



FERTILITY CENTER

Pathway to Parenthood

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PREGNANCY AND ADVANCED MATERNAL AGE

Advanced maternal age (AMA) has been traditionally defined as women >35 years at the time of delivery. While this concept is still applicable, more women are delaying childbirth to even later reproductive years due to social, educational and economic factors, which is a common phenomenon in the developed world. It is now possible for women to become pregnant in the very advanced reproductive ages with the advent of egg donation and IVF. Preconception counseling and management of women with AMA requires understanding of the effects of age, pre-existing co-morbidities and complications during pregnancy and delivery.

AMA is associated with a higher incidence of chronic illnesses such as hypertension, diabetes, presence of fibroids, risk of chromosomal abnormalities and miscarriage. Patients are also more likely to experience pregnancy related complications compared to younger women. These complications include pregnancy induced hypertension, diabetes, preeclampsia (hypertension plus the presence of protein in the urine), placental abruption (premature separation of the placenta), intrauterine growth restriction (IUGR), placenta previa (abnormal implantation of the placenta) and a higher incidence of cesarean delivery and related obstetrical complications.

There are no specific additional tests or set guidelines for prospective mothers of AMA in addition to the routine preconceptional testing that is applicable to all women in their age group. However, a detailed history, a complete physical exam and medical evaluation are common practice in infertility patients. Such an evaluation will identify patients with hypertension and assess other problems, which can place the patient at an increased risk of complications during the pregnancy.

In women above the age of 35, genetic testing by chorionic villus sampling (CVS) or amniocentesis is recommended. In women greater than age 40, mammogram prior to pregnancy and CVS or amniocentesis are usually performed. If the patient is above the age of 45, in addition to the above tests, screening for diabetes and lipid profile should be done. In women above the age of 50, additional testing includes a colonoscopy, thyroid function test and a thorough medical evaluation of the female as well as psychological evaluation if indicated.

Reproductive age-specific screening tests and medical evaluation with risk assessment following the initial consultation, is indicated on a case by case basis. An evaluation and clearance by an internist familiar with the patient and her past history, is usually requested prior to the initiation of fertility treatment. We recognize that people have a right to enjoy the benefits of pregnancy and child rearing, so long as this is done in a medically and

socially responsible manner, without placing undue risks on the intended parent or child(ren). We are fortunate to live in an age where remarkable technologies exist to enable this result to be achieved in most cases. Generally speaking, when we do achieve success in patients of Advanced Maternal Age, we frequently will suggest that the pregnancy is followed by a perinatologist (high risk specialist), since they are equipped to be able to deal with some of the problems which occur in these pregnancies.

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This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.