

Medicine by John Grauerholz, M.D.

Better late than never

There is no evidence of increased risk of complications or death in the infants of older mothers, says a new report.

There is good news for older women contemplating a first pregnancy, according to an article published in the March 8, 1990 issue of *The New England Journal of Medicine*. In a study of 3,917 women giving birth to their first child, doctors found no evidence of increased risk of complications or death in the infants of older mothers. The study was done at the Department of Obstetrics, Gynecology, and Reproductive Science at the Mount Sinai School of Medicine in New York City.

In the introduction to the study, entitled "Delayed Childbearing and the Outcome of Pregnancy," the authors state: "The question of whether women who delay childbearing are at an increased risk of having an adverse outcome of pregnancy is of importance because of the growing proportion of first births to older women. Between 1970 and 1986 the rate of first births in the United States more than doubled among women 30 to 39 years of age, and it increased by 50% for women 40 to 44. A recent survey of expectations of fertility among American women indicates that these trends are likely to continue. The pursuit of educational and career goals, later marriages, and improved contraceptive techniques are believed to have contributed to the shift in childbearing patterns among older women."

Previous studies produced contradictory answers to the question of what effect the mother's age had on a first pregnancy. Forty years ago, two researchers first coined the term "elderly primigravida" to describe any woman over 35 years old and pregnant for the first time. But many of these

studies on this group were small and poorly controlled.

The current study involved 3,917 first-time pregnancies, of which 1,464 were in women 30 to 34 years old and 799 were in women over 35 years old. The researchers found that these "reproductively mature" mothers had only a slightly increased risk of delivering a low-birth-weight infant. They had no increased risk of having a child that was small for its age or at increased risk of dying in the period around the time of birth.

While the infants of older mothers fare no differently than those of younger mothers, there are differences among the mothers themselves. Older mothers are more likely to develop high blood pressure, carbohydrate intolerance (diabetes), and are also more likely to develop bleeding during the pregnancy. This is not surprising since diabetes and hypertension tend to be age-related anyway.

Older first-time mothers have a higher rate of caesarean section, but there is no clear-cut reason presented for this. It could result from the tendency to consider these pregnancies as "high risk," and to act preemptively rather than allow a trial of labor.

The results of this study conflict with similar studies and with the comparatively poor infant mortality rates in the United States. The authors explain:

"It should be emphasized that our study population may not be representative of all women who delay childbearing. The women in the study were private patients who were predominantly white, married, and college educated. Our findings may not be appli-

cable to other socio-economic groups. On the other hand, our study population probably typifies urban women who postpone childbearing because of educational or professional pursuits or for other personal reasons."

In an editorial comment in the same issue of the *Journal*, Dr. Robert Resnik of the University of California at San Diego noted: "One must also take into account the fact that Berkowitz and her colleagues, as they acknowledge, studied a population of private patients who were predominantly white, married, college educated, and nonsmoking. Recent data confirm that members of the socio-economic group represented by such a population are more likely to defer childbearing until their 30s. Among first-time mothers who were 30 or older, 49% were college graduates, as compared with 19% of those in their 20s. The data must be interpreted cautiously, particularly when one is considering other socio-economic groups.

"Nevertheless, the message is clear and highly optimistic. What should be emphasized is the fact that the few pregnancy-related problems in nulliparous women who are 35 or older are readily manageable in 1990. . . . The increasing number of women postponing first pregnancies can look forward to excellent outcomes."

One factor in assuring such outcomes is preconception planning. According to Kimberly K. Leslie, M.D., of the University of Colorado School of Medicine, "In general, mothers feel better, look better, and do better during the delivery process if they have been prepared for the pregnancy before conception." She argues that preconception counseling, first done for diabetic mothers, must be routine. Her findings and advice are published in *Preconceptions: Preparations for Pregnancy*.