

Pregnancy in the Fifth Decade and beyond : Insights from a District Hospital

Joy Eddyeffiom¹, Suad Hirsi-Farah¹, Nada Mohamed¹, Laxmi Saha¹, Jamila Immad¹
1. George Eliot Hospital, Nuneaton, United Kingdom

**RCOG WORLD
CONGRESS 2025**
23-25 June 2025 | ExCeL London



Background

Pregnancies in very advanced maternal age (VAMA), defined as maternal age of 45 years and above, are increasing in clinical practice due to advances in assisted reproduction, increase in women's education, and labour market participation. These pregnancies are associated with significant maternal and neonatal risks. The study aimed to highlight management strategies, clinical challenges, and outcomes to guide future care in this unique demographic.

Method

A case series retrospective review of five pregnancies in women 45 years and older, managed at a District General Hospital between 2020 and 2022, were conducted using their clinical records.



Contact:

joy.eddyeffiom@geh.nhs.uk



Results

- ❑ **Case 1:** A 51yrs with IVF conception, BMI 33, GDM, pre-eclampsia, and severe FGR, had CS at 32 weeks. The infant required tertiary neonatal care.
- ❑ **Case 2:** A 48yrs with uterine fibroids, GDM and breech, had planned CS.
- ❑ **Case 3:** A 45-yrs with spontaneous conception, Type 2 diabetes, developed severe pre-eclampsia at 36weeks and delivered via CS
- ❑ **Case 4:** A 47yrs with spontaneous conception developed polyhydramnios at 35weeks. She delivered vaginally at term.
- ❑ **Case 5:** A 45yrs with hypothyroidism and recurrent miscarriage conceived via ART. She developed polyhydramnios and delivered a 4160g infant via CS at 39weeks.

Discussion

Hypertensive disorders, GDM, FGR, polyhydramnios, and caesarean delivery were prominent complications, underscoring the need for early identification and multidisciplinary care. Despite four cases requiring caesarean delivery and two preterm births, neonatal outcomes were favourable, with no significant complications reported

Conclusion

Pregnancies in VAMA are high-risk but can achieve positive outcomes with vigilant monitoring, management and delivery in centres with appropriate expertise. Findings from this series support the need for ongoing research to evidence-based care pathways for these growing demographic.