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ORIGINAL ARTICLE

Extremes of maternal age and child mortality: analysis between 2000 and 2009*

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KEYWORDS

Infant mortality; Maternal age; Risk factors; Causes of death

Abstract

Objective: To analyze the characteristics of infant mortality at the extremes of maternal age.

Method: Retrospective, cross-sectional quantitative study using data from Live Birth Certificates, Death Certificates and from Child Death Investigation records in Londrina, Paraná, in the years of 2000-2009.

Results: During the 10-year study period, there were 176 infant deaths among mothers up to 19 years of age, and 113 deaths among mothers aged 35 years or more. The infant mortality rate among young mothers was 14.4 deaths per thousand births, compared to 12.9 deaths in the other age group. For adolescent mothers, the following conditions prevailed: lack of a stable partner (p<0.001), lack of a paid job (p<0.001), late start of prenatal care in the second trimester of pregnancy (p<0.001), fewer prenatal visits (p<0.001) and urinary tract infections (p<0.001). On the other hand, women aged 35 or more had a higher occurrence of hypertension during pregnancy (p<0.001), and of surgical delivery (p<0.001). Regarding the underlying cause of infant death, congenital anomalies prevailed in the group of older mothers (p=0.002), and external causes were predominant in the group of young mothers (p=0.019).

Conclusion: Both age groups deserve the attention of social services for maternal and child health, especially adolescent mothers, who presented a higher combination of factors deemed hazardous to the child's health.

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PALAVRAS-CHAVE

Mortalidade infantil; Idade materna; Fatores de risco; Causas de morte

Extremos de idade materna e mortalidade infantil: análise entre 2000 e 2009

Resumo

Objetivo: Analisar as características do óbito infantil nos extremos de idade materna. *Método*: Estudo quantitativo, do tipo retrospectivo e transversal, utilizando dados da Declaração de Nascido Vivo, Declaração de Óbito e Ficha de Investigação do Óbito Infantil em Londrina, Paraná, nos anos de 2000 a 2009.

Resultados: Nos dez anos de estudo, houve 176 óbitos infantis de mães com até 19 anos, e 113 de mães com 35 anos ou mais. A taxa de mortalidade infantil entre as mães jovens foi de 14,4 mortes a cada mil nascimentos, comparado a 12,9 mortes no outro grupo etário. Para as mães adolescentes, prevaleceu situação conjugal sem companheiro (p<0,001), não exercer atividade remunerada (p<0,001), início tardio do pré-natal no segundo trimestre de gestação (p<0,001), menor número de consultas pré-natais (p<0,001) e infeções urinárias (p<0,001). Por outro lado, as mulheres com 35 anos ou mais tiveram maior frequência de hipertensão arterial durante a gestação (p<0,001) e de parto cirúrgico (p<0,001). Com relação à causa básica do óbito infantil, as anomalias congênitas predominaram no grupo de mães com idade avançada (p=0,002), e as causas externas, no grupo de mães jovens (p=0,019).

Conclusão: Ambos os grupos etários merecem atenção dos serviços assistenciais de saúde materna e infantil, especialmente as mães adolescentes que agregaram maior conjunto de fatores considerados de risco à saúde da criança.

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Introduction

Maternal age is considered one of the determinants of gestational risk. Thus, mothers aged younger than 15 years or whose menarche happened less than two years before pregnancy, and mothers aged 35 years or older have higher risk of neonatal death. Other gestational risk factors also found in the literature are unfavorable sociodemographic conditions, previous reproductive history and preexisting clinical conditions.¹

Worldwide, approximately 25% of women have their first child before the age of 20, a percentage that is higher in developing countries.² In adolescence, pregnancy occurs due to early sexual initiation, low self-esteem and/or lack of inclusion in social projects. Unplanned pregnancies in this age group generate increased school dropout rates and underemployment, psychosocial risk, inadequate termination of pregnancy and non-adherence to prenatal care.¹⁻⁵

On the other hand, pregnancy in women older than 35 years is an observable trend in developed and developing countries, including Brazil.^{4,5} Among the reasons, we highlight the changing social role of women in the labor market and within the family, the search for financial stability and the achievement of high educational levels. The social, economic and emotional maturity results in greater knowledge about the importance of adequate monitoring of pregnancy; however, they can become risk factors for late pregnancy.¹

In Brazil, in 2010, there was a total of one million pregnant adolescents out of the 17 million registered ones. As for mothers aged 30 or older, there was a 21.0% increase in births between 2000 and 2010. In this period,

the percentage of women aged 35 to 39 years that had children increased from 6.7% to 8.0% in the country, while the percentage of mothers aged 40 years increased from 1.9% to 2.3%.5-6 There are different associations that lead to a higher probability of death among children born to very young, as well as older women, before their first year of life.2 In terms of early motherhood, the discussions comprehend the physiological immaturity, especially uterine, that leads to intrauterine growth restriction, low birth weight and prematurity, as well as the unfavorable socioeconomic situation and the psychological fragility. On the other hand, mothers older than 35 years have a higher risk of morbidities during pregnancy, such as diabetes mellitus and hypertension, with repercussions to the fetus and the newborn, as well as an increased incidence of diseases of genetic origin, miscarriages and multiple pregnancies resulting from assisted fertilization.7-9

Thus, considering that motherhood in the extremes of maternal age is a complex event that might involve risks to the healthy development of the child, this study aimed to analyze the characteristics of infant death in the extremes of maternal age.

Method

This is a retrospective, cross-sectional study carried out in Londrina, Paraná, from 2000 to 2009. The study population consisted of mothers at the extremes of maternal age, i.e., up to 19 years old and 35 years or older, whose children died before reaching one year of age. Data collection occurred from March to July 2010, based on the Live Birth Notifications (LBNs), Death Certificates (DCs) and Infant

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