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Rachael Wills, Trisha Johnston

For further information contact:

Health Statistics Unit
Queensland Health
GPO Box 48
Brisbane Queensland 4001 Australia
tel (+61) (07) 3234 1875
hlthstat@health.qld.gov.au
www.health.qld.gov.au
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Rachael Wills, Trisha Johnston
Health Statistics Unit, Queensland Health

In much of the developed world there has been a trend to delay the age of childbirth. Over the past 24 years in Queensland, the average age of mothers giving birth has increased by 2.3 years (from 26.9 in 1987 to 29.2 in 2010). Nationally, the average mother is older than in Queensland, but a similar increase in age is being observed. Because increasing maternal age is associated with a greater frequency of pregnancy complications, it is important to understand more about this group of older mothers to inform planning and service delivery.

Data from the Queensland Perinatal Data Collection (QPDC) indicate that the number of mothers aged 35 years or more has been steadily increasing at 6% p.a. since 1987 (figure 1), while the number of mothers aged 40 years or more has been increasing at a slightly higher rate of 7% p.a. Around half of this increase has been driven by the increase in population of women in this age group. In the most recent two years there were approximately 23,900 mothers who birthed aged 35 years or older: the equivalent of almost 33 per day. This number could increase to approximately 56 mothers per day by 2020 if this trend continues at the present rate (accounting for increases in the population and increasing prevalence in childbirth among older women).

Older mothers have generally higher socio-economic status (SES), with 60% living in the most advantaged half of statistical local areas (compared with 46% for mothers under 35 years). Overall, 10% of older mothers used assisted reproductive therapy (ART) for their pregnancy (compared with 3% in births among women less than 35), and this rate increased with increasing SES (figure 2), and increasing age (figure 3). The chance of a mother using ART from the age of 35 onwards increased by 10% per year (of age, adjusted for SES) and by 12% per one-decile increase in SES (adjusted for maternal age).

Older mothers also had a higher percentage of multiple births than younger mothers (2.5% v.s. 1.4%), which is likely to be mostly due to the increased rates of ART among this age group. Almost one-quarter (24%) of mothers aged 35 or more were primiparous, and these mothers were more likely to have a caesarean birth than multiparous mothers (54% vs 42%). However, regardless of parity, the proportion of mothers delivering via caesarean section increased with age (figure 4).

Compared to younger mothers, mothers aged 35 years and over were less likely to be Indigenous (3% vs. 6%), to smoke (12% vs. 20%), and to be underweight (3% vs. 5%). They were slightly more likely (4%) to be overweight (28% vs 27%) but equally likely to be obese (21%). Older mothers were also 35% more likely to be born overseas (28% vs. 21%), and 73% more likely to give birth in a private facility (45% vs. 26%). Older mothers made greater use of private practitioners for the provision of antenatal care (figure 5).
Key points to note from these results for service delivery policy and planning are the higher rates of ART, caesarean section, and use of the private sector for antenatal care and delivery associated with births among mothers aged 35 years or more. In particular, if increases in the rate of caesarean section are to be addressed, it will be important to understand reasons for the excess in caesarean section births in this cohort compared to in births in younger women.

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References