

Pregnancy In The Older Woman Has Special Concerns

Women who are age 34 or older have special concerns if they are pregnant but often can expect a favorable outcome because of advances in obstetrical care and prenatal counseling.

Dr. William N.P. Herbert, assistant professor of obstetrics and gynecology at the University of North Carolina at Chapel Hill School of Medicine, said 165,000 women age 35 and older will deliver babies in 1982. The number of deliveries to women in this age group is expected to increase by 40 percent during 1978-1988, he added.

Among the reasons women cite for delaying pregnancy, Herbert said, are careers, delayed marriages, second and third marriages, and infertility of the wife or husband.

"Older obstetrical patients are special," Herbert said. "They may feel alienated from other pregnant women because they're older. Likewise they may feel somewhat alienated from their contemporaries who are the same age but are not pregnant."

"Women in their mid-30s and beyond may have had pregnancies 10 or 15 years ago," he continued, "and enormous changes have been made in obstetrical care since that time." Herbert said

it was important for obstetricians and other health professionals not to mistake the maturity of a woman for knowledge about pregnancy.

He said the older obstetrical patient usually is seen by a physician on a more frequent basis than other patients. "Hypertension is a disorder that certainly does increase with advancing age and we like to monitor blood pressure a little bit more carefully in the older patient," Herbert explained. "Diabetes is another disorder which becomes manifest at an increasing rate with increasing age."

Herbert said obstetricians are particularly interested in accurately assessing the gestational age of the fetus in women who are in their mid-30s or beyond. The risk of having twins goes up four-fold between the ages of 20 and 39, he said, and women who have had previous children also have an increased chance of having twins.

"There's no doubt that the risk of having a child with birth defects increases with age," Herbert said. "Down syndrome is the single most common entity but there are a variety of chromosomal abnormalities that are more common to older patients."

For example, he said, for women age 30-34 the risk of delivering a child with a chromosomal abnormality is one in 640 and this risk increases ten times between the ages of 35 to 39.

"It is important to remember that there is not a magic change at age 35," Herbert said. "In fact, the risk of having a chromosomal abnormality increases steadily, year by year, beginning at age 31."

Preconceptional counseling and prenatal diagnosis through ultrasound and amniocentesis can give a couple good, factual information about risks present and options available, Herbert said.

Dr. John W. Seeds, assistant professor of obstetrics and gynecology at UNC-CH, said it is important to consider a couple's ethnic origin, family histories and personal health histories when examining the risks involved in certain inherited diseases.

"Each of us carries recessive genes, probably four to six," Seeds said. "The fact that inborn errors of metabolism are extremely rare sorts of diseases is because the chance meeting of two unrelated people with the same defective gene is very unlikely."

Metabolic diseases are genetically transmitted in a number of different ways, Seeds said, and it may or may not be possible to identify carriers of the disease in advance.

"For example," he said, "Tay-Sachs is a rare, degenerative central nervous system disease that affects Ashkenazi Jews. One in 3,600 Ashkenazi births is at risk for Tay-Sachs and carrier status can be identified before a couple plans a child."

"Cystic fibrosis is the most common recessive disease we see," Seeds said. "It occurs in one of every 2,200 live births. One out of every 22 of us carries the recessive genes for the cystic fibrosis and there is currently no commercially available technique for identifying carrier status or using prenatal diagnosis."

In addition to inherited inborn errors of metabolism, Seeds said, the fetus also can be harmed by a medical condition present in the mother such as poorly controlled diabetes or untreated epilepsy.

Seeds said the liver enzyme deficiency known as phenylketonuria presents a special case. "Once a baby who is born with PKU grows up, the special diet that

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