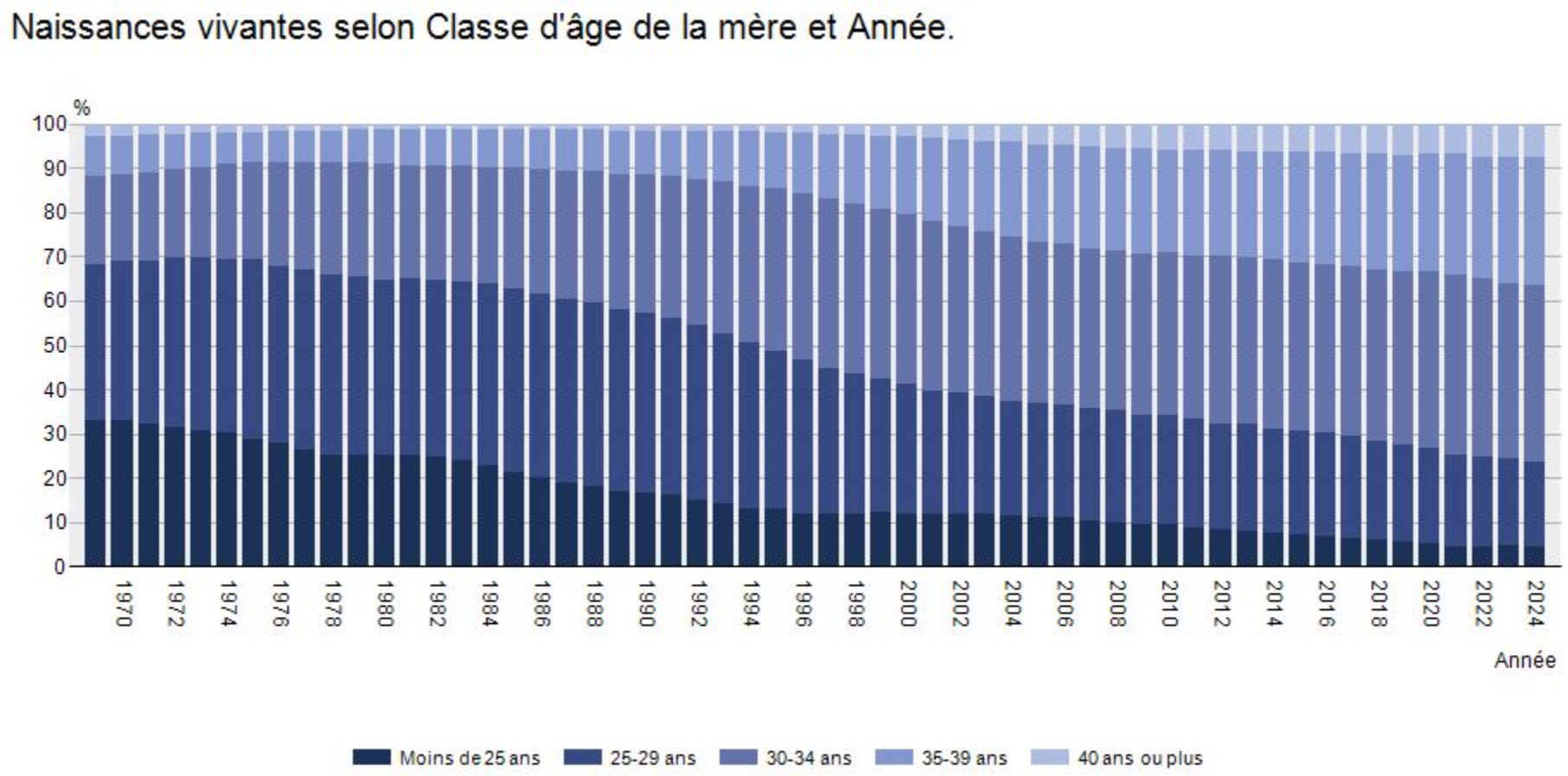
Geriatric pregnancies: Is it really that significant?

Introduction

- Small introduction
- Let’s know each other
- What do you expect from this session
- Whats does “geriatric pregnancy” means for you?

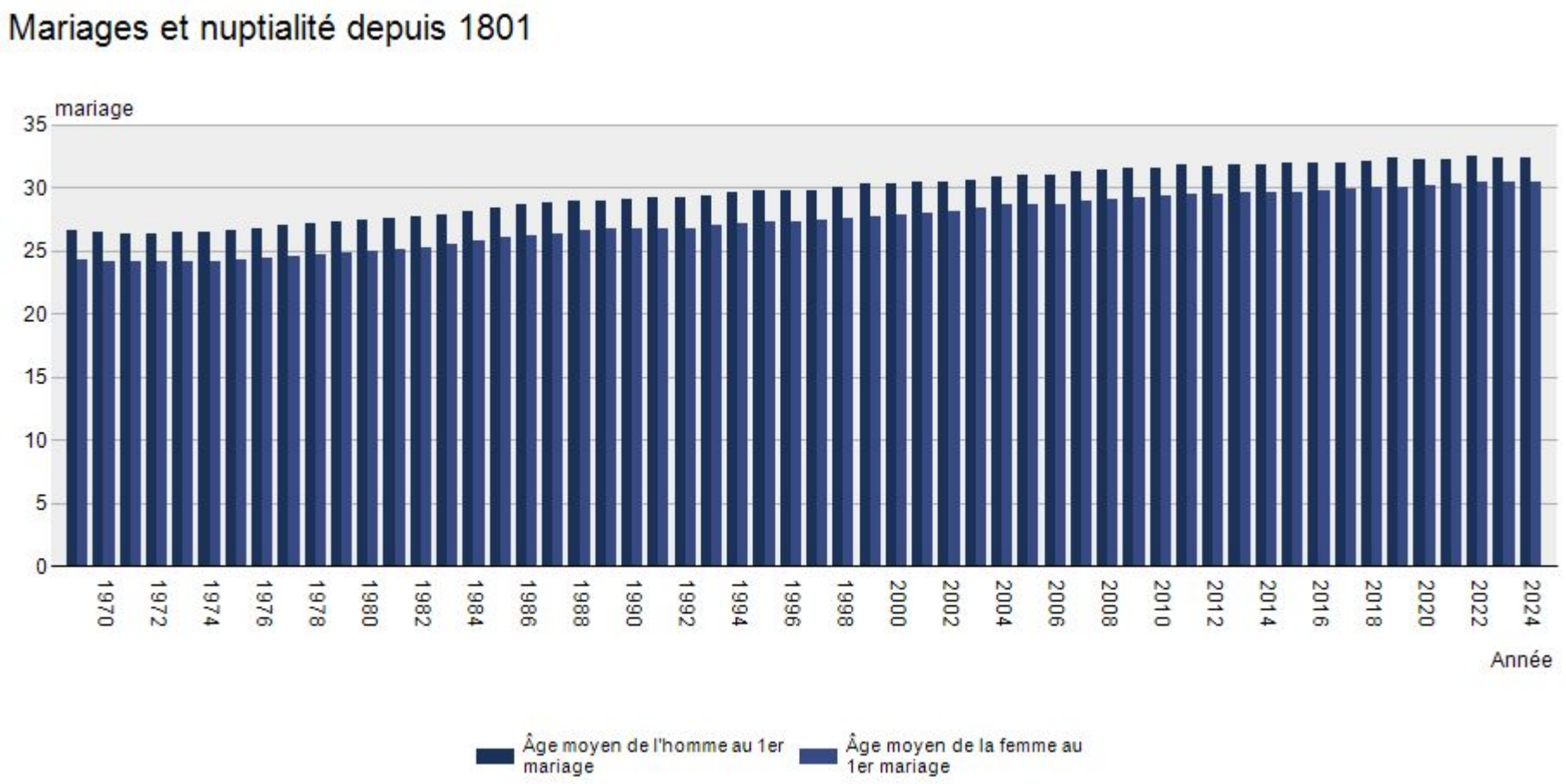
Age of new mothers



>⅓ of babies have mother >35 years

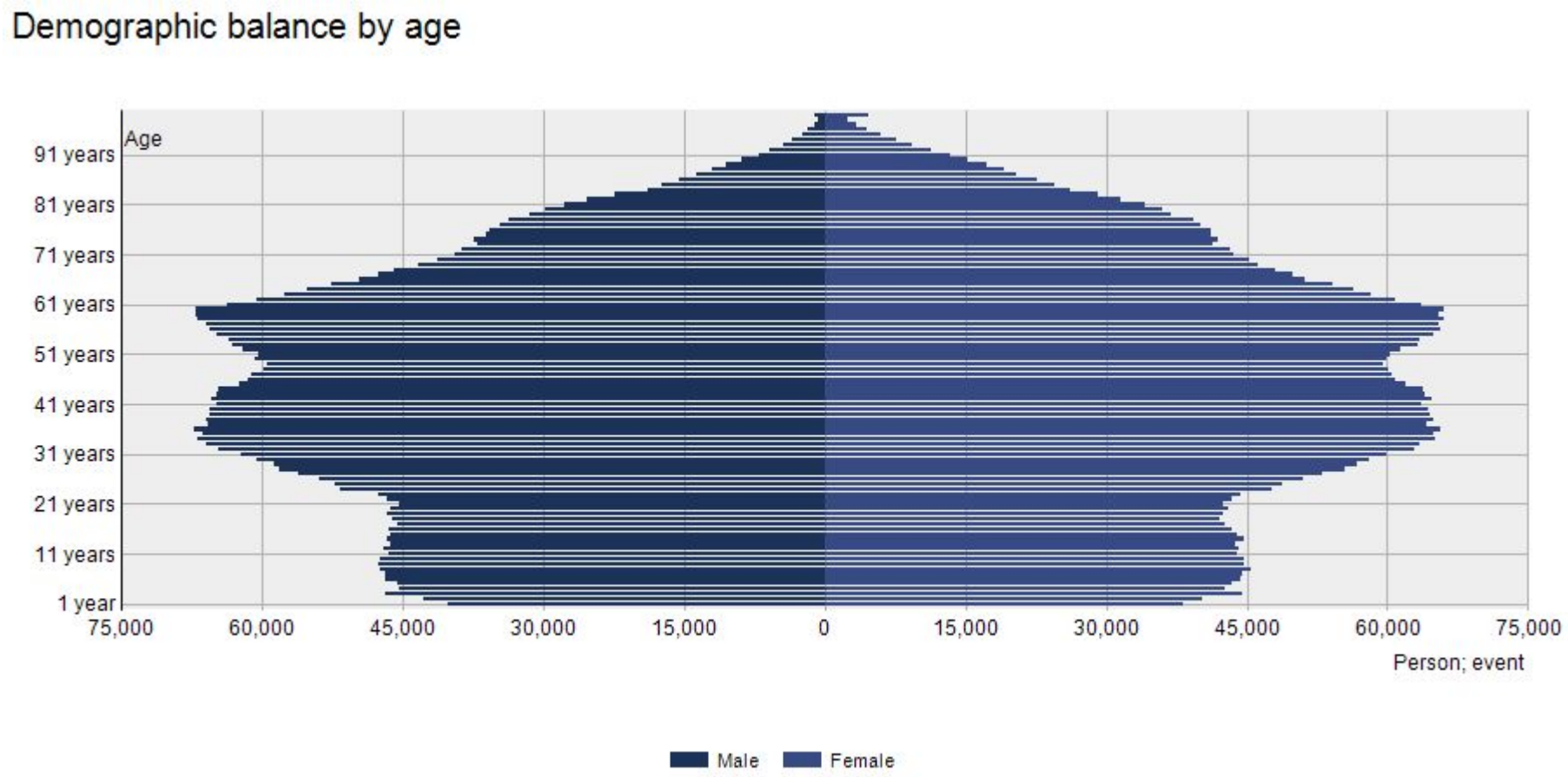
Federal Statistics office

Age of new mothers



Federal Statistics office

Age of new mothers



Federal Statistics office

Age of new mothers

- Increase in women between 35 and 50
- Later marriage
- Second marriage
- Divorce
- Reliable contraception
- Better assisted reproductive technology
- Better opportunities for career and high education

UpToDate

Age of new mothers - their perception

- (Article from 2010)
- Three groups:
  - Consider themself informed but surprised
  - Non informed
  - Informed and made a conscious decision
- More informed about difficulties of conception than pregnancies related risks
- “It won’t happened to me”

International Journal of Nursing Studies

Bad medical consequences (Comparison group: 25-29)

- Hypertension
  - preeclampsia x2 for >40
- Diabetis x3-4 for >40
- Pregnancy loss x4 for >40
- Placenta praevia x10 for >40
- Ectopic pregnancy
- Multiple gestation
- Cesarean
  - Via labor abnormality
- Maternal mortality x4 for >40
- Chromosomal abnormality
- Genes abnormality
  - Autism?
- Congenital malformations up to x2.5 for >35
- (low birth weight, preterm birth)
- Fetal death (65% increase for >35)

UpToDate

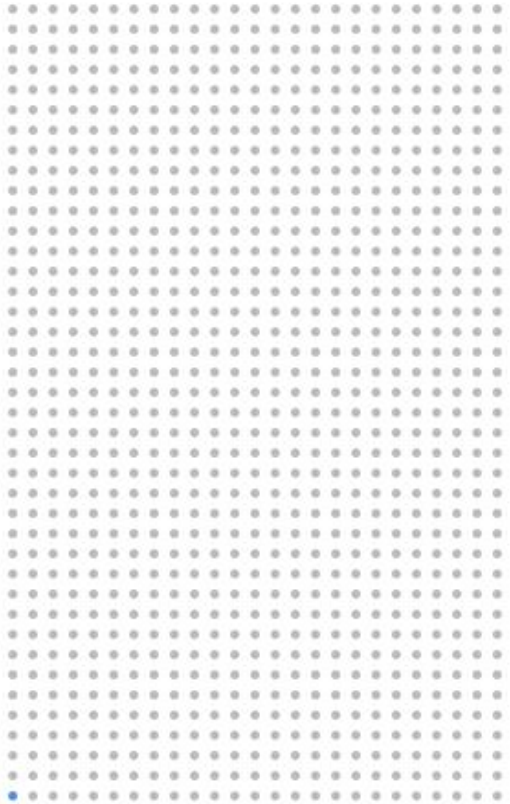
One word on statistics

5 out of 100 people like you will develop X

95 out of 100 people like you will NOT develop X

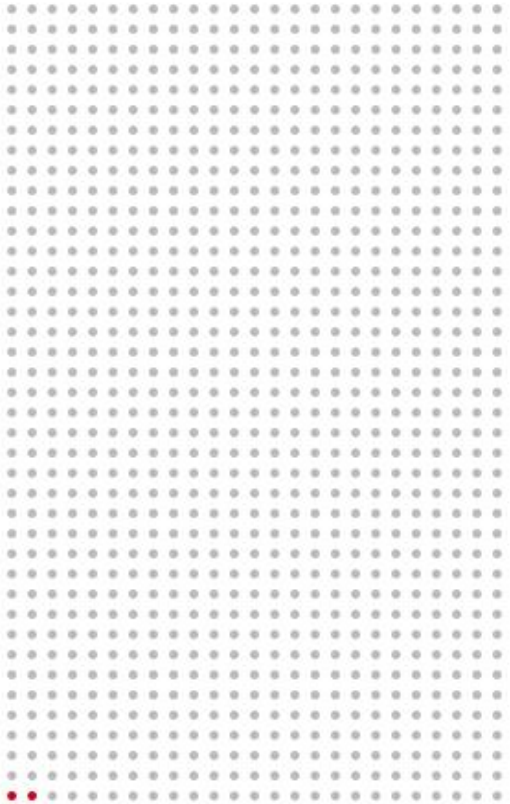
10 out of 100 people like you will develop X

90 out of 100 people like you will NOT develop X



1 out of 1000 people like you will develop X

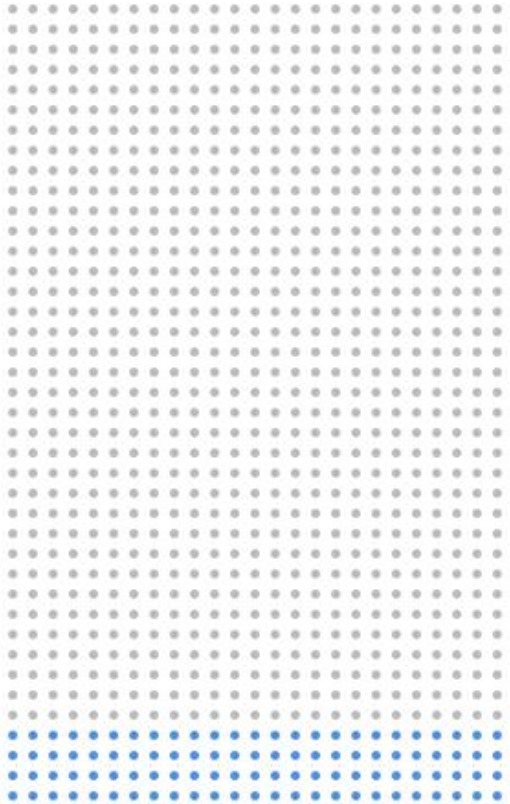
999 out of 1000 people like you will NOT develop X



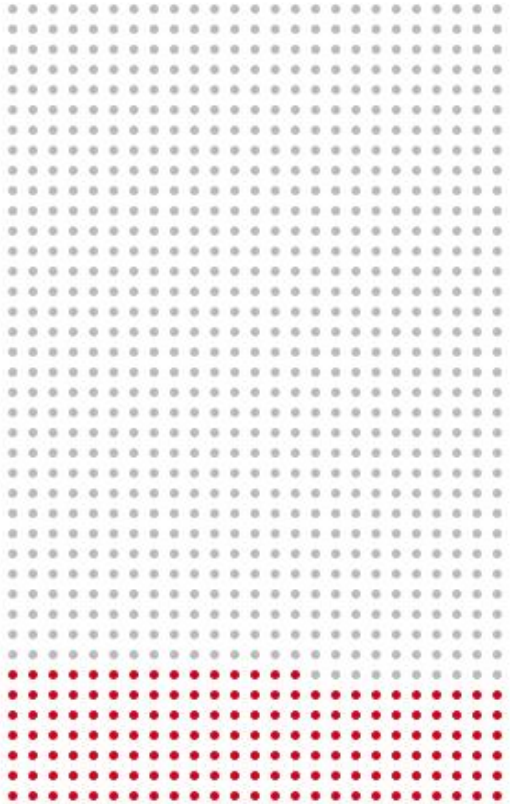
2 out of 1000 people like you will develop X

998 out of 1000 people like you will NOT develop X

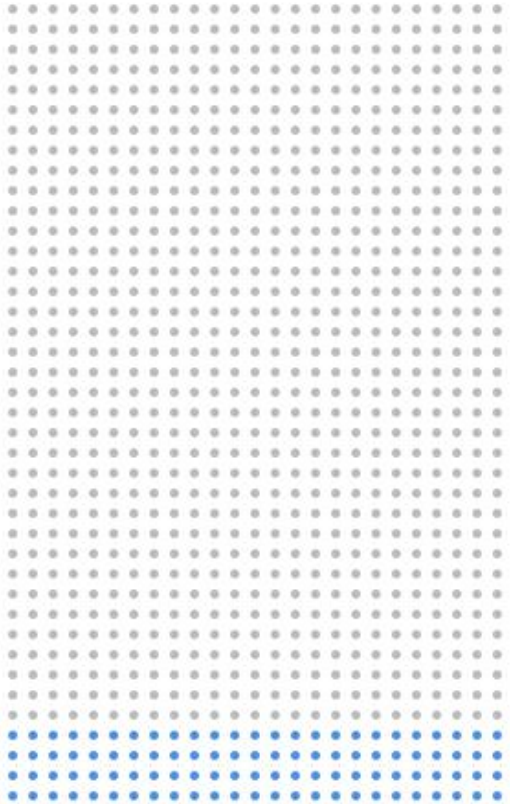
One word on statistics



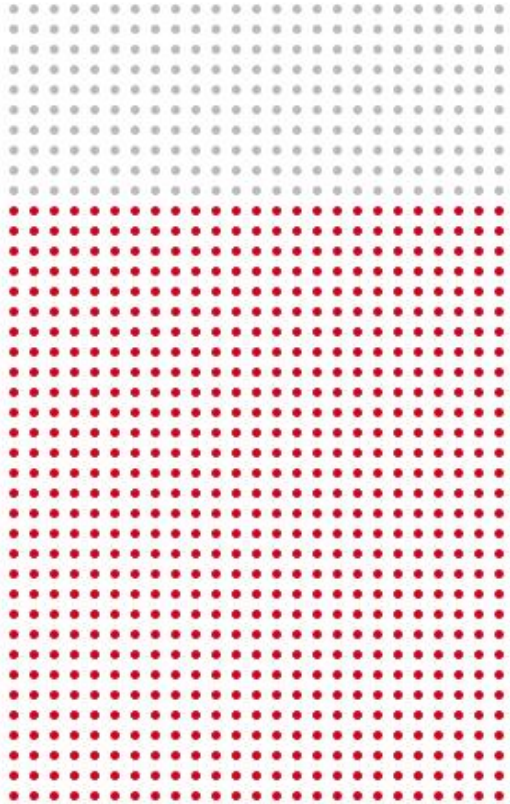
- 100 out of 1000 people like you will develop X
- 900 out of 1000 people like you will NOT develop X



- 165 out of 1000 people like you will develop X
- 835 out of 1000 people like you will NOT develop X



- 100 out of 1000 people like you will develop X
- 900 out of 1000 people like you will NOT develop X



- 750 out of 1000 people like you will develop X
- 250 out of 1000 people like you will NOT develop X

Bad medical consequences (Comparison group: 25-29)

- Hypertension
  - preeclampsia x2 for >40: 3-4% to 5-10%
- Diabetis x3-4 for >40: 3% to 7-12%
- Pregnancy loss x4 for >40: 10% to 40%
- Placenta praevia x10 for >40: 0.03% to 0.25%
- Maternal mortality x4 for >40: 14/100’000 to 90/100’000
  - For comparison 14/100’000 death in car crash per year
- Fetal death (65% odds increase for >35)

UpToDate

What can we do?

- Routine prenatal care
  - US for fetal abnormalities
- Earlier screening for diabetes
- If at least one moderate risk factor, aspirin
- Timing of delivery
  - Tradeoff between stillbirth and neonatal mortality

UpToDate

Non medical consequences

- Age of grandparents
- Lack of pair support
- Society consideration
  - Minority stress

UpToDate

Good effects of AMA (controversed)

- About the children:
  - Increase independence
  - Increase ability
  - Financial and emotional stability
  - Decrease physical punishment
  - Decrease in sudden infant death
  - Decrease in neonatal mortality
- Post partum depression
  - Contradictory, higher risk of depression but lesser symptoms

International Journal of Nursing Studies
Journal of Affective Disorders

Conclusion

You don't use science to show that you're right, you use science to become right.
R. Munroe

- Thank you
- Questions?
- Did your perception changed?

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