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Risk of pregnancy-associated morbidities such as hypertension, diabetes, hypothyroidism and adverse perinatal outcomes in elderly women (age ≥ 35 years) in comparison to controls (age 25 to 30 years)**Swadha Kotpalliwar**

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Objective: To evaluate the risk of pregnancy-associated morbidities such as hypertension, diabetes, hypothyroidism and adverse perinatal outcomes in elderly women (age ≥ 35 years) in comparison to controls (age 25 to 30 years).

Methods: All women delivered in Fernandez hospital in 2015 were eligible for the study. Those with age 35 years or more at conception were considered as cases, for each case a control was chosen matching for date of birth (the immediate next delivery), singleton pregnancy and parity status (primi or multi). The outcomes of the study included adverse pregnancy outcomes (PIH or diabetes or hypothyroidism), delivery outcomes (very preterm (<35 weeks) or C-section or assisted vaginal delivery) and fetal/neonatal outcomes (very low birth weight or LGA or fetal or neonatal death).

Results: Among the 7605 deliveries during the study, 928 mothers are included in the study. Elderly women were likely to have hypertension, diabetes mellitus, hypothyroidism, elective C-section rate and neonatal complications such as earlier gestation at delivery, need for NICU admission, respiratory distress and jaundice. In comparison to controls, elderly women are likely to have adverse pregnancy outcomes (n=298, 64.2% vs. n=171, 36.9%, $p \leq 0.001$), similar delivery outcomes (n=365, 78.7% vs. n=355, 76.5%, $p=0.47$) and similar adverse neonatal outcomes (n=75, 16.2% vs. n=84, 18%, $p=0.48$) as defined in the study. On regression analysis correcting for pre-pregnancy hypertension, diabetes, hypothyroidism, BMI at booking and mode of conception, elderly pregnancy increases the risk of adverse pregnancy outcomes by an Odds of 2.4 (95% CI 1.73 to 3.20).

Conclusion: Elderly women are an increased risk of having adverse pregnancy outcomes, elective C-section, earlier gestational at delivery and increased neonatal morbidities.

Biography

Swadha Kotpalliwar has received her MBBS from Jawaharlal Nehru Medical College in India. She is currently working as a Gynecology and Obstetrician at K.J. Somaiya Medical College and Research Centre in India. She is experienced and well versed with instrumental vaginal delivery, confident in critical decision making in high risk pregnancies and performed many gynecology procedures including abdominal and vaginal.

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