



Principles of care for pregnancies in women of very advanced maternal age >45

Another concern is increasing maternal age.

Whilst pregnancy can be achieved with donor oocytes/embryos in this age group, the risk of complications is increased. In order to minimise pregnancy risk, and determine suitability for pregnancy, it is reasonable to:

1. Assess fitness for pregnancy with history, BP check, bloods to assess metabolic fitness (GTT, lipids, biochemistry) and cardiac assessment
2. Document increased risks in pregnancy and/or refer to an obstetrician for counselling. There is limited data but there is an
 - a. Increased risk of hypertensive disorders in pregnancy
 - b. Increased risk of gestational diabetes
 - c. Increased risk of perinatal morbidity
 - d. Increased risk of operative delivery
3. Discuss the use of aspirin to reduce risk of preeclampsia
4. Mandated single embryo transfer if known euploid embryo.

It may be appropriate to refer the patient for a review appointment with a medical consultant/obstetric physician for a further assessment and opinion re the medical risks of pregnancy.

It is reasonable to deny treatment if there are medical conditions in this age group which increase the risks substantially such as hypertension or diabetes. In this instance, best discussed at MAC.

Reference

Oocyte or Embryo donation to women of advanced reproductive age: an Ethics Committee opinion *Fertil Steril* 2016;106:e3–7.

The above information can be found in the “Reproductive health management clinical guidelines” document, on the Repromed intranet. Please refer to the full document.