Late pregnancies and their obstetric outcomes in the Southern Region of Tocantins

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ABSTRACT

Late pregnancy is the term used to characterize women who become pregnant after the age of 35, whether it is a planned pregnancy or not. It is a reality that grows all over the world, a trend of women of this time, caused by several factors, among them, the desire for professional fulfillment. This research aims to describe the obstetric outcomes of late pregnancies in the Southern Region of Tocantins, from 2019 to 2021. It is a descriptive, exploratory, retrospective, documentary study with a quantitative approach, with data obtained through of the Information System on Live Births (SINASC). The study sample consisted of a total of 455 records of pregnant women over 35 years of age. That women have increasingly postponed pregnancy, not necessarily with marital relations but with management, aiming at finishing their studies and entering the job market. Every day the number of cesarean sections increases due to the benefits of natural childbirth for this maid.

Keywords: Late pregnancy, Mother and son, Parity, Risk pregnant.

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INTRODUCTION

Late pregnancy is one that occurs after the age of 35 and is considered riskier, as it is a pregnancy in which the woman is already in the process of declining health, when compared to the health of a younger woman (Andrade, et al., 2004).

Studies indicate that women are postponing motherhood for up to 5 decades of life, with this change in behavior**, the arrival of the first child** is increasingly late and pregnancy after the age of 40 is **increasingly common, however, the pregnancy of women at an advanced age no longer causes astonishment in society** (Corrêa, 2019).

Cezei et al. (1998) state that the ideal age for pregnancy is between 20 and 29 years, and that the extremes of reproductive life are always linked to perinatal complications.

The experience of being a mother after the age of 35 is influenced by numerous factors, among which the circumstances of personal and emotional life stand out, since there is a prejudice of the mother herself in thinking that she will not be able to have a child at an advanced age, worried about the judgment of society, as well as having difficulties in childbirth and no longer having competence for motherhood (Tosta & Silva, 2017).

In the group of women of advanced age, it is often possible to observe the appearance of chronic diseases, such as hypertension, diabetes *mellitus and* others, directly related to the pregnancy process, such as spontaneous abortion, chromosomal abnormalities, maternal mortality, multiple pregnancy, preeclampsia and its complications (Oliveira; Araújo & Ribeiro, 2021).

The cycle of a woman's life is marked by physiological events, such as birth, growth, menarche, reproduction, menopause, aging, and death, accompanying these stages of life and body and mind. Pregnancy is the phase of greatest transformation and, therefore, greatest interaction with the world (Oliveira, 2014).

During pregnancy, the physiological balance of the mother's body is greatly altered, making it generally one of the few moments of contact with health services and a good opportunity for disease screening (Costa et al., 2010).

Fetuses in late pregnancies commonly develop, as in a pregnancy of other maternal periods under 35 years, as long as care is taken by the pregnant woman as a result of the singularities imposed by age (Martins, 2012).

They are also more predisposed to cesarean section and, as a consequence, pathologies such as preeclampsia, gestational arterial hypertension, one of the most frequent complications at the end of pregnancy, reaching an average of 3% to 4%, and in the population over 40 years of age it increases to 5-10% (Silva, 2015).

However, studies have shown that the fetus gestated after the age of 35 years presents chromosomal abnormalities, macrosomia, low birth weight, low Apgar score, fetal death and neonatal

death. Late pregnancy, therefore, requires attention and care from the Brazilian Public Health Network, as the increase in the number of late pregnancies is a Brazilian fact (Bergamini Pereira de Almeida, 2018)

However, nowadays it is notorious that most women seek their professional fulfillment as a priority, before starting a family and having children. One of the main priorities has been to build a solid career, which leads them to late motherhood. Many, only after dedicating efforts to building a solid professional life, think about pregnancy.

Therefore, the study aims to describe the obstetric outcomes of late pregnancies in the southern region of Tocantins, evidenced in the period from 2019 to 2021.

METHODS

This is a descriptive, exploratory, retrospective, documental study with a quantitative approach using data obtained from the Information System on Live Births (SINASC) of the Department of Health Information (DATASUS). The target population of the study were women who were pregnant over the age of 35, in the Southern Region of Tocantins, from 2019 to 2021.

In the SINASC database, provided by the Department of Health Information (DATASUS), and organized in Microsoft® Office 365 Excel version 2013 spreadsheets, with the purpose of identifying possible concordances. A descriptive and exploratory analysis was performed to recognize the variables and correct possible errors. The necessary corrections were made and the organization and analysis of data were applied, applying a quantitative approach.

The study only developed the description of the analysis of secondary data of pregnant women over 35 years of age and no information with the identification of the pregnant women, because there was no direct contact with the individuals involved in the research, as it is a documentary study of the Information System on Live Births (SINASC) obtained for this study. As this was the use of secondary data, there was no need for approval by the Research Ethics Committee (REC).

The target population of this study was composed of a total of 3,794 pregnant women, belonging to the southern region of Tocantins, registered with SINASC, in the period from 2019 to 2021. Of these, 455 (14.54%) were over 35 years of age, which resulted in the research sample. In order to characterize the sample and respond to the objectives of this study, the following variables were observed: Age; Schooling; Marital status; Newborn Weight (NB); Apgar first minute; Apgar Fifth Minute; Number of Queries; Types of Delivery; Ig in childbirth; Type of Pregnancy; Fetal Losses/Abortion; Number of Living Children.

RESULTS AND DISCUSSIONS

The target population of this study was composed of a total of 3,794 pregnant women, belonging to the southern region of Tocantins, registered with SINASC, in the period from 2019 to 2021. Of these, 455 (14.54%) were over 35 years of age, which resulted in the research sample. The sociodemographic profile of the study population is shown in **Table 1.**

Table 1- Sociodemographic profile of pregnant women over 35 years of age in the Southern region of Tocantins, from 2019 to 2021.

VARIABLES	TOTAL		2019		2020		2021	
AGE	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
35-40	393	86,37	134	80,8	116	73,0	134	75,0
41- 45	58	12,74	16	17,9	23	25,5	21	19,8
46-50	4	0,89	1	1,3	1	1,5	2	5,2
SCHOOLING								
NO SCHOOLING	0	0,0	0	0,0	0	0,0	0	0,0
ELEMENTARY I (1st to 4th grade)	0	0,0	0	0,0	0	0,0	0	0,0
ELEMENTARY I I (5th to 8th grade)	3	0,65	0	0,0	0	0,0	3	1,8
MIDDLE SCHOOL	37	8,13	18	11,9	8	5,9	11	6,6
INCOMPLETE UPPER	183	40,21	59	39,1	55	40,4	69	41,6
FULL SUPERIOR	229	50,36	74	49,0	72	52,9	83	50,0
IGNORED	3	0,65	0	0,0	1	0,8	0	0,0
MARITAL STATUS								
SINGLE	92	20,21	21	13,9	30	21,7	41	24,7
MARRIED WOMAN	215	47,25	71	47,1	66	47,8	78	47,0
VIUVA	1	0,21	0	0,0	1	0,7	0	0,0
SEPARATED/DIVORCED	13	2,85	4	2,6	4	2,9	5	3,0
STABLE UNION	128	28,13	52	34,4	35	25,5	41	24,7
IGNORED	0	0,00	0	0,0	0	0,0	0	0,0
NO INFORMATION	6	1,31	3	2,0	2	1,4	1	0,6
TOTAL	455		100%		100%		100%	

Source: The authors.

According to Table 1, in the evaluation of the age variable, it was observed that of the 3,794 women who had late pregnancies between 2019 and 2021, 455 (14.54%) were aged 35 years or older. Data similar to this research were evidenced in Minas Gerais in the study by Fernandes et al., in 2016, which found that 10.89% of those surveyed were in the same age group.

In this regard, Versolato (2019) stated that in an analysis of data from the Ministry of Health, specifically from the Information System on Live Births, the number of women who became pregnant only after the age of 35 increased exponentially and that in a period of 20 years there was a 65% growth in the numbers, reducing, on the other hand, to 15% the number of women who give birth between 20 and 29 years of age (Versolato, 2019).

In the past, people married earlier and at the age of 18 to 25, they already had the experience of being parents. Women who had children over the age of 25 were considered elderly mothers. Over time, women began to consider the ideal age to have their first pregnancy from 20 to 30 years old, and then the late age after 35 years old (Alves. 2017).

It is believed that the fact that women are increasingly inserted in the labor market, empowering themselves to decide when to have children, may be the reason for this change.

With regard to schooling, in this study it was observed that the majority of pregnant women 229 (50.32%) had completed higher education, which differs from the study by Silva et al, (2009), represented by 54.61% of pregnant women with complete high school.

According to Munõs et al., (2013) the group in their study had a low level of education, with the highest percentage (29.6%) of women with complete elementary education, followed by 27.1% of women with incomplete elementary education. In another study, it was indicated that about 22% of those surveyed had at least 8 years of schooling (Neme, 2000).

This data makes it clear that one of the reasons for women to postpone pregnancy would be for them to complete a higher education course, with a view to entering the labor market, with a differential to meet its requirements.

Regarding marital status, 215 (47.2%) of the interviewees were married and 128 (28.13%) had a stable union. This is close to the research by Fernandes et al., (2021), with 49.7% married, 27.3% in a stable union, 20.8% single, and only 2.2% in the other categories.

In another study, it was reported that 75% of the majority were married, with four 20% separated and one single 5% (Andreia, et al., 2013).

According to **Table 2**, Distribution of obstetric outcomes in Gurupi-TO/2022

Table 2 – Distribution of obstetric outcomes in Gurupi-TO/2022

VARIABLES	N= 455		2019		2020		2021	
NEWBORN WEIGHT IN GRAMS	**N**	**%**	**N**	%	**N**	%	**N**	%
1001--- 1500	1	0,21	0	0,0	1	0,7	0	0,0
1501--- 2000	1	0,21	0	0,0	1	0,7	0	0,0
2001--- 2500	21	4,61	6	4,0	7	5,1	8	4,8
2501--- 3000	103	22,63	41	27,2	30	21,7	31	18,7
3001---3500	189	41,53	55	37,0	53	38,4	79	47,6
3501--- 4000	111	24,39	37	24,5	37	26,8	39	22,9
4001--- +	29	6,37	11	7,3	8	6,6	10	6,0
APGAR 1ST MINUTE								
0--- 7	26	5,71	9	0,7	10	0,7	7	0,6
8--- +	429	94,29	142	99,3	128	99,3	159	99,4
APGAR 5TH MINUTE								
0--- 7	3		1	6,0	1	7,2	1	4,2
8--- +	452		150	94,0	137	92,8	165	95,8
QUERY QUANTITY								
0---0	0	0,0	0	0,0	0	0,0	0	0,0
1--- 3	85	18,68	5	3,3	32	23,2	48	28,9
4—6	259	56,93	35	23,2	106	76,8	11	71,1
7-- +	111	24,39	111	73,5	0	0,0	0	0,0
TYPE OF CHILDBIRTH								
VAGINAL	76	16,70	33	21,9	21	15,2	22	13,3
CESAREAN	379	83,30	118	78,1	117	84,8	144	86,7
GA AT DELIVERY IN WEEKS								
1-22s	0	0,0	0	0,0	0	0,0	0	0,0
23- 27s	3	0,65	0	0,0	0,7		2	1
28- 31s	2	0,43	0,7		0,7		0	0,0

32- 36s	33	0,72	7,3		10,1		8	4,8
37- 41s	404	88,79	89,4		87,0		149	89,8
42- +	11	2,41	2,6		1,5		5	3,0
AS INFOR.	2	0,43	0	0,0	0	0,0	2	1,2
TYPE OF PREGNANCY								
TWIN	6	1,31	0	0,0	4	2,9	2	1,2
UNIQUE	449	98,69	151	100,0	134	97,1	164	98,8
FETAL LOSSES/ABORTION								
0	304	66,81	94	61,7	93	67,4	117	70,5
1	108	23,75	40	26,5	31	22,5	37	22,3
2	34	7,47	13	8,6	10	7,2	11	6,6
3	6	1,32	2	1,6	3	2,2	1	0,6
4	1	0,21	1	0, 7	0	0,0	0	0,0
5	2	0,43	1	0,7	1	0,7	0	0,0
NUMBER OF LIVING CHILDREN								
0	105	23,07	36	23,9	230	16,7	46	27,7
1	162	36,33	57	37,8	62	44,9	43	25,9
2	93	20,43	24	15,9	31	22,5	38	22,9
3	43	9,45	15	9,9	12	8,7	16	9,6
4	20	4,39	8	5,3	6	4,3	6	3,6
5	12	2,63	7	4,6	3	2,2	2	1,2
6	4	0,87	0	0,0	0	0,0	4	2,4
7	4	0,87	2	1,3	1	0,7	10	0,6
8	2	0,43	2	1,3	0	0,0	0	0,0
9	0	0,0	0	0,0	0	0,0	0	0,0
10	10	2,19	0	0,0	0	0,0	10	6,0
TOTAL	455		100%		100%		100%	

Source: The Authors.

According to Table 2, in the evaluation of the newborn's weight, it was found that the weight of 3001g to 3500g 189 (41.53%) was the most prevalent, while the minority was below 2000g, which according to the study carried out in Paraná in 2021 by Tibes – Cherman, et al., and there were no differences between them where there was a frequency of newborns weighing more than 2,500g (90.7%), most of these were full-term (85.2%).

In relation to the Apgar score, the 1st minute was evidenced with a higher frequency of 8 to +, represented by 92.30% (429) of the newborns (NBs), while the Apgar score between 0 and 7 was present in 7.70% (26) of the newborns. The 5th-minute Apgar score also showed a higher frequency of 8 to + 452 (99.34%) and a lower frequency of 0 to 7 (0.66%). In the research carried out by Tibes – Cherman, et al, (2021), a comparison was made with the types of delivery and Apgar scores, and there were no significant differences between them. Both in surgical and vaginal deliveries, in both the Apgar scores in the first and fifth minutes, above 7, were more evident.

Regarding the number of consultations, 259 of the sample (56.92%) had 4 to 6 prenatal consultations, while 85 (18.68%) of the pregnant women had less than 3 consultations during pregnancy.

The research by Silva et al., (2019) shows data contrary to those obtained in the present study, as the majority of pregnant women 83.07% had more than seven prenatal consultations.

Health professionals should be a reference for pregnant women and the information they provide to them before and during prenatal care is strictly associated with the good emotional development of women during pregnancy. Although the physician is the main reference for them, the nurse plays a fundamental role in guiding health care during pregnancy and postpartum, in caring for the newborn and in supporting the woman's subjective needs (Aldrighi et al., 2016).

In the older group, it is often possible to observe the appearance of chronic diseases, such as hypertension, diabetes mellitus and others, directly related to the pregnancy process, such as spontaneous abortion, chromosomal abnormalities, maternal mortality, multiple pregnancy, preeclampsia and its complications (Oliveira; Araújo & Ribeiro, 2020).

Providing guidance on the importance of performing at least 6 consultations during prenatal care is a fundamental role of nursing care. The nurse should encourage the pregnant woman to take care of herself at this stage of the life cycle in order to avoid complications. Since this care deals with the binomial mother and child.

Regarding the type of delivery, in this study, it was found that 379 of these (83.29%) were cesarean sections and 76 (16.71%) vaginal delivery. These data contradict the study by Silva, et al., (2019), which revealed the type of vaginal delivery with a higher prevalence of 70%, to the detriment of cesarean delivery with 29.83%.

The number of vaginal deliveries, therefore, drops at the end of pregnancy due to various incidences of prematurity, resulting in an increase in caesarean sections. It is worth mentioning that there may be a risk factor combined with other complications due to the lack of correct prenatal care and proper quality care during childbirth (Oliveira et al., 2014).

Several factors are related to the choice of the type of delivery, as reported by Silva et al., (2022) when they say that there is a need, especially for nurses, among health professionals to carry out educational actions, preventing pregnant women from having mistaken knowledge that does not actually match reality.

According to Oliveira et al., (2011), the number of vaginal deliveries tends to decrease due to various incidences of prematurity, resulting in an increase in cesarean sections. It is worth mentioning that there may be risk factors associated with complications such as the lack of correct prenatal care and quality childbirth care.

Regarding gestational age, it was observed that most pregnancies evolved with gestational age between 37 and 41 weeks, allowing most of the deliveries to occur at term, respectively.

Also, in this research, it was noticed that regarding the type of pregnancy, 98.68% were of the single type and only 1.32% of the twin type. Singleton births tend to have fewer complications than twins,

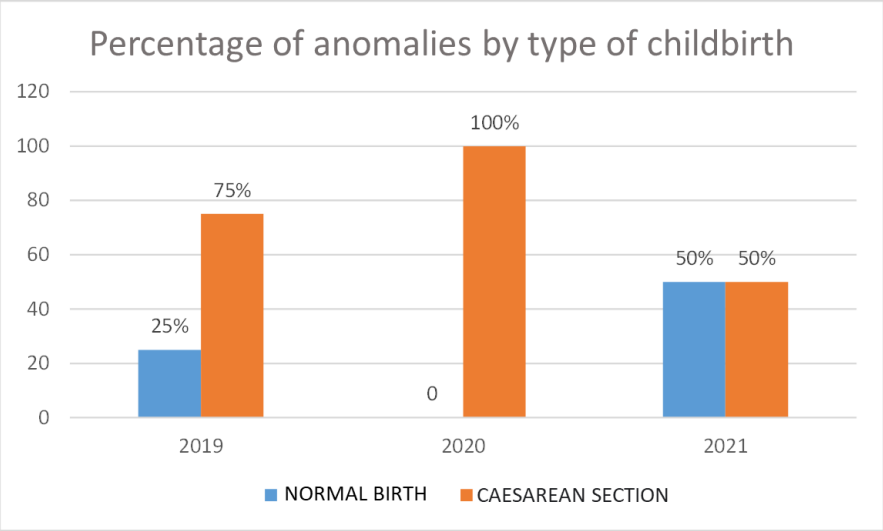
For Butuca et al., (.2022) it is known that twin pregnancy is associated with complications such as a higher risk of occurrence of metabolic alterations. It is estimated that about 1 to 3% of all births result from a twin pregnancy, contributing to 10% of perinatal mortality.

Regarding fetal losses/abortions, this research showed that 108 women (23.73%) had 1 (one) loss/abortion and 304 pregnant women (76.27%) did not have any fetal loss/abortion.

In the study by Cecatti et al. (2010) it was observed that the abortion rate increased with the age of the women, with the highest proportions among those over 35 years of age (3.9%). With aging, several factors can interfere with the proper development of the embryo, especially the exposure of the eggs to environmental factors for a longer time, changes in the uterine endometrium, which can reflect in the deficient nutrition of the fetus (Silva, et al., 2015).

In the group of pregnant women over 35 years of age, it is possible to observe the onset of chronic diseases, such as hypertension, diabetes *mellitus and* others, directly related to the pregnancy process, such as spontaneous abortion, chromosomal abnormalities, maternal mortality, multiple pregnancy, preeclampsia and its complications (Oliveira; Araújo & Ribeiro, 2020).

GRAPH 1- Percentage of anomalies by type of delivery, municipality of Gurupi, between the years 2019 and 2021.



Source: The Authors

The present study revealed that although the pregnant women in question were over 35 years of age, there was no increase in the number of fetal complications, as seen in Graph 1 above, where the highest percentage of these were associated with surgical delivery. The anomalies found in this study were Down syndrome, cleft palate, cervical spina bifida, hypospadias, winged neck, and gastrochisis.

Motherhood after the age of 35 is challenging, the chances of getting pregnant decrease, the woman has fewer eggs, being less fertile, increasing the likelihood of genetic problems, such as Down Syndrome, and the development of diabetes, hypertension reaching more severe forms such as

preeclampsia. In this sense, it is essential that prenatal care is started as early as possible, avoiding such complications (Amorim et al., 2017).

However, studies have shown that the fetus born at the age of 35 years or later has chromosomal abnormalities, macrosomia, low birth weight, low Apgar score, fetal death, and neonatal death. Late pregnancy, therefore, requires attention and care from the Brazilian public health network, as the increase in the number of late pregnancies is a Brazilian fact (Bergamini Pereira de Almeida, 2018).

FINAL THOUGHTS

The study made it possible to identify the high rates of late pregnancies over the age of 35, one of the main priorities has been to build a solid career, which leads them to late motherhood. Nowadays they seek their professional fulfillment, it is notorious that most women, as a priority, before starting a family and having children.

In view of this study, it is observed that the results showed high rates of women who became pregnant later, even if they entered into marital relations. Despite all the advances in science, the availability of state-of-the-art technological resources, which allow monitoring the pregnancy more closely, monitoring the mother and child, ensuring fewer complications in this period.

The study pointed out that, currently, the postponement of pregnancy comprises multiple factors, among them, the woman's search for financial independence, desire for marital union, increasing schooling, greater access to contraceptive methods, as well as information, better socioeconomic status and even prioritization of solid construction in their professional careers, and only then think about a pregnancy.

Emphasizing the extreme importance of prenatal care, where any pathologies inherent to pregnancy can be detected, monitored and more serious problems can receive the proper treatment, when not remedied.

It should be said that it is necessary for Primary Care professionals to be more attentive and present in the daily lives of these women, monitoring the entire process, whether they are pregnant or in the process of planning their pregnancy.

Given this reality, this research hopes to have contributed to demystifying this increasingly common context in the daily lives of health professionals.

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