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Case Study: Elderly Primigravida Held up with MTP

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Abstract

The chances of conception for a woman decreases, once her age increases beyond 30. If in case she conceives after the age of 30, then the pregnancy could be at risk due to the many obstetrical complications involved during her pregnancy, labour and in postnatal period. Hence fertility experts and obstetricians say that a woman's age is a vital consideration for conception. Middle age or delayed pregnancy involves the common risk of miscarriage as the rate of miscarriage is believed to increase with age. Elderly pregnant women above 35 years are termed as elderly primigravida, and need to be considered and evaluated. The objective of the present study is to describe the complications and pregnancy outcome of elderly primigravida. The method for study was; to collect the detailed history, physical examination and laboratory investigation and treatment. From the study it was concluded that elderly primigravida are at an increased risk of pregnancy induced hypertension/preeclampsia and loss of pregnancy through abortion in early pregnancy, hence preconceptional counseling is very important.

Keywords: *Elderly primigravida, pre-eclampsia, Rh-incompatibility*

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INTRODUCTION

The universally accepted definition of elderly primigravida refers to a woman at or above 35 years of age going through her first pregnancy. In practice, however a woman conceiving for the first time after the age of 30 years is also considered as high risk pregnancy [1]. Increased maternal age is a risk indicator rather than a risk factor. It is associated with a number of pregnancy complications including miscarriage, with it being 15% at the age of 35 and 30% above the age of 40 [2], chromosomal abnormalities, twins, uterine fibroids, hypertensive disorders, gestational diabetes, prolonged labour, cephalopelvic disproportion necessitating operative delivery, bleeding disorders including ante/intrapartum hemorrhage, fetal loss etc. [3]. A significant number of them have problems in conception requiring assisted reproductive techniques. The maternal morbidity is slightly raised in this age group hence; these women require vigilant preconceptional councelling and careful management in a multidisciplinary tertiary care hospital.

CASE REPORT

An antenatal mother, 38 years old, primigravida of 19 weeks 2 days with her LMP 28/10/2014 and of 4/08/15. During her antenatal visit in ESI Government Hospital, her blood pressure was found to be increased to 160/90 mm of Hg. From there she came to JSS hospital for confirmation and treatment. During physical examination, she was looking pale and was found to be of short stature. Her left breast was missing due to mastectomy, there was swelling over lower extremities and her blood pressure was 160/90 mm of Hg. Further, her blood investigations revealed her blood group to

be 'A' Rh Negative. Her urine analysis reported the presence of proteins. She had also been diagnosed as elderly primigravida with 19 week 4 days of gestation along with Pre-eclampsia and Rh-Negative. Her ultrasonography revealed a single live intrauterine gestation of 17 weeks in cephalic presentation with normal fetal parameters. She was prescribed the following medications: Tablet Methyldopa, Labetalol and Tab Nefidepin; BD to be taken daily for about 4–5 days. However, her blood pressure was still high and was ranging between 140/100 to 172/110 mm of Hg. Pre-eclampsia affects the arteries carrying blood to the placenta. As there were chances of her facing complications like lack of blood flow to the placenta, placental abruption, HELLP syndrome, eclampsia, cardiovascular disease, therefore, to safeguard the mother, doctors decided to terminate her pregnancy.

Since the patient had conceived after nine years of her marriage, and as there were risks involved, if in case she were to conceive again, owing to her age and health, which left the patient in doubt whether to go ahead with the termination of her pregnancy or not. Hence, counseling sessions were provided to the patient and her family members, after which the termination of her pregnancy was planned and performed on the 6th day of her admission by administering her Tab. Misoprostol of 400 mg per vagina, after which she experienced abdominal pain After administering her Inj. Prostaglandin 20 mcg given IM, she expelled out the product that weighed 150 gm, Anti D Immunoglobulin of 300 mcg IM was given to her within four hours of her abortion and the patient was discharged after five days.

DISCUSSION AND CONCLUSION

The increase in the incidence of elderly primigravida results in increase in the risk and complications involved in obstetrics. The causes of elderly primigravida could be delay in marriage, increased commitment towards profession, socioeconomic stability and primary infertility [1]. These reasons should not be the ultimate cause for conceiving late and being held up with complications. In the present case, the patient had pre-eclampsia, with the following conditions;

Pre-eclampsia

This is a multi-system disorder characterized by increased blood pressure of more than 140/90 mm of Hg with or without proteinuria and edema in patients who have been diagnosed for the first time during pregnancy, though the increased BP is common but is not always the first manifestation [1]. This affects one or more organ systems. Hence, clinical early diagnosis and management is very important.

Time of Diagnosis

Diagnosis can be made when mother is above 20 weeks gestation with increased blood pressure and signs of one or more organ involvement like as follows:

Renal Involvement

- ✓ Significant proteinuria–>30 mg/mmol;
- ✓ Oliguria<80 mL/4 h;
- ✓ Serum or plasma creatinine>or=90 micromol/L.

Hematological Involvement

- ✓ Thrombocytopenia<100,000/µL;
- ✓ DIC;
- ✓ Haemolysis;
- ✓ Raised lactate dehydrogenase>600 mIU/L.

Liver Involvement

- ✓ Raised transaminases;
- ✓ Severe epigastric pain or right upper quadrant pain.

Neurological Involvement

- ✓ Persistent, new headache;
- ✓ Persistent visual disturbances;
- ✓ Stroke;

- ✓ Pulmonary edema;
- ✓ Fetal growth restriction;
- ✓ Convulsions (Eclampsia).

A women who delays childbearing or who is having additional children after the age of 35 may have age related concerns. The issues after age 35 certainly includes an increased risk of gestational diabetes, hypertension, genetic disorders and other chronic disorders, therefore preconception period is the best time to answer questions and address these concerns. This may in turn influence decision making in an attempt to reduce the risks of adverse outcomes [4].

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