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P141. PERINATAL RESULTS IN WOMEN ABOVE 35-40 YEARS OF AGE IN FACULTY HOSPITAL TRENCIN.

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Context: Aim of this study was to retrospectively analyze perinatal results in women above 35-40 years of age and compare them to younger group and to published data.

Methods: We have analyzed all births from 1.1.2012 to 29.2.2016 in our department. We defined three cohorts of women based on age at delivery: in cohort A were women up to 35 years old, cohort B consisted of women 35-40 years old and in cohort C were women above 40 years old. We have compared our results of older women (above 35 or 40 years old) to young group (up to 35 years).

Results: During the study period, we had 8307 deliveries. Cesarean section (CS) was done on 1208 (14.5%). Perinatal mortality was 4.8 $\hat{a} \in ^{\circ}$. There were 6614 deliveries in cohort A (79.6%), 1420 in cohort B (17.1%) and 273 in cohort C (3.3%). CS was performed in 13.2% in group A, 18.4% in group B and 27% in group C. Perinatal results are as follows (for cohorts A, B and C): preeclampsia (2.8% - 5.7% - 4.4%), HEELP syndrome (0.3% - 1% - 0.6%), type 1 diabetes (0.4% - 0.7% - 0.4%), type 2 diabetes (0.09% - 0.4% - 0.7%), gestational diabetes (2.5% - 3.7% - 2.6%), intrahepatic cholestasis of pregnancy (ICP) (1.5% - 1.7% - 1.8%), intrauterine growth restriction (IUGR) (1.9% - 3.6% - 2.6%), twin pregnancies (2.1% - 1.9% - 1.8%), macrosomia above 4000 grams (10.4% - 8.2% - 8.4%), pregnancy after assisted reproductive technology (ART) (1.8% - 4.5% - 5.9%), breech position (4.1% - 6.1% - 6.6%), premature birth (9% - 7.8% - 7.3%), vacuum-assisted delivery (1.3% - 0.6% - 0%), and induced labor (17.3% - 16% - 16.8%). Perinatal mortality was $4.5\hat{a} \in ^{\circ}$ in group A, $5.6\hat{a} \in ^{\circ}$ in group B and $7.3\hat{a} \in ^{\circ}$ in group C.

Discussion: In our retrospective study, we have observed higher probability of CS in women above 35 years. Conversely, incidence of vaginal instrumental delivery declines with increasing maternal age. All preeclampsia, HEELP syndrome, gestational diabetes, ICP and IUGR are increasing with advanced maternal age. There is a significant increase in pregnancies in women with type 2 diabetes and after ART. A noteworthy is age-related increase in breech position. There is a decline in multifetal gestation, premature birth and macrosomia. We compare our data to published literature.

Conclusions: We have confirmed age-depended relationship of some perinatal results to the maternal age. Considering that maternal age is increasing and family planning is being delayed, these data are important for development and direction of perinatology.

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