

Retrospective review of obstetric outcomes in women over 45 years old



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Objective & design

- Pregnancy in women over 45 years old is associated with a greater risk of adverse outcomes including intrauterine growth restriction, gestational diabetes, hypertensive disorders and caesarean section
- We reviewed the pregnancy outcomes of all women over 45 years old who delivered at Kingston Hospital between January and December 2022
- Electronic patient records were reviewed to identify body mass index (BMI), parity, use of assisted conception (IVF), presence of preeclampsia and gestational diabetes (GDM), use of aspirin, induction of labour (IOL), mode of delivery, gestation at delivery and estimated blood loss (EBL)

Results

Number: 45 women over 45 years old were identified	Gestational diabetes: 14/45 women developed GDM including 5 women who did not undergo routine 28/40 testing and developed GDM after 32/40 weeks. 6 women required insulin therapy.	Mode of delivery: 39/45 women were delivered by caesarean section; 24 elective and 15 emergency. 6/45 women achieved a spontaneous vaginal delivery; 4 of which were multiparous
Parity: just under half were nulliparous		Blood loss: median blood loss for caesarean section was 725mL (IQR: 500-1200mL)
BMI: the median BMI was 25 (IQR: 23-30)		Birth weight: median birth weight was 3325g (IQR: 2975-3590g)
IVF: 34/45 pregnancies were achieved through IVF, of which 4 were multiple pregnancies		
Aspirin: most women were on aspirin from 12 weeks	Induction of labour: all 8 women who were induced had a caesarean section	
	Postpartum: one woman experienced a secondary postpartum haemorrhage and required a hysterectomy	

Conclusions

- Local data suggests that women over 45 years old have a high rate of caesarean section, with a reduced success rate of IOL, particularly in nulliparous women
- These women are also more likely to have GDM and therefore the trust guideline has been amended to offer these women a routine oral glucose tolerance test at 28 weeks
- We did not find a significant increase in postpartum haemorrhage or intrauterine growth restriction