

Do Factors That Influence Pregnancy Planning Differ by Maternal Age? A Population-Based Survey

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Abstract

Objective: The objectives of this analysis were to describe factors that influenced the decision to conceive among first-time mothers in two Canadian urban centres and to determine if these differed according to the age at which a woman became a mother.

Methods: Women who had given birth to their first live born infant between July 2002 and September 2003 in Calgary and Edmonton were randomly selected from regional notice of birth databases. Women were contacted by telephone, and those who agreed to participate completed a 20-minute survey over the telephone. This analysis was conducted using data from participants with a planned pregnancy.

Results: The top three factors that influenced childbearing among women planning a pregnancy were similar regardless of age. They were being in a secure relationship (97%), feeling in control of one's life (82%), and feeling prepared to parent (77%). Less than 30% of women reported career goals as being "very important" in their decision. Women under 25 years of age were less likely than women 25 years or older to indicate the following as being "very important" in the timing of starting a family: being in a stable job (32%), owning a home (36%), financial security (42%), educational training (36%), and career goals (9%) (all $P < 0.001$).

Conclusion: This information provides a basis for developing strategies to support couples in their efforts to balance the age-related biomedical risks of delaying childbearing with a desire for relationship security and other factors that strongly influence childbearing decisions.

Key Words: Reproductive behaviour, maternal age, adult, women, Alberta, decision making

Competing Interests: None declared.

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Résumé

Objectif : Les objectifs de cette analyse étaient de décrire les facteurs qui ont influencé la décision de concevoir chez les femmes en étant à leur première grossesse, au sein de deux centres urbains canadiens, et de déterminer si ces facteurs différaient en fonction de l'âge de la femme au moment de sa grossesse.

Méthodes : Des femmes ayant accouché de leur premier enfant vivant entre juillet 2002 et septembre 2003 à Calgary et à Edmonton ont été sélectionnées au hasard à partir de bases de données régionales d'avis de naissance. Nous avons communiqué avec ces femmes par téléphone et nous avons demandé à celles qui ont consenti à participer à l'étude de répondre à un questionnaire téléphonique de 20 minutes. Cette analyse a été menée au moyen de données issues de participantes ayant connu une grossesse planifiée.

Résultats : Les trois principaux facteurs ayant influencé la décision des femmes qui planifiaient une grossesse se sont avérés similaires, peu importe l'âge : le fait d'être dans une relation stable (97 %), le sentiment d'avoir la maîtrise de sa propre vie (82 %) et le sentiment d'être prête à devenir mère (77 %). Moins de 30 % des femmes ont mentionné que les objectifs de carrière constituaient un facteur « très important » dans leur décision. Les femmes de moins de 25 ans étaient moins susceptibles que les femmes de 25 ans ou plus d'indiquer que les facteurs suivants étaient « très importants » dans la détermination du moment propice à la grossesse : le fait d'avoir un emploi stable (32 %), le fait de posséder une maison (36 %), la sécurité financière (42 %), la formation scolaire (36 %) et les objectifs de carrière (9 %) (tous $P < 0,001$).

Conclusion : Ces données offrent une base pour l'élaboration de stratégies visant à soutenir les couples dans leurs efforts pour mettre en balance les risques biomédicaux liés à l'âge du report de la grossesse et les facteurs (comme la stabilité de la relation, entre autres) qui influencent fortement les décisions génésiques.

INTRODUCTION

Over the last 30 years, there has been a dramatic increase in the age at which women in developed countries are having children, and Canada is no exception.¹⁻⁴ While it has been suggested that delayed childbearing provides families with increased economic stability, the delay is not without biomedical risk.⁵ Women aged 35 and older are at an increased risk of infertility.⁶ If able to conceive, women 35 and older are at increased risk of miscarriage, pregnancy complications, operative delivery, preterm birth (< 37 weeks' gestation), low birth weight (< 2500 g), multiple births, chromosomal abnormalities, stillbirth, and fetal death.⁷⁻¹¹ Infants born at low birth weight and/or preterm are at increased risk of infant mortality, morbidity, and lifelong physical and/or developmental disabilities.¹²⁻¹⁴

Approximately three quarters of Canadian mothers indicate that their pregnancy was planned, although the factors that influence the timing of childbearing are not well described.^{15,16} Enrolment rates in post-secondary institutions have increased for women over time,¹⁷ which has given rise to a concept that women are delaying childbearing in order to complete education and establish themselves in careers. However, population-based research into how education or career influences parenting is limited.

Some research has been undertaken in Europe and the United States.¹⁸⁻²⁰ A German study of academics found some faculty wanted to postpone childbearing until their career prospects were established but became childless involuntarily.¹⁹ A Scottish study found that among childless women who were over 34 and wanted children, the most common reason for delaying childbearing had to do with relationship factors (74%).¹⁸ Other distractions or responsibilities in life was the second most common reason (52%).¹⁸ Among childless American women in their 30s, one half reported the reason for their childlessness was the lack of a suitable partner, and 11% stated financial security.²⁰

Understanding the factors that influence when couples in Canada become parents, and if these factors vary by the age at which women become mothers, would inform the development of strategies aimed at optimizing the timing of pregnancy and family outcomes. The objectives of this analysis were (a) to describe demographic and lifestyle factors that influenced timing of first child among women with a planned pregnancy; and (b) to describe differences in these factors stratified by maternal age.

METHODS

Women were randomly selected from regional notice of birth databases by a computer-generated program. Women

were eligible to participate if they spoke English, were over the age of 18, had given birth to their first live born infant between July 2002 and September 2003 within one of two large urban regions in Alberta (Calgary, 2003 population about 900 000; and Edmonton, 2003 population about 700 000), and were within three months of delivery.

To determine factors that influenced timing of childbearing (primary outcome measure), the research team conducted a qualitative study with a convenience sample of 45 women, aged 20 to 48 and of differing parity.²¹ These women were recruited through word of mouth, obstetrician clinics, parenting classes, and posters in public places.²¹ Thirty women participated in focus groups (the primary method of data collection), and 15 participated in an individual telephone interview because they could not attend a focus group.²¹ Six focus groups and 15 interviews were audio recorded and transcribed, and the research team categorized the data from these groups into themes.²¹ On the basis of information from these focus groups, previous surveys, and expert input, the research team designed a questionnaire specifically for this study.¹⁶

Trained interviewers pilot-tested the questionnaire with 20 women randomly selected from the regional notice of birth databases who met the eligibility criteria. These women were not part of either the focus groups or this study. Women provided feedback on the clarity and suitability of questions and the questionnaire length. The final questionnaire could be completed in 20 minutes. Women responded to questions using a five-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree; very important, somewhat important, neither important or not very important, not very important, not important at all); or yes/no/don't know; or true/false/don't know.

Two female interviewers with the former Calgary Health Region called the randomly selected women, invited them to complete a telephone interview, and administered the interview when women agreed. For women who delivered in Edmonton, a study nurse contacted women, assessed eligibility, and invited participation before the interviewer attempted contact. A member of the research team trained the interviewers, and the interviewers were supervised by their direct department supervisor. Interviewers collected data using a computer assisted telephone interview system. No incentive to participate was offered.

The study recruited a sample that contained 50% of respondents who were over the age of 35 to ensure sufficient representation from this group of first-time mothers. The sample size calculation was based on one of

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