The older obstetric patient; Outcome of delivery for women over 40
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Objective
The average age of first childbirth is increasing and currently stands at 30 years of age in England and Wales. Over the last 5 decades the number of children born to those over 40 has increased nearly 10 fold from 3,055 in 1959 to 29,994 in 2012. There is a continuum of risk for both mother and baby with rising maternal age. The management of women over 40 and the outcomes in pregnancy and delivery are thus of utmost importance. In the UK the Royal College of Obstetricians and Gynaecologists (RCOG) suggest that there is an argument for offering induction at 39–40 weeks of gestation to women ≥ 40 years of age. The RCOG also states that women ≥ 40 years of age have a similar stillbirth risk at 39 weeks of gestation to women in their mid 20s at 41 weeks. We carried out a retrospective cohort study looking at delivery outcomes of women over 40 delivering in our hospital over a 5 month period. The aim of this study was to review the delivery outcomes of a cohort of women 40 years and over.

Methods
Whipp’s Cross University Hospital is a busy district general in London with over 5000 deliveries per year. During our 5 month study period 5.4% of our unit’s deliveries were by women aged 40 and over (66 women). We conducted a retrospective study looking at the pregnancy and delivery outcomes in this cohort of women. Information was obtained from ‘Cerner’, our online database as well as from patient notes for all deliveries between June and October 2013. A proforma was designed and completed for each individual, including data such as patient basic demographics, obstetric history, antenatal care, mode of delivery and outcomes.

Results
66 case notes were analysed. The average age of the women was 42 (40 - 51), 23% of which were nulliparous (n=15). There were no stillbirths noted in our study, however five women had a history of previous stillbirth. Our cohort included 3 sets of twins and 63 singleton pregnancies (of which 5 were breech). The average birthweight was 3.22kg (1.5kg - 4.8kg), with an average gestation at delivery of 39 weeks (34+2 to 40+14). The 10 minute Apgar scores of all infants born were either 9 (n=26) or 10 (n=43). Ten babies were admitted to the Special Care Baby Unit (3 preterm infants, 4 twins, 1 prolonged SROM and 2 for unknown reasons). The Caesarean section rate amongst our patient cohort was 44% (n=29). This is much higher than the average rate across all ages of 25.5% in England and Wales. 14 of these were elective (ELCS) (21%) and 15 emergency (EMCS) (23%). The rates of ELCS and EMCS across all age groups in England and Wales is 10.7 vs 14.8%. The instrumental delivery rate was 6% (n=4) and 50% (n=33) of women achieved a spontaneous vaginal delivery. In terms of pregnancy complications, nine women had documented gestational diabetes (7 diet controlled, 2 requiring metformin) and 1 woman had type 1 diabetes. There were 4 cases of pregnancy induced hypertension, of which 2 were documented as PET. Four women conceived using IVF. 36% of women went into spontaneous labour (n=24) and 39% were induced (n=26). Two women (3%) had an emergency caesarean without IOL or spontaneous labour, for raised blood pressure. Of those inductions 54% (n=14) had a svd, 38% (n=10) had EMCS and 8% (n=2) had an instrumental delivery. Indications for induction were maternal age (n=13), post-dates (n=5), gestational diabetes (n=5), prolonged SROM (n=1), raised blood pressure (n=1) and small for gestational age (n=1). The average estimated blood loss was 558ml (range 150-3500mls). Only two of 66 women were documented smokers.

Conclusion
Women over the age of 40 have good outcomes and many go into spontaneous labour. The main reason for induction of labour of women aged 40 and over is maternal age. There was a higher rate of caesarean section in women over 40 compared to the national average across all ages (44% vs 25.5%). It may be useful to have antenatal clinics dedicated to women over 40 so they have appropriate counselling, advice and care in their pregnancy.