

Culture Report: Advanced Maternal Age

N432 Maternal-Newborn Care

Lakeview College of Nursing

Professor Debra Kamradt

Shoshana Zimmerman

June 14, 2024

Advanced maternal age (AMA) refers to women who are pregnant and deliver after the age of 35. This definition was established based on evidence that these women are more likely to have adverse pregnancy-related outcomes. Research shows an increase in advanced maternal-age mothers worldwide, and it is not specific to a culture or socioeconomic group (Gantt et al., 2023). This report will discuss how advanced maternal age is affected by different ethnicities, beliefs, education, and family structure. It will also discuss how these values can determine the childbearing experience and what interventions can be used to promote health in this age group.

The Centers for Disease Control and Prevention (CDC) 2020 data review shows that an increasing number of women over 35 have been giving birth in the United States (Gantt et al., 2023). The United Kingdom Cohort Study states that the increase of mothers who delay pregnancies until later in life has increased dramatically over the past two decades (Goisis, 2023). Barcelona reports that almost 40% of babies born in 2016 were to mothers over 35 (Claramonte et al., 2019). In Denmark, there has been an increase of 5.6% of mothers who deliver over 35 in the last 17 years (Rydahl et al., 2019). Advanced maternal age is a worldwide phenomenon not limited to ethnicity, culture, religion, or socioeconomic status.

Ethnic mothers with African, Hispanic, or Native American have statistically more pregnancy-related health problems and infant mortality rates compared to non-Hispanic white women, including older mothers, which can be attributed to racism, inequality, and lack of resources, according to Gantt (2023). It would benefit the healthcare team to recognize unconscious bias, improve communication, and advocate for their patient's input in decision-making in these situations (Gantt, 2023).

As stated earlier, advanced maternal age is important because there is an increased risk of adverse pregnancy-related outcomes related to hypertension, diabetes, and obesity that can lead

to complications such as gestational diabetes, preeclampsia, premature rupture of membranes, placenta previa, or needing a cesarean section. Diabetic or obese mothers need to follow a stricter diet to prevent further complications. Fetal risk factors are also increased because there is a higher risk for Down syndrome, congenital disabilities, being premature, or having low birth weight (Durham et al., 2023). Gantt (2023) suggests that older mothers with at least one moderate-risk health condition should take a daily low-dose aspirin to prevent preeclampsia.

Although the risks are more significant, the older mother is more likely to know that there are risks related to pregnancy compared to the younger mother, which is important because she is more likely to seek medical attention faster. She is usually more stable in her relationships and income, making her feel more competent and prepared for motherhood. This also leads to a more fulfilling role as a mother and affects her relationship with her children. Children of older mothers reportedly have fewer emotional, social, and behavioral problems (Ahmad et al., 2024). Durham et al. (2023) state that older mothers may still suffer from balancing their established careers with their new role of motherhood. The stress of the new role versus the predictable work-life may affect how she experiences pregnancy and motherhood.

The nurse must remember that no matter the mother's age, she may find it difficult to adjust to her pregnancy. Durham et al. (2023) state that the nurse should assess the patient and her family's role during the pregnancy and encourage family involvement and support for the mother. This can include teaching the family about what to expect, listening, acknowledging, and validating different feelings that they may have related to the pregnancy, and showing family members how they can help the mother and become more involved in the process. For example, the family can ensure that the mother is eating healthily, getting enough rest and exercise, and aiding with carrying heavy objects.

## References

- Ahmad, M., Sechi, C., & Vismara, L. (2024). Advanced Maternal Age: A Scoping Review about the Psychological Impact on Mothers, Infants, and Their Relationship. *Behavioral sciences (Basel, Switzerland)*, 14(3), 147. <https://doi.org/10.3390/bs14030147>
- Claramonte Nieto, M., Meler Barrabes, E., Garcia Martínez, S., Gutiérrez Prat, M., & Serra Zantop, B. (2019). Impact of aging on obstetric outcomes: defining advanced maternal age in Barcelona. *BMC pregnancy and childbirth*, 19, 1-10.
- Durham, R., Chapman, L., & Miller, C. (2023). Davis advantage for maternal-newborn nursing: Critical components of nursing care (4th ed.). F.A. Davis.
- Gantt, A., Metz, T. D., Kuller, J. A., Louis, J. M., Cahill, A. G., Turrentine, M. A., ... & Society for Maternal-Fetal Medicine. (2023). Obstetric Care Consensus# 11, pregnancy at age 35 years or older. *American Journal of Obstetrics and Gynecology*, 228(3), B25-B40.
- Goisis, A. Maternal Age at First Birth and Parental Support: Evidence from the UK Millennium Cohort Study. *Popul Res Policy Rev* 42, 75 (2023). <https://doi.org/10.1007/s11113-023-09818-7>
- Rydahl E, Declercq E, Juhl M, Maimburg RD. Cesarean section on the rise-Does advanced maternal age explain the increase? A population register-based study. *PloS one*. 2019;14(1): e0210655. <https://doi:10.1371/journal.pone.0210655>