

**AGE RELATED PREGNANCY COMPLICATIONS AND ITS MANANAGEMENT IN  
WOMEN OF LAHORE****Bushra Fayyaz<sup>\*1</sup> and Bushra Ali Sherazi<sup>2</sup>**

Department of Pharmacy, Lahore College for Women University, Lahore.

**\*Corresponding Author: Bushra Fayyaz**

Department of Pharmacy, Lahore College for Women University, Lahore.

Article Received on 04/03/2018

Article Revised on 25/03/2018

Article Accepted on 15/04/2018

**ABSTRACT**

Age of mother at the time of conception has been established to encompass a considerable association in the midst of pregnancy related effect and health of mother. Typically, extremely young (less than and equal to 20 years) as well as aged (equals to and greater than 35 years) women have been categorized as elevated menace for baby bearing. In recent times education, financial, career and further goals encompass women to holdup childbearing all over the globe. This type of tendency is moreover becoming noticeable in Pakistan, mainly in the higher middle class, educated and wealthy women, as they turn into gradually more empowered. This review demonstrate the relationship between age of mother, age related complication in pregnancy and management. Physicians must be build up the efficient counseling approach in view of these complications for their patients, further more studies are compulsory to determine the thoughts of women, chiefly those women who are belonging to the upper as well as middle classes, as regards late childbearing, so as to help physicians in create efficient counseling strategies.

**KEYWORDS:** Age, Pregnancy, Complication Management.**INTRODUCTION**

In the USA, amid 1980 to 2004, the ratio of the entire birth augmented two fold up in women having age of thirty, three fold in women having age of 35 also almost four fold in the women having age of 40 years. The purpose of this review be to assess the menace of pregnancy related complication as well as the undesirable result amid rising motherly age.<sup>[1]</sup> Teen pregnancy is the universal dilemma bearing severe societal moreover medical implication linking to the motherly and teenager health.<sup>[2]</sup> Motherly obesity bring important menace for the foetus and mother. The menace amplified by the extent of obesity as well as keep on later than accounting for further mystifying demographic feature.<sup>[3]</sup> Various possible clarification for the connection amid low motherly age as well as undesirable pregnancy effect have been recommended. In comparison with elder mothers, teenage mothers be further expected to come chiefly from a not as good as social environment, include insufficient prenatal concern, as well as contain deprived healthy lifestyle. Teenage mothers might further more be different from elder mothers in expressions of physique, heaviness, and weight gain throughout pregnancy. Contrast with women aged 20 to 24 years, girls having the age of 17 years or fewer were at elevated possibility for preterm birth.<sup>[4]</sup> In general, women who belongs from the developing countries, they give delivery prior to the age of twenty ranging from eight percent in the east Asia to fifty five percent in the west Africa. investigation of the nearly all

current as well as finest value data from the statistics of government for dissimilar countries or else from worldwide analysis demonstrate that problem from pregnancy were the chief reason of decease for girls having age from 15 years -19 years of poorer quality countries.<sup>[5]</sup>

**LITERATURE REVIEW**

Women having age greater than forty years has elevated or for the similar menace. expecting women who have age greater than equal to 35 years be at amplified menace of dilemma in pregnancy contrast amid younger women. The quantity of offspring born to women who have the age of greater than 30s have gradually more amplified above the long ago decade. The published data on the risks associated with childbirth at >35 years are inconsistent. It is known that elder women be more prone to encompass pre existing medicinal disarray for example hypertension or diabetes mellitus.<sup>[6]</sup> Several reading encompass established an augmented frequency of the malpresentation, antepartum haemorrhage. Highly developed maternal age is moreover hypothesize as an self governing menace aspect for squat birth weight and preterm delivery.<sup>[7]</sup> Insufficient communal support is associated to depression in women throughout the pregnancy as well as in post partum phase.<sup>[8]</sup> Women at the extreme of motherly age encompass the maximum menace of the pre-eclampsia.<sup>[9]</sup> Full-grown gravida are at an amplified menace for spontaneous abortion, hypertension during pregnancy, gestational diabetes, and

abdominal delivery and macrosomia.<sup>[10]</sup> Pregnant women fewer than eighteen years old were additionally liable to deliver preterm than elder women. In nearly all other respect they have fewer motherly as well as perinatal morbidity moreover they were mostly have regular vaginal delivery. Anemia was most frequent in younger women and may have been source by of poorer quality nutrition. Small income teenaged women are further liable to be in poorer nutritional state prior to conception than elder women, and the effects of deprived diet are worsen by augmented use of vital substrates in teenagers.<sup>[11]</sup> Prophylactically used of antibiotic can reduce the incidence of infection in c-section significantly.<sup>[12]</sup>

Women amid GDM treated by metformin along with alike baseline menace factors for undesirable pregnancy result had fewer weight increase along with enhanced neonatal result contrast amid those treated through insulin.<sup>[13]</sup> In gestational hypertension methyldopa was related with considerably better fetal survival. With methyldopa increase maternal benefit, a decrease in the amount of episodes of unsafe hypertension equally prior to as well as during labour. By using methyldopa as the management of choice, side-effects were lesser. The use of methyldopa during pregnancy be restrained to situations wherever the hypertension is unsafe to the mother.<sup>[14]</sup> Nalbuphine was superior to propofol in the treatment of intrathecal morphine induced pruritus after cesarean delivery.<sup>[15]</sup> Jointly dissimilar analgesic system can decrease postoperative pain. The combination of tramadol and diclofenac is more useful for postoperative analgesia as well as prevention of sensitization in comparison that the two drugs given separately.<sup>[16]</sup>

## CONCLUSION

Age definitely effect on pregnancy related complications. Adolescent  $\leq 20$  years and older pregnant women having age  $\geq 35$  years are at risk of developing the complications. Adolescent pregnant women's had not knowledge and awareness about the pregnancy related complications.

For hypertension methyldopa is useful. For the GDM treatment metformin is drug of choice. Diclophenac is more useful for post operative analgesia. Its analgesic effect is good. Use of antibiotic prophylactically reduced the incidence of infection in c section.

## REFERENCES

1. B. Luke and M. B. Brown, "Elevated risks of pregnancy complications and adverse outcomes with increasing maternal age," *Hum. Reprod.*, 2007; 22(5): 1264–1272.
2. P. Mukhopadhyay, R. N. Chaudhuri, and B. Paul, "ndiHospital-based perinatal outcomes and complications in teenage pregnancy in Ia," *J. Heal. Popul. Nutr.*, 2010; 28(5): 494–500.
3. N. Sebire et al., "Maternal Obesity and Pregnancy Outcome: A study of 287,213 pregnancies in London," *Int. J. Obes.*, 2001; 25: 1175–1182.
4. P. M. O. Olausson, S. Cnattingius, and R. L. Goldenberg, "Determinants of poor pregnancy outcomes among teenagers in sweden," *Obstet. Gynecol. Surv.*, 1997; 89(3): 451–457.
5. S. Mayor, "Pregnancy and childbirth are leading causes of death in teenage girls in developing countries.," *BMJ*, 2004; 328(7449): 1152.
6. J. P. Hansen, "Literature Review - Older Maternal Age.pdf."
7. M. Jolly, N. Sebire, J. Harris, S. Robinson, and L. Regan, "The risks associated with pregnancy in women aged 35 years or older.," *Hum. Reprod.*, 2000; 15(11): 2433–2437.
8. G. J. Desai Nimisha D, Mehta Ritabhara Y, "Study of prevalence and risk factors of postpartum depression," *Natl. J. Med. Res.*, 2012; 2(2): 194–198.
9. C. V. Ananth, K. M. Keyes, and R. J. Wapner, "Pre-eclampsia rates in the United States, 1980-2010: Age-period-cohort analysis," *BMJ*, November, 2013; 347: 1–9.
10. C. H. A. N. Nel, "Original Article Pregnancy Outcome in Mature Gravida in Industrial Area of Karachi ," 2012; 18(4): 49–52.
11. M. C. Jolly, N. Sebire, H. S. Robinson, and L. Regan, "Obstetric of Pregnancy in Women Less Than 18 Years Old," *Obstet. Gynecol.*, 2000; 7844(96): 962–6.
12. T. K. Pedersen and J. Blaakaer, "Antibiotic prophylaxis in cesarean section," *Ugeskr. Laeger*, 1997; 159(9): 1265–1267.
13. J. Balani, S. L. Hyer, D. A. Rodin, and H. Shehata, "Pregnancy outcomes in women with gestational diabetes treated with metformin or insulin: A case-control study," *Diabet. Med.*, 2009; 26(8): 798–802.
14. C. W. G. Redman, L. J. Beilin, and J. Bonnar, "Treatment of Hypertension in Pregnancy With Methyldopa: Blood Pressure Control and Side Effects," *BJOG An Int. J. Obstet. Gynaecol.*, 1977; 84(6): 419–426.
15. L. A. Magee et al., "Therapy with both magnesium sulfate and nifedipine does not increase the risk of serious magnesium-related maternal side effects in women with preeclampsia," *Am. J. Obstet. Gynecol.*, 2005; 193(1): 153–163.
16. C. H. Wilder-Smith, L. Hill, R. A. Dyer, G. Torr, and E. Coetzee, "Postoperative sensitization and pain after cesarean delivery and the effects of single IM doses of tramadol and diclofenac alone and in combination," *Anesth. Analg.*, 2003; 97(2): 526–533.