



Induction of labour at term for women over 35 years old: a survey of the views of women and obstetricians

Kate F. Walker^{*}, George J. Bugg, Marion Macpherson, James Thornton

Department of Obstetrics and Gynaecology, School of Clinical Sciences, University of Nottingham, Nottingham, UK

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ABSTRACT

Objectives: To determine the views of UK women and obstetricians relating to induction of labour at term for women over 35 years of age.

Study design: Cross-sectional web-based survey sent to members of the British Maternal and Fetal Medicine Society (BMFMS) and pregnant or recently delivered members of a large social network site for parents (www.mumsnet.com). One hundred and twenty-eight consultant obstetrician members of BMFMS and 663 pregnant or recently delivered women responded.

Results: Two hundred and eighty-eight women (43%) would consider induction of labour for maternal age alone, and 192 women (29%) would consider participating in a randomised trial of induction of labour at term versus expectant management in a future pregnancy. Three percent ($n = 4$) of consultant obstetricians offer induction of labour at term to women at 35–39 years of age, 37% ($n = 47$) to women at 40–44 years of age and 55% ($n = 70$) to those over 45 years. Sixty-one consultants (48%) would participate in a trial to test the effect of a policy of induction for nulliparous women over 35 years old.

Conclusions: The policy of offering induction of labour at term for advanced maternal age is widespread and a significant percentage of women consider it to be a valid indication.

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1. Introduction

Between 1975 and 2009 the average age at childbirth in the UK increased from 26 to 29 [1]. Twenty percent of live births are now to women over 35 years, a rise of 8% over the last decade and a half [2]. Perinatal deaths affect 0.8% of all pregnancies to women over the age of 35 years and 1% of all pregnancies to women over the age of 40 years [3]. In a large retrospective observational study of over 5 million single gestations, compared to younger women (<35 years of age), the relative risk of stillbirth at 37–41 weeks was 1.32 for women aged 35–39 years and 1.88 for women aged 40 years or more [4].

The largest increase in risk of stillbirth for women over 35 years of age starts at 39 weeks and peaks at 41 weeks [4]. Women over 40 years old have a similar stillbirth risk at 39 weeks to women who are 25–29 years old at 41 weeks, and once they pass 40 weeks' gestation their risk of stillbirth exceeds that of all women <40 years old at term [4]. The gestational week of delivery associated with the lowest cumulative risk of perinatal death (taking into account the week-on-week risk of stillbirth) is 38 weeks [5]. There

is also a growing body of evidence that induction at term for other high-risk pregnancies [6–9], improves the perinatal outcomes without increasing caesarean section rates.

It is already a widely accepted practice in the UK to induce post-term pregnancies at 41 weeks to reduce the risk of perinatal death [10,11]. The risk of perinatal death in pregnancies that continue beyond 41 weeks is 2–3 in 1000 [10]. The risk of stillbirth between 37 and 41 weeks in women over 35 years of age is 2–3 in 1000 (1 in 382 ongoing pregnancies) and in women over 40 years of age is 3–4 in 1000 (1 in 267 ongoing pregnancies) [4]. It is therefore logical to offer women over 40 years old induction of labour at 39 weeks. There have, however, been no trials of such a policy.

We feel that a randomised controlled trial of induction of labour at term in women over 35 years is needed to test the effect of such a policy on caesarean section rates. Before embarking on such a trial it is necessary to ascertain the views of the service users (mothers) and providers (obstetricians), to determine whether it is feasible and relevant. We therefore conducted two national surveys. The aim of the first was to determine women's views on two issues; firstly whether they would agree to be induced based on their age alone if over 35 years, and secondly whether they would consent to be randomised to either induction or expectant management. The aim of the second survey was to determine the current practice of consultant obstetricians and whether they would recruit women to a trial of induction at term in women over 35 years of age. A further aim of this study was to determine the feasibility of using

^{*} Corresponding author at: Specialty Registrar in Obstetrics and Gynaecology, Royal Derby Hospital, Uttoxeter Road, Derby DE22 3NE, UK.
Tel.: +44 01332 340 131.

E-mail address: katefwalker@doctors.org.uk (K.F. Walker).

"I am doing research to find out how best to look after the pregnancies of women aged over 35. Specifically we are looking at whether doctors should induce labour slightly early for such women to try and prevent stillbirth.

Some doctors think early induction for women over 35 may prevent stillbirth. However there are some risks associated with induction. Experts used to believe that induction generally increased Caesareans. More recent research has suggested that for certain conditions modern methods of induction slightly reduce the need for Caesareans.

At Nottingham City Hospital we are considering a clinical trial with women aged over 35. This would involve one group being induced early (39 weeks) and one group not. However we need to gauge how recent mothers and mothers to be would feel about participating in a clinical trial like this. So we're asking Mumsnetters to complete our short survey.

We're very aware that some of you may have experienced stillbirth, early induction or given birth at aged 35+ - we don't want to cause any upset with this survey - if you'd like to get in touch with me directly my email address is at the end of the survey".

Fig. 1. Background information for survey participants.

online community websites as a tool for patient and public involvement.

2. Materials and methods

2.1. Survey of service users

We conducted a national web survey of women's views on induction of labour for advanced maternal age through www.mumsnet.com, a UK online community website set up by mothers to give advice on parenting and family issues. The site has more than one million unique visitors per month and is widely regarded as being broadly representative of the UK maternity population. It is commonly used by market researchers. Women were invited to participate if they were currently pregnant or had a baby in the last five years. They completed a short online survey of their views. The background information provided is shown in Fig. 1 and the questions in Fig. 2. It was pre-planned that once 500 respondents had been reached the survey would go offline.

2.2. Survey of service providers

An electronic survey was sent to all the 559 members of the British Maternal and Fetal Medicine Society (BFMFS) via the Society Coordinator in 2008. Membership includes consultant

obstetricians, obstetric trainees, midwives and non-clinical members. Only consultants were asked to respond. Consultants working in the UK were asked for their current policy on managing nulliparous women at term. Those who did not offer induction of labour at term to older nulliparous women were asked whether this was due to a fear of increasing their risk of caesarean delivery. All were asked whether they would participate in a trial to test the effect of a policy of routine induction of labour at 39 weeks gestation for nulliparous women over the age of 35, on caesarean section rates, and to estimate the number of women they might recruit to such a trial per annum. Participants were asked about their current practice so that only those involved in regular clinical work would be included. The questions are shown in Fig. 3.

3. Results

3.1. Survey of service users

Six hundred and sixty-three women participated in the web-based survey within 24 h of it going live. The age distribution, parity and pregnancy status of participants are shown in Table 1. The response to questions about induction of labour based on their age alone is shown in Table 2, and about participation in a trial in Table 3. A sample of free text responses is shown in Appendix 1.

Question 1: How old are you?

Question 2: Are you currently pregnant?

Question 3: How many children do you have?

Question 4: Imagine (if it's not the case) you are pregnant and over the age of 35 years. Your Consultant Obstetrician offers you induction of labour at 39 weeks on account of your age alone. You have had a healthy pregnancy and this is the only reason for induction. The idea would be to possibly reduce the risk of the baby dying towards the end of the pregnancy. No one knows whether it would alter your need for Caesarean delivery. Would this be acceptable to you?

Question 5: A group of doctors at Nottingham City Hospital are planning a study to see whether we should induce labour in women over 35 years old. Participants would be randomly allocated to either 1. have their labour induced at 39 weeks or 2. to wait till labour started naturally. Would you consider participating in such a study?

Question 6: Please tell us why?

Fig. 2. Mother's questionnaire.

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