

ABSTRACT

Background : There is an increasing trend in the global birth rate for women aged 35 and above from 45.9 per 1000 of women in 2010 to 52.7 in 2019. Advanced maternal age pregnancies have higher risk of adverse maternal and perinatal outcomes such as primary emergency cesarean section, preeclampsia, antepartum hemorrhage, postpartum hemorrhage, perinatal death, preterm birth and low birth weight. Although some studies have been done in the developed countries, there is limited published data locally on the factors contributing to poor pregnancy outcomes for women 35 years of age and above.

Objectives : The study aimed at determining factors associated with adverse obstetric outcomes among women aged 35 years and above delivering at MRRH

Methods: We conducted a cross-sectional study and consecutively enrolled women age 35 years and above who had given birth at or or above 26 weeks of gestation and were within the first 24 hours of delivery. The study was conducted at maternity ward of MRRH between April 2023 and July 2023.

Results: Of the 310 total participants enrolled 116 (37.4%) had adverse obstetric outcomes. Majority of them were 37 years of age ($\pm =1.99$). While most of the mothers developed more than one adverse maternal outcome, primary emergency cesarean section was the most common (13.5%), followed by postpartum bleeding and preeclampsia 4.5% and 2.3%, respectively. For adverse perinatal outcomes, preterm birth (13.5%), neonatal intensive care unit (NICU) admission (12.9%) and low birth weight (12.6%) were the most frequently recorded adverse outcomes. Being referred from another health facility, antenatal (ANC) less than 4 visits and grand multipara (≥ 5) are independently associated with adverse obstetric outcomes.

Conclusion: The commonest adverse maternal outcome was primary emergency cesarean section followed by postpartum bleeding. Preterm birth was the most common adverse perinatal outcome. Women with advanced maternal age who were referred in, grand multiparous and who had attended less than 4 antenatal care visits were more likely to get adverse obstetric outcome.

