most common ethnicity was Caucasian (40%), followed by Black or British African (15%).

Antenatal and Intrapartum Outcomes

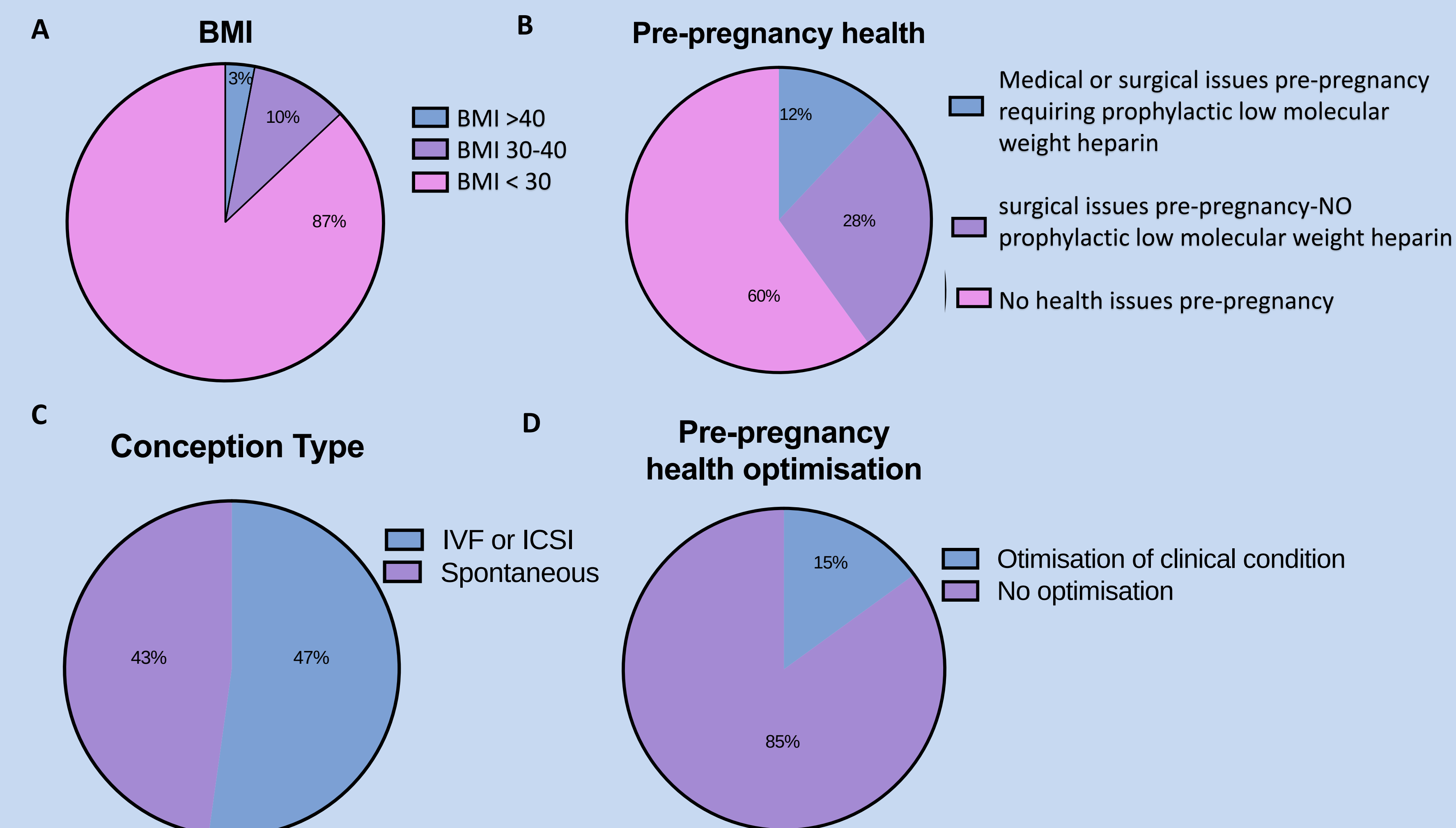


Figure 3. 13% of women were obese (BMI>30) with 20% of these being morbidly obese (BMI>40). 40% of women had pre-pregnancy medical/surgical issues, resulting in 12% of woman taking prophylactic low molecular weight heparin. 47% of women required assisted conception and 85% did not have preconception optimisation of their clinical condition.

Postnatal Complications

Bed Level Required Postnatal

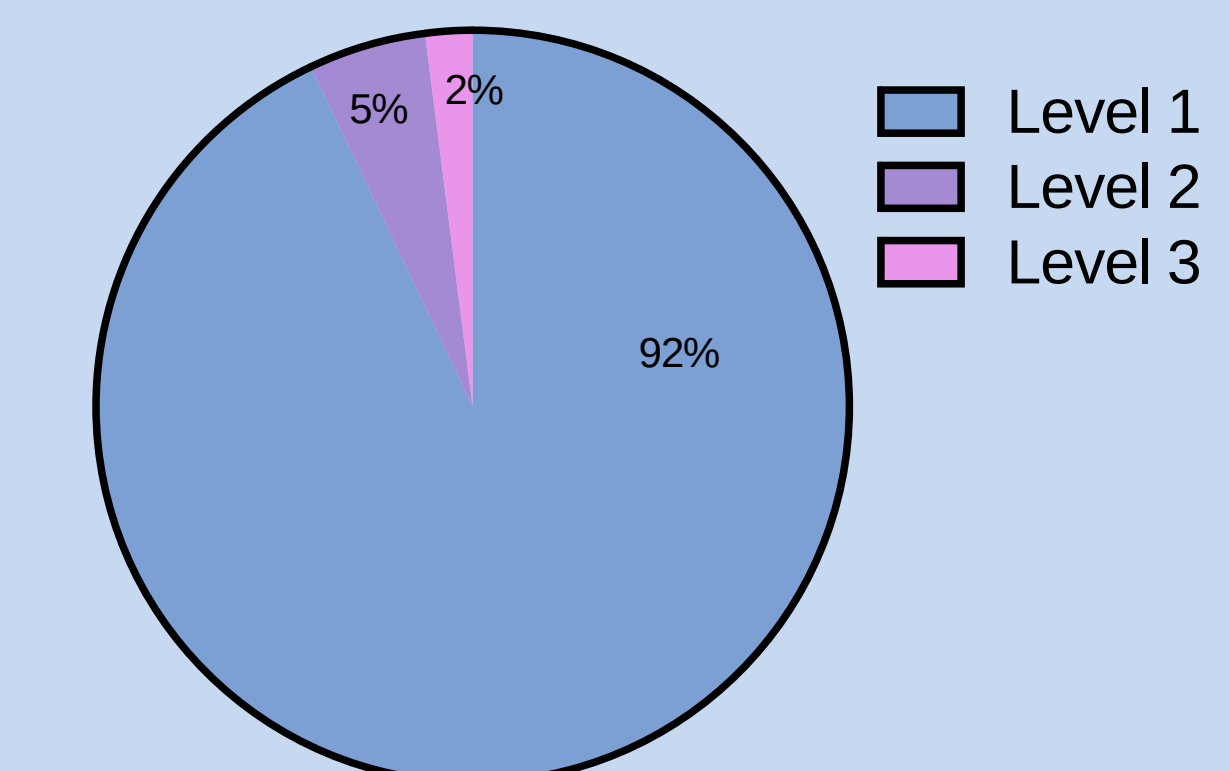
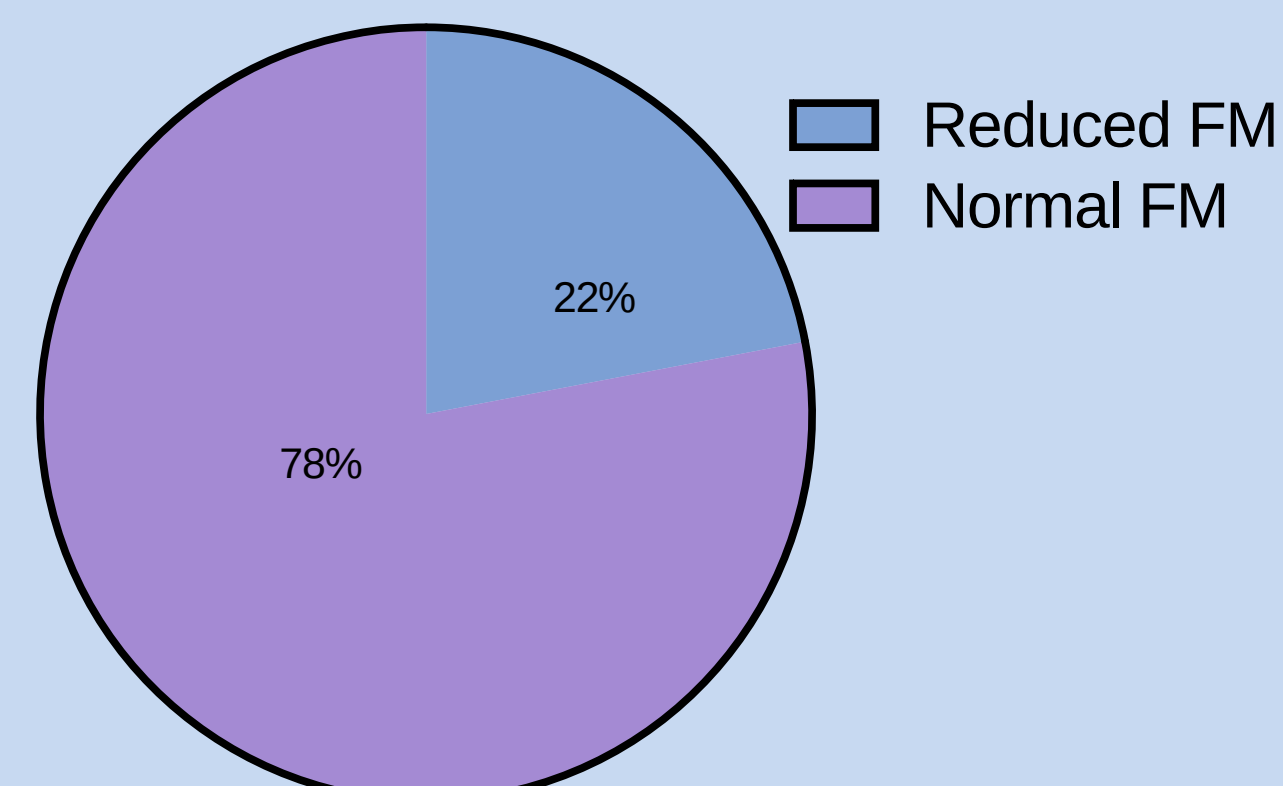


Figure 5. 8% women post delivery were managed on a Level 2 or 3 bed due to post partum haemorrhage, acute kidney injury and cardiac arrest

A Fetal Movements in Pregnancy



B Rate of IUGR

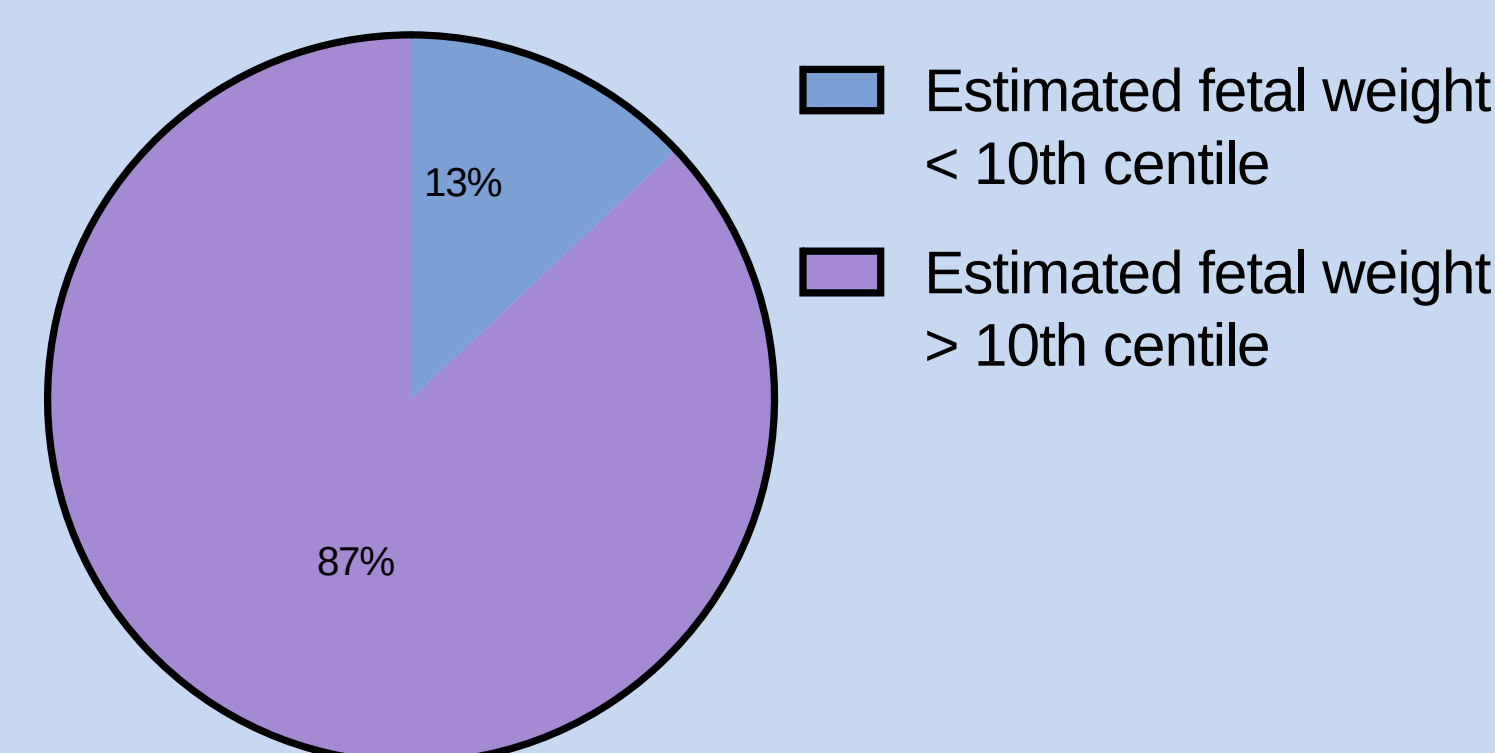
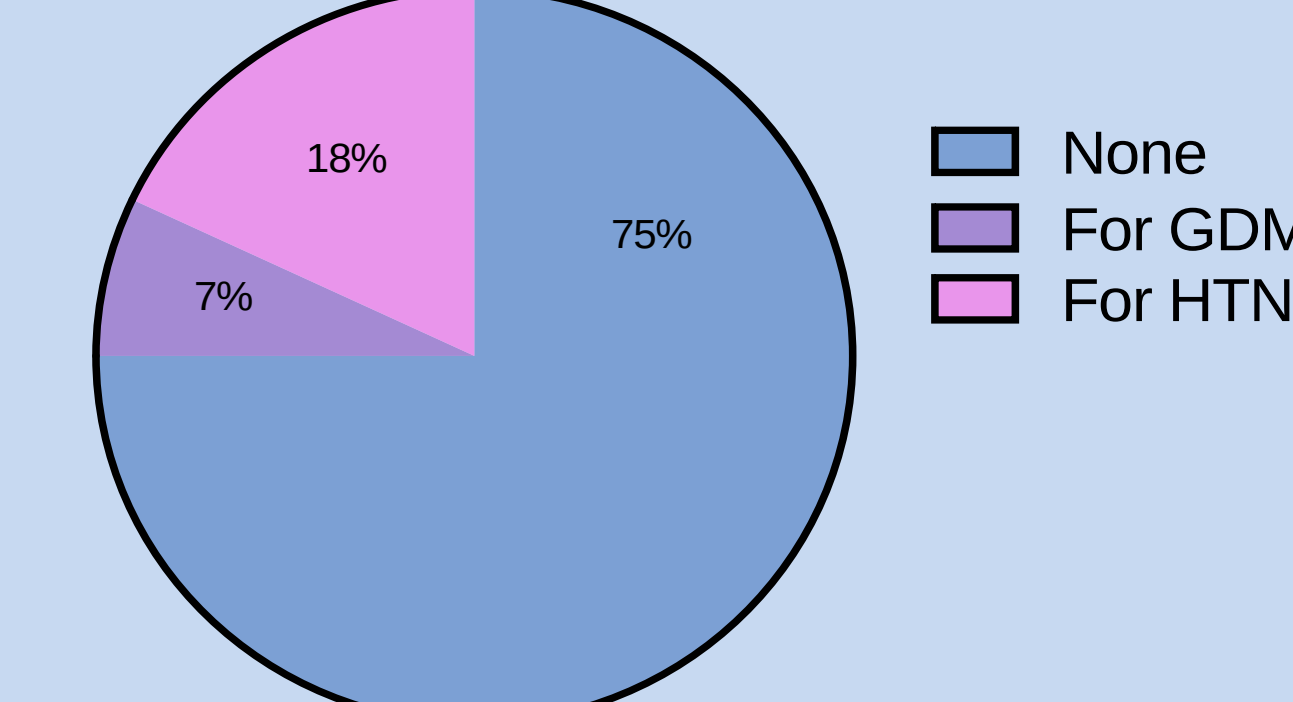


Figure 4. 22% women reported reduced fetal movements, whilst 13% had IUGR.

C Requirement for Enhanced Care



D Mode of Delivery

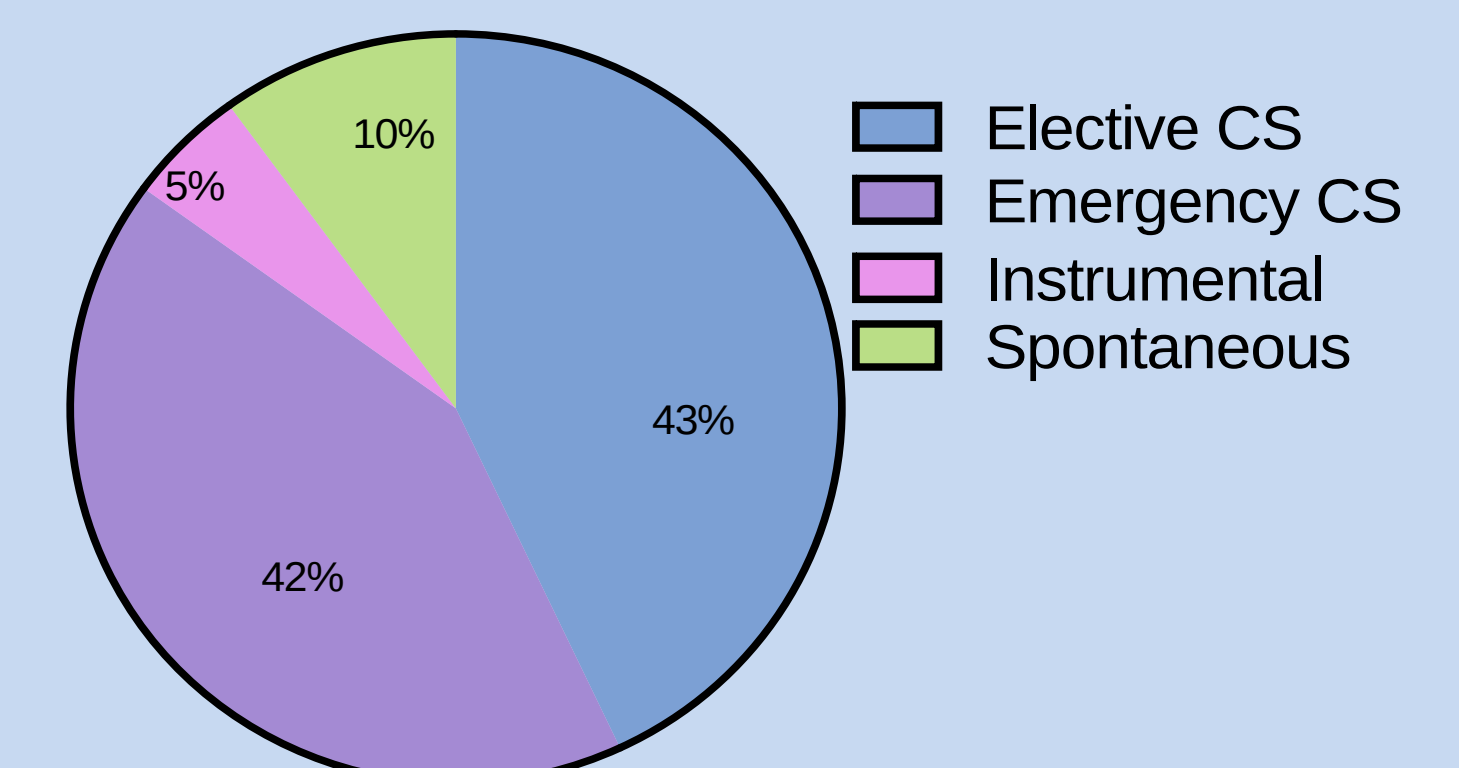


Figure 4. Enhanced care was required in 18% of mothers due to hypertension and 7% due to gestational diabetes. 85% had a caesarean section, of which 50% were planned. Of the remaining 15%, 5% required Kiwi delivery.