Obstetrical Performance in Elderly Zambian Parturients

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SUMMARY

The Obstetrical performance of elderly parturients (aged 40 and above) who delivered at the University Teaching Hospital, Lusaka during 1979 and 1980, has been analysed. There were 39,109 deliveries in the two years period, out of which 391 mothers were of 40 years or above, giving an incidence of 1.0%. There were 32 mothers above the age of 45, an incidence of 0.08%.

Analysis of these mothers revealed that 87.2% of them were grand multipara with maximum parity of 16. Incidence of breech, toxaemia, malpresentation and multiple pregnancy were observed in the series but there was no maternal death recorded in the present study.

History of abortion in previous pregnancies ranging from 1 to 5 was noted in 43 cases. Operative deliveries were noted in 22% cases, out of which 13% were delivered by caesarean section and 9% had to undergo operative vaginal interference. In the foetal outcome, high rates of prematurity (71/1,000) and perinatal death (138/1,000) were noted. Relations of birth weights, age and parity of mothers with preventable factors are discussed.

INTRODUCTION

There is no denying the fact that elderly mothers of age 40 and above still constitute a significant part of total parturients in the modern era of contraception and family planning, with facilities for elective termination of pregnancy and sterilization. The latter factors have reduced the perinatal mortality and morbidity rates in the advancing countries. And consequently, the serious complications of high risks associated with pregnancy and child-birth in women of 40 or over is gaining importance. Solomon's statement that in child bearing practice does not make perfect, stands quite true.

Besides the advancement of age in women of 40 or over, the hazard of high parity is also superimposed in the majority of cases. The chief risks of grand multiparity are anaemia, hypertension, antepartum haemorrhage, atonic postpartum haemorrhage, precipitate labour and high operative delivery rate. The aim of the present study is to evaluate the Obstetrical hazards and perinatal risks in elderly mothers of age 40 and over and to find out the preventable factors to enable us to reduce the risks to mother and foetus.

MATERIAL AND METHODS

The study was conducted at the University Teaching Hospital, Lusaka, for the years 1979 and 1980. All patients who arrived in labour, whether booked or unbooked are accepted at the maternity unit. Group A included mothers aged 40 and over while group B was for overall age group.

OBSERVATIONS AND DISCUSSION

In the current analysis, although the incidence of gravidas aged 40 and over was less as compared to other reviews (Table VIII) yet grandimultiparity (Table III) was an outstanding feature of our elderly parturients. In contrast, Kajanoja (1978) and Horger (1977) had recorded only in 19% and 66% of cases respectively.

Operative delivery rate was raised in our study (Table V) similar to other reports. The factors which seem to be responsible for high operation rate are increased frequency of maternal complications.

Perinatal mortality rate was raised consequent to increased neonatal death rate but mainly due to high Still-birth rate (Table VI). Similar observations have been recorded by others (Table VIII).

The factors responsible for high Still-birth rate are increased frequency of malpositions, mal-presentations, antepartum haemorrhage and cord prolapse. Besides other factors contributing to raised perinatal mortality rate are lack of antenatal care (Table II) and socio-economic factors.

Prematurity rate in our series (Table VI) was raised but is comparatively lower than other studies (Table VIII). On the contrary, big-babies accounted for 32.75% of our cases (Table VII – 3,500-4,500 g), and play contributing factors in high operative delivery rate. The factor of decrease in myometrial efficiency with advancing age is also superadded. Oxytocin – drip in low dosage was used successfully in such patients under vigilant supervision.

The possibility of delivering a mal-formed baby is of major concern to all elderly mothers. In our series we had one case of iniencephaly. However, the incidence of congenital anomalies is low in African women as reported by Dodge (3) and Everest (4). No case of down's syndrome was recorded in our series. High incidence of same is reported in elderly primiparas or secundiparas although recent research suggests that father may be the carrier of extra No. 21 Chromosome (7).

TABLE I

INCIDENCE OF GRAVIDAS 40 AND OVER

	GROUP B	GROUP A	
1979 & 1980 Years	Total Births	Birth (Gravidas 40 and Over)	Birth (Gravidas 45 and Over)
Number	39,109	391	32
Percentage		1	0.08

TABLE II

BOOKING STATUS (391 CASES)

BOOKED		UNBOOKED	
Number	Percentage	Number	Percentage
117	30	274	70

TABLE III

AGE AND PARITY IN GRAVIDAS 40 AND OVER

Age	PARITY										
		1	2	3	4	5	6	7	8	9	10+
	40	3	2	5	8	12	29	28	20	16	15
	41	2	3	2	5	8	15	16	14	7	11
	42			2	1	4	7	4	6	8	10
	43		1	2	2	3	6	2	8	8	7
	44			2	2	1	4	8	8	2	3
Total	45 49			2	5	5	14	13	4	7	8

TABLE IV

MATERNAL COMPLICATIONS

Complication	Number	Percentage
Abortion	43	11
Breech	19	4.8
Transverse	9	2.3
Face	1	0.25
Cord-Prolapse	5	1.2
Disproportion	5	1.2
Twin	7	1.8
Triplet	1	0.25
Placenta Praevia	6	1.5
Abruptio-Placentae	3	0.76
Toxaemia	27	6.6
Ruptured Uterus	1	0.25
Maternal Death	–	–
Atonic – P.P.H.	8	2

TABLE V

MODE OF DELIVERY

	GROUP A		GROUP B	
Mode of Delivery	Number	%	Number	%
Spontaneous Vaginal Delivery	305	78	34,906	89.25
Operative Vaginal Delivery	35	9	2,737	7
Lower Segment Caesarean Section	51	13	1,466	3.75

TABLE VI

PERINATAL OUTCOME

GROUP A

Complication	Number	Per 1,000
Prematurity	28	71.6
Still-Birth	34	87
Neonatal Death	20	56
Perinatal Mortality Rate		138

TABLE VII

DISTRIBUTION OF BIRTH WEIGHT IN GRAMMES

	GROUP A					
	Less than 2,500	2,500+	3,000+	3,500+	4,000+	4,500 to 5,400
Number	28	78	156	108	20	1
%	7	20	40	27.75	5	0.25

CONCLUSION

The gravidas aged 40 years and above, have higher maternal morbidity and poor perinatal outcome. Contraception, termination of pregnancy, antenatal genetic counselling along with expert antenatal care should be provided. The elderly mother should be delivered in a Hospital under vigilant supervision and early resort to abdominal delivery.

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TABLE VIII

COMPARATIVE STUDY WITH OTHER REPORTS

Ref	Incidence %	Sample Size	Breech %	Toxaemia %	L.S.C.S. %	Pre-maturity Rate	Still-Birth Rate	Neonatal Death Rate	Perinatal Mortality Rate	Maternal Death
Kajanoja (1978)	1.3	588	4	8.8	31	122	23	6	28	0
Dott et al (1976)	3	793	–	–	–	109.7	51.7	29	76.9	–
Hoeger et al (1977)	1.62	345	–	7	12.2	149	88	18	101	–
Present Study	1	391	4.8	6.6	13	71.6	87	56	138	0

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