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Original Research Article

## Fetomaternal outcome among elderly gravida and normal age group mothers

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### ABSTRACT

**Background:** Advanced maternal age is defined as 35 years or more at estimated date of delivery is considered to have higher incidence of obstetric complications and adverse pregnancy outcome than younger women. Maternal age plays a vital role in pregnancy outcome. This study is instituted with the idea of identifying the association of advanced maternal age and adverse pregnancy outcome. Objective was to compare demographic characteristics and maternal outcome in elderly pregnancy in comparison with normal age group pregnancy. To compare perinatal outcome of elderly pregnancy with normal age group pregnancy.

**Methods:** This was comparative case control study conducted at department of obstetrics and gynecology, Tirunelveli medical college hospital in 100 patients, about 50 in each of the 2 groups with maternal age > 35years and < 35 years. A group 1 (study group) was pregnant women of age >35 years and group 2 was pregnant women of age >18 years and <35 years. Pregnant women of age < 18 years and pregnant women having major medical disorders before pregnancy were excluded from study.

**Results:** Among the study group incidence of artificial conception; spontaneous abortion; overt diabetes; chronic hypertension; preeclampsia; gestational hypertension ; fetal complications like FGR; shoulder dystocia were statistically significant.

**Conclusions:** This study concludes that there is raised maternal morbidity and operative interventions needed with increasing age. Close monitoring for any complications is vital as early diagnosis and intervention will bring an excellent maternal and fetal outcome.

**Keywords:** Fetal and maternal complication, Maternal age, Pregnancy outcome

### INTRODUCTION

Research study is done to evaluate a problem in the area of interest and to draw conclusions. Review of literature is finding datas in area of interest and portraying a clear picture of available knowledge in that topic.

Literature review which is scrutinizing the written information in the area of interest which are as follows.

#### *Study on antenatal complications*

Study conducted in Nigeria at Port Harcourt hospital to find the pregnancy outcome in elderly women.<sup>1</sup> Sample consisted of elderly women aged more than 35 yrs considered as cases and control group with women less than 35 years. Results were among 5147 delivering women 74 were in age group more than 35 and the incidence of operative delivery and preterm delivery and fetal macrosomias are significantly higher among elderly women.

Prospective study done in Ethiopia at Saint Pauls and Tikuranbessa teaching hospital.<sup>2</sup> Sample selected are 174 primigravidae delivering in age between 20 to 34 years and 174 primigravidae in the age group above 35 years. Study results were obstetric complications are high in elderly age group especially hypertension. A study conducted in Bombay at Lokmanyatilak Municipal General Hospital to compare the outcome of pregnancy in elderly gravidae and young women. The sample consisted of 370 cases of elderly and young women. Study results are there is increased incidence of breech presentation, and increase in duration of labour and operative intervention in labour among elderly gravidae.

### ***Studies on complications in labour***

Retrospective cohort study done in Taiwan to find the pregnancy and perinatal outcome in elderly gravidae. Study subject were 39763 Taiwanese women. Results were there is a rise in mean maternal age from 28 years to 29.7 years and the number of women delivering at 35 years or older increased to 19.1% from 11.4%, pregnancy complications rised 1.5 fold and perinatal complication rised 1.6 to 2.6 fold. Study shows increased incidence of preterm delivery, operative vaginal delivery and cesaerean delivery. Retrospective study done in California University in Department of obstetrics and gynaecology, to find the length of labour in laboring women in various age group. It was concluded that length of labour increases evidently with maternal age.

Desai et al study observed more possibility of breech presentation in advanced age pregnancy compare to younger age group pregnancy.<sup>3</sup> Ambiye et al study done in 1994, observed increased incidence of malpresentation in advanced age pregnancy.<sup>4</sup> Milberg et al study, conducted during 1991, to assess the risk of cesarean section in elderly pregnancies.<sup>5</sup> Study results showed more number of cesaerean section in elderly. A comparative study done in POF hospital Wahcant to find the fetal and maternal outcome in elderly gravidae. Sample consisted of 156 elderly gravidae. Gestational hypertension is the commonest complications in elderly gravidae, there is increased incidence of diabetes, malpresentation operative delivery, preterm labour, chronic hypertension, fibroid uterus and as far as the fetus is concerned there is increased incidence of congenital malformations among fetus and IUGR and perinatal death rate is also high.

A retrospective study done in UK to find the obstetric outcome in advanced maternal age. Sample for the study 41327 women aged between 35 and 40 years, and 7331 women aged more than 40 years.<sup>6</sup> Result of the study showed that among women aged 35-40 years there is increased incidence of gestational diabetes, malpresentation, placenta praevia, and cesaerean section, instrumental delivery, preterm birth, low birth weight, still birth, post-partum haemorrhage.

Another study in Malaysia to find the obstetric outcome in elderly gravidae, sample for the study are 240 elderly gravidae and 250 young women delivering during same period.<sup>7</sup> They found that there is increased occurrence of impaired glucose tolerance, gestational diabetes, preeclampsia, and increased duration of labour, premature delivery, ante partum haemorrhage like abruption and placenta praevia, malpresentation. LSCS rate was found to be 40.4% in elderly gravidae and 6.8% among young women. Perinatal death rate was found to 46 per 1000 in elderly gravidae.

### ***Studies on complications in post partum period***

A retrospective study done in Women and children hospital, Losangeles.<sup>1</sup> The study done to find the relation between elderly pregnancy and utero placental insufficiency. The study conclusion was that there is an increase in incidence of uteroplacental insufficiency among elderly, as far as fetus is concerned fetal congenital anomalies, preterm delivery and still birth rate are increased 2 fold in elderly gravidae. Retrospective study done in Amin hospital Iran to find maternal and fetal outcome among elderly gravidae.<sup>2</sup> Study subjects consisted of 355 elderly primigravidae, compared with 355 women in age <35 years. The study conclusion where there is increased incidence of malpresentation, multiple pregnancy, postdated pregnancy and prolonged labour, increase in instrumental delivery and operative delivery, gestational hypertension, toxemia in pregnancy, antepartum and postpartum haemorrhage and increased perinatal mortality. But occurrence of congenital malformations among fetus of both the group was found to be equal except for the incidence of downs syndrome.

### ***Studies on complications in fetus***

A study in Norway to find the fetal outcome in elderly gravidae. Sample are all ongoing pregnancies after 16 weeks in elderly women aged >35 years.<sup>3</sup> The study concluded that perinatal death was found to be 1.4 times increased. Women aged > 40 years had greatest perinatal mortality both in term and post term pregnancies. A study done in China for diagnosing down syndrome based on maternal serum screening.<sup>4</sup> Sample for the study were 6000 pregnant women and they were subjected to antenatal screening. Positive result in 95.5% in women aged >35 years and in 8.2% in women aged <35 years fetal congenital anomaly in 4.5% in women aged > 35 years and in 2.9% women aged <35 years.

A prospective study was done in New York to find the effect of maternal age in obstetric outcome, 3 groups were studied 1. women aged <35 years 2. Women aged 35-39 years 3. 40 years and older. Sample for the study are 36056 in that 28398 were less than 35 years 6294 were 35-39 years and 1364 were 40 years old. Study showed that increasing age was significantly associated with miscarriage and chromosomal abnormality and congenital anomaly in fetus, increase in occurrence of gestational

diabetes, abruption, placenta praevia, caesarean delivery, preterm delivery, increased perinatal mortality.<sup>5</sup> A study was done at four Utah tertiary care hospitals in California to assess the maternal and fetal outcome in women aged >45 years. Sample consisted of 44 women aged <45 years 46 women aged 45 years 14 women aged >47 years. Conclusion for the study was among the women aged >45 years it was noted that there was increased incidence of chronic hypertension, hypothyroidism, abnormal karyotype in fetus, gestational diabetes, caesarean delivery, fetal macrosomia.<sup>6</sup>

## METHODS

This was comparative case control study conducted at department of obstetrics and gynecology, Tirunelveli medical college hospital in 100 patients, about 50 in each of the 2 groups with maternal age > 35 years and < 35 years for 8 months.

Women conceiving over the age of 35 years (according to international federation of gynaecology and obstetrics) are considered as elderly gravidae.

Based on this index patients are divided into 2 groups. Group 1 was pregnant women of age >35 years and Group 2 was pregnant women of age <35 years.

### Inclusion criteria

Group 1: (study group) pregnant women of age > 35 years, Group 2: pregnant women of age >18 years and <35 years were excluded.

### Exclusion criteria

Pregnant women of age < 18 years, and pregnant women having major medical disorders before pregnancy were excluded.

### Methodology

About 100 patients who came to Tirunelveli medical college hospital OG department OPD and labour ward from February 2022 to November 2022 were included in the study after getting proper informed consent. In all the pregnant mothers enrolled in the study a detailed history, examinations, and required investigations were done. Depending upon their age each of them were allocated into 2 separate groups. Pregnant mothers were advised to have atleast 3 antenatal visits in TVMCH, and delivery in Tirunelveli medical college hospital for proper follow up of our study.

### Statistical analysis

It is a comparative prospective study done between 2 groups. The data will be entered into MS Excel and analysed using SPSS latest version. The data gathered are presented in the form of graphs, tables and bar charts. The

outcome of selected variables in both the groups will be calculated by t-test, chi-square test, odds ratio and P value will be calculated. Categorical variable will be measured as frequency and percentage. Continuous variable in normal distribution will be measured as mean and standard deviation. For data not following the normal distribution median and inter quartile range will be used. A variable is said to be statistically significant when the p value <0.05. Women conceiving over the age of 35 years (according to international federation of gynecology and obstetrics) are considered as elderly gravidae.

## RESULTS

Mean age of women in group 1 is 39.07±2.08 yrs and that in group 2 was 25.70±2.92 years. Mean weight of women in group 1 was 77.93±10.63 kg and that among women in group 2 was 53.62±10.15kg. Mean height of women in group 1 was 154.02±4.12 cm and among women in group 2 was 155.62±5.09cms. BMI of women in group 1 was 35.47±3.12 and that among women in group 2 was 21.26±2.92. Mean gestational age at delivery was found to be 31.14±8.54 weeks among women in age >35 years and 36.63±4.12 weeks among women in age <35 years (Table 1).

**Table 1: Age, anthropometry and gestational age.**

Variable	>35 years	<35 years
Age	39.07±2.08	25.70±2.92
Weight	77.93±10.63	53.62±10.15
Height	154.02±4.12	155.62±5.09
BMI	35.47±3.12	21.26±2.92
Gestational age	31.14±8.54	36.63±4.12

Incidence of abortion in our study showed that among women in age >35 years 12% had spontaneous abortion. Incidence of spontaneous abortion among elderly was found to be statistically significant as the p value <0.041, among women in age <35 years none had spontaneous abortion (Table 2).

**Table 2: Mode of conception and early pregnancy complications.**

Variable	>35 years		<35 years		P value
	No.	%	No.	%	
Artificial conception	Yes	23	46	7	<0.001
	No	27	54	43	
Spontaneous conception	Yes	6	12	0	0.041
	No	44	88	50	

Among women in age >35 years and <35 years the incidence of overt diabetes was found to be 14% and 6% respectively in the study group which was statistically significant as the p value <0.0014. Coming to occurrence of chronic hypertension among women in age more than >35 years incidence was 22% and among women in age group <35 years the incidence was only 4% which is

statistically significant as the p value <0.004. This study result indicates that there is definite increase in medical complications in elderly pregnancy. This could be due to age related changes in artery, and occurrence of obesity. Preterm delivery was found in 38% among women in age >35 years and in 22% of women in age <35 years, this was found to be statistically insignificant as the p value was 0.081. The increased incidence could be due increased occurrence of GHT and its complications viz Abruptio and preeclampsia and eclampsia. The incidence of placenta praevia among women in age >35 years was found to 12%. No one among women in age <35 years had placenta praevia which was statistically significant as the p value <0.022. Fibroid was found in 14% of women in age >35 years, and none among women in age <35 years had fibroid, which is statistically significant as the p value 0.012.

**Table 3: Medical complications in elderly gravida.**

Variable	>35 years		<35 years		P value
	Yes	No	Yes	No	
<b>DM</b>	Yes	7	14	3	0.014
	No	43	86	47	
<b>Chronic hypertension</b>	Yes	11	22	2	0.004
	No	39	78	48	
<b>Preterm</b>	Yes	20	40	12	0.081
	No	30	60	38	
<b>Placenta previa</b>	Yes	6	12	0	0.022
	No	44	88	50	
<b>Fibroid</b>	Yes	7	14	0	0.012
	No	43	86	50	
<b>Preeclampsia</b>	Yes	5	10	0	0.041
	No	45	90	50	
<b>Imminent eclampsia</b>	Yes	4	8	0	0.079
	No	46	92	50	
<b>Abruptio</b>	Yes	6	12	0	0.006
	No	44	88	50	

Among complications related to gestational hypertension the incidence of preeclampsia among women in age >35 years was found to be 10%, and none developed preeclampsia among women in age <35 years which is statistically significant as the p value is 0.041, this study result was similar to a study done by Jahromi BN and Husseiniz done in 2008. Among women in age group >35 years 8% had imminent eclampsia, and among women in age <35 years none had imminent eclampsia. The incidence of abruptio among women in age >35 years was found to be 12% and among antenatal mother <35 years no one developed abruptio or eclampsia. Occurrence of abruptio among elderly is statistically significant as the p value <0.006 (Table 3).

Occurrence of labour natural was 14% among women in age >35 years and that among women in age <35 years was 68%. This difference was found to be statistically significant as the p value is <0.001. Occurrence of difficult delivery was 10% among women in age > 35 years and no

one had difficult delivery among women in age <35 years, which was found to statistically significant as the p value is 0.041 (Table 4).

**Table 4: mode of delivery.**

Variable	>35 years		<35 years		P value
	Yes	No	Yes	No	
<b>Labour natural</b>	Yes	7	14	34	<0.001
	No	43	86	16	
<b>Difficult delivery</b>	Yes	5	10	0	0.041
	No	45	90	100	

Shoulder dystocia was found in 8% of women in age >35 years and none had shoulder dystocia among women in age <35 years which was statistically significant as the p value is 0.022. Delay in progress of labour was found in 12% of women in age >35 years and none had delay in progress of labour among women in age <35 years which was found to be statistically significant as the p value is 0.022 (Table 5).

**Table 5: Intrapartum complications.**

Variable	>35 years		<35 years		P value
	No.	%	No.	%	
<b>Shoulder dystocia</b>	Yes	4	8	0	0.022
	No	46	92	50	
<b>Delay in progress</b>	Yes	6	12	0	0.022
	No	44	88	100	

**Table 6: Operative delivery in elderly.**

Variable	>35 years		<35 years		P value
	No.	%	No.	%	
<b>Emergency LSCS</b>	Yes	16	32	7	0.002
	No	34	68	43	
<b>PPH</b>	Yes	14	28	3	0.038
	No	36	72	47	

Emergency LSCS done among women in age >35 years was found to be 32%, and that among women in age <35 years was 14% which is statistically significant as the p value is 0.038. This could be explained that fetal distress due to maternal illness occurs in active labour so emergency LSCS rate is more. The study result is comparable to study conducted in 199 Milberg et al study where they proved increased incidence of cesarean delivery among elderly.<sup>11</sup> Occurrence of PPH among women in age >35 years was found to be 28% and that among women in age <35 years was found to be 6% which is statistically significant as the p value is 0.002 (Table 6).

Occurrence of PRES was found to be 8% among women in age >35 years which are statistically significant as the p value 0.047. Fever was found in 14% of women in age >35 years and in only 8% of women in age <35 years. Wound infection was found in 8% of women in age >35 years none developed among women in age <35 years (Table 7).

**Table 7: post operative complications.**

Variable	>35 year s		<35 years		P value
	Number	%	Number	%	
<b>PRES</b>	4	8	0	0	0.047
<b>Fever</b>	7	14	4	8	0.047
<b>Wound infection</b>	4	8	0	0	0.047

Perinatal complications among women in age >35 years babies admitted in SNN was found to be in 64% and that among women in age <35 years was 24% which is statistically significant as the P value is <0.001. Occurrence of IUGR was 28% among women in age >35 years was that among women in age <35 years was found to 6% which is statistically significant as the P value is 0.004 (Table 8).

**Table 8: Fetal complications.**

Variable		>35 years		<35 years		P value
		No.	%	No.	%	
<b>Baby admission</b>	Yes	32	64	12	24	0.001
	No	18	36	38	76	
<b>IUGR</b>	Yes	14	28	3	6	0.004
	No	36	72	47	94	

The mean birth weight of babies was found to be 2.624 kg among women in age >35 years and that among women in age <35 years was 2.805kg. p value was 0.343 which is not statistically significant (Table 9).

**Table 9: Birth weight.**

Group	Mean	Std. deviation	P value
<b>&gt;35 years</b>	2.624	0.8492	0.343
<b>&lt;35 years</b>	2.805	0.4912	

Data presented in table 10 shows that among women in age >35 years fetal anomaly was found in 22% and that among women in age <35 years it was only 6%. Prematurity found in 40% of women in age >35 years and in 22% of women in age <35 years.

**Table 10: Fetal complications.**

Variable		>35 years		<35 years		P value
		No.	%	No.	%	
<b>Anomaly</b>	Yes	11	22	3	6	0.014
	No	39	78	47	94	
<b>Prematurity</b>	Yes	20	40	11	22	0.047
	No	30	60	39	78	

## DISCUSSION

This increase of abortion rate among elderly is due to increased incidence of lethal fetal anomaly. This study

result is comparable to study done in Sweden which showed that delayed child bearing associated with poor pregnancy outcome. This is comparable with study done in 2005 by Cleary-Goldman, the studied regarding incidence of hypertensive disorders among young and elderly, and found there is increased incidence among elderly.<sup>7</sup> This study was also comparable with study done in 1995 by Bobrowski the study result showed that the incidence of chronic hypertension was 5 times higher among elderly than in young, and another study namely historical cohort study by Tabaharoen et al which showed study result similar to our study.<sup>8,9</sup>

Our study result doesn't correlate with study done by Ojulejd et al. This could be due to reduced number of study subjects involved in our study.<sup>10</sup> Our study result was similar to that done in FATER trial by Cleary Goldman et al he found increased risk of placenta praevia among elderly.<sup>7</sup> Occurrence of Labour natural was 14% among women in age >35 years and that among women in age <35 years was 68%. This difference was found to be statistically significant as the p value is <0.001. This is due to the fact that elderly women have abnormal labour pattern viz delay in progress of labour as the pelvic bones fail to relax and due to maternal anxiety. Our study result correlates with Nagvi et al and Ustun et al study results.<sup>11,12</sup>

Emergency LSCS done among women in age >35 years was found to be 32%, and that among women in age <35 years was 14% which is statistically significant as the p value is 0.038. This could be explained that fetal distress due to maternal illness occurs in active labour so emergency LSCS rate is more. The study result is comparable to study conducted in 1991 Milberg et al study where they proved increased incidence of cesaerean delivery among elderly. Perinatal complications among women in age >35 years babies admitted in SNN was found to be in 64% and that among women in age <35 years was 24% which is statistically significant as the P value is <0.001.<sup>13</sup> Our study result was similar to result obtained in Sahu et al study and Desai et al study.<sup>14-15</sup>

Occurrence of PPH among women in age >35 years was found to be 28% and that among women in age <35 years was found to be 6% which is statistically significant as the p value is 0.002. Hysterectomy done for none in both the study group. This correlates with study done by Jolly et al.<sup>16</sup>

This study has few limitations. Pregnant mothers less than 18 years of age was not included in the study and pregnant mothers with major medical disorders before pregnancy was not studied due to feasibility reasons and time constraints.

## CONCLUSION

Our study concludes that there is raised maternal morbidity and operative interventions needed with increasing age. Among the antenatal complications overt diabetes, chronic

hypertension, preeclampsia, abruption, placenta praevia, uterine fibroid were found to be statistically significant. Intrapartum complications namely difficult delivery, shoulder dystocia, malpresentation, postpartum haemorrhage, PRES were found to be more among the older parturient. There is also remarkable increase in perinatal complications like babies admitted to NICU, IUGR, anomalous baby, prematurity, neonatal hypoglycemia.

### Recommendations

It is better to avoid childbearing at advanced age to avoid complications, which is a preventive strategy. Future recommendations should be addressed to diagnose medical complications and additional pregnancy surveillance so that maternal and perinatal outcome can be improved.

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