

This guideline was peer reviewed by the SOGC's Genetics Committee in February 2017 and has been reaffirmed for continued use until further notice.

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## No-271-Delayed Child-Bearing

This Committee Opinion has been prepared by the Genetics Committee, reviewed by the Reproductive Endocrinology and Infertility Committee,\* and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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**Key Words:** Maternal age, delayed child-bearing, reproductive technology, oocyte donation, late maternal age

### Abstract

**Objective:** To provide an overview of delayed child-bearing and to describe the implications for women and health care providers .

**Options:** Delayed child-bearing, which has increased greatly in recent decades, is associated with an increased risk of infertility, pregnancy complications, and adverse pregnancy outcome . This guideline provides information that will optimize the counselling and care of Canadian women with respect to their reproductive choices .

**Outcomes:** Maternal age is the most important determinant of fertility, and obstetric and perinatal risks increase with maternal age .

Many women are unaware of the success rates or limitations of assisted reproductive technology and of the increased medical risks of delayed child-bearing, including multiple births, preterm delivery, stillbirth, and Caesarean section . This guideline provides a framework to address these issues .

**Evidence:** Studies published between 2000 and August 2010 were retrieved through searches of PubMed and the Cochrane Library using appropriate key words (delayed child-bearing, deferred pregnancy, maternal age, assisted reproductive technology, infertility, and multiple births) and MeSH terms (maternal age, reproductive behaviour, fertility) . The Internet was also searched using similar key words, and national and international medical specialty societies were searched for clinical practice guidelines and position statements . Data were extracted based on the aims, sample, authors, year, and results .

**Values:** The quality of evidence was rated using the criteria described in the Report of the Canadian Task Force on Preventive Health Care.

**Sponsor:** The Society of Obstetricians and Gynaecologists of Canada.

### Recommendations:

1. Women who delay child-bearing are at increased risk of infertility . Prospective parents, especially women, should know that their fe-

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Women have the right and responsibility to make informed decisions about their care in partnership with their health care providers. In order to facilitate informed choice women should be provided with information and support that is evidence based, culturally appropriate and tailored to their needs. The values, beliefs and individual needs of each woman and her family should be sought and the final decision about the care and treatment options chosen by the woman should be respected.

- cundity and fertility begin to decline significantly after 32 years of age . Prospective parents should know that assisted reproductive technologies cannot guarantee a live birth or completely compensate for age-related decline in fertility (II-2A).
2. A fertility evaluation should be initiated after 6 months of unprotected intercourse without conception in women 35 to 37 years of age, and earlier in women > 37 years of age (II-2A).
  3. Prospective parents should be informed that semen quality and male fertility deteriorate with advancing age and that the risk of genetic disorders in offspring increases (II-2A).
  4. Women  $\geq$  35 years of age should be offered screening for fetal aneuploidy and undergo a detailed second trimester ultrasound examination to look for significant fetal birth defects (particularly cardiac defects) (II-1A).
  5. Delayed child-bearing is associated with increased obstetrical and perinatal complications . Care providers need to be aware of these complications and adjust obstetrical management protocols to ensure optimal maternal and perinatal outcomes (II-2A).
  6. All adults of reproductive age should be aware of the obstetrical and perinatal risks of advanced maternal age so they can make informed decisions about the timing of child-bearing (II-2A).
  7. Strategies to improve informed decision-making by prospective parents should be designed, implemented, and evaluated . These strategies should provide opportunity for adults to understand the potential medical, social, and economic consequences of child-bearing throughout the reproductive years (III-B).
  8. Barriers to healthy reproduction, including workplace policies, should be reviewed to optimize the likelihood of healthy pregnancies (III-C).

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