

## EXPERIENCES OF WOMEN WHO FACED A PREGNANCY BETWEEN 35 AND 45 YEARS OF AGE

Experiencias de mulheres ao vivenciarem uma gravidez entre 35 e 45 anos de idade

Experiencias de mujeres al enfrentar un embarazo entre 35 y 40 años

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### ABSTRACT

**Objective:** To identify the experience of women who faced a late pregnancy. **Method:** Descriptive and quantitative study, developed in the municipality of Ouro Velho-PB, with women aged from 35 to 45 years. The sample generated around 19 women who became pregnant in this age group, enrolled in the Basic Family Health Unit of this municipality. **Results:** We noted that most were aged between 35 and 40 years (58%), married, brown and with higher education; however, late pregnancy enabled meanings in their lives, permeated by feelings of personal and family satisfaction, enabling greater security in the relationship with their partners, relatives and babies. **Conclusion:** We identified complications such as hypertension, prematurity, abortion and post-term pregnancy, which influenced the type of delivery, with cesarean section being the most evident. The psychological preparation for motherhood in this age group is intertwined with feelings of desire, joy and anxiety, besides fear of the unknown.

**DESCRIPTORS:** Woman Health, Pregnancy, Emotions, Prematurity, Parity.

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## RESUMO

**Objetivo:** Identificar a experiência de mulheres ao vivenciarem uma gravidez tardia. **Método:** Estudo descritivo, quantitativo, desenvolvido no município de Ouro Velho-PB, com mulheres na faixa etária entre 35 a 45 anos de idade. A amostra gerou em torno de 19 mulheres que engravidaram nesta faixa etária, cadastradas na Unidade Básica de Saúde da Família do município. **Resultados:** Observou-se que a maioria estava entre 35 a 40 anos (58%), casadas, pardas e ensino superior, entretanto, a gravidez tardia possibilitou significados na vida destas mulheres, permeadas de sentimentos de satisfação pessoal, familiar, possibilitando maior segurança na relação com o companheiro, família e bebê. **Conclusão:** Identificou-se complicações como hipertensão, prematuridade, aborto e pós-datismo, que influenciaram no tipo da via de parto, sendo a cesariana a de maior evidência. O preparo psicológico para a maternidade nessa faixa etária é acompanhado de sentimentos de desejo, alegria, ansiedade e medo do desconhecido.

**DESCRIPTORIOS:** Saúde da Mulher, Gravidez, Sentimentos, Prematuridade, Paridade.

## RESUMEN

**Objetivo:** Identificar la experiencia de las mujeres al enfrentar un embarazo tardío. **Método:** Estudio descriptivo y cuantitativo, desarrollado en la ciudad de Ouro Velho-PB, con mujeres de entre 35 y 45 años. La muestra generó alrededor de 19 mujeres que quedaron embarazadas en esta franja etaria, registradas en la Unidad Básica de Salud Familiar de dicha ciudad. **Resultados:** Notamos que la mayoría tenían entre 35 y 40 (58%), casadas, de raza mixta y educación superior; sin embargo, el embarazo tardío permitió significados en la vida de estas mujeres, impregnados de sentimientos de satisfacción personal y familiar, lo que permitió una mayor seguridad en la relación con el compañero, la familia y el bebé. **Conclusión:** Identificamos complicaciones, como hipertensión, prematuridad, aborto y postdatismo, que influyeron en el tipo de vía de parto, siendo la cesárea la más frecuente. La preparación psicológica para la maternidad en esta franja etaria se entrelaza con sentimientos de deseo, alegría, ansiedad y miedo a lo desconocido.

**DESCRIPTORIOS:** Salud de la Mujer, Embarazadas, Emociones, Prematuridad, Paridad.

## INTRODUCTION

With the changes suffered worldwide and technological advances, women have been increasingly seeking to gain space in the labor market. Planning a pregnancy has become increasingly delayed in the last 30 years, related to factors beyond the insertion of women in the labor market, development of reproductive medicine regarding family planning and contraceptive methods.

According to a survey of data from the Department of Informatics of the Unified Health System (DATASUS) shows that in Brazil, the number of live births among women aged 35 to 45 years had a significant increase of 86% from 1994 to 2014, with distribution index in its regions as follows, in the North the growth was 29%; in the Northeast, 96%; in the Southeast, 93%; in the Midwest, 193%; and, South region, 25%. It is perceived that late pregnancy is happening more frequently, occurring after the age of 35 or older, unlike in the 19th century, when women had their children very early. According to the variations that have come about regarding

the definition of advanced maternal age for pregnancy, it is speculated that from 35 to 45 years of age these women are at reproductive age.

In this perception, the postponement of motherhood to older ages is related to the process of change in family patterns that has been occurring in the world, in all spheres of daily life, including in the Brazilian social-familial context. In the last decades, important sociocultural changes have been registered that have influenced the characteristics of the birth rate, with a progressive decrease in its global indexes and postponement of planned pregnancy.

However, the chances of risks caused by late pregnancy are many, and the most frequently found complications were premature birth, low birth weight, hypertension, preeclampsia, low Apgar score, and adverse perinatal outcomes.

Risk factors are classified into three groups, referring to their individual characteristics and unfavorable sociodemographic conditions; previous reproductive history; preexisting clinical conditions, in addition to conditions or complications that may arise in the course of a usual risk pregnancy and transform it into high risk: undue or accidental exposure to teratogenic factors; obstetric disease in the current pregnancy; clinical intercurrents. As late pregnancy is happening more frequently nowadays, the approached theme is relevant in the search to identify problems experienced by these users and act in health promotion and changes in the reality of those involved in this process. In view of these observations, this study aimed to identify the experience of women who experience pregnancy between 35 and 45 years of age.

## METHOD

This is a descriptive study with a quantitative approach, developed in the municipality of Ouro Velho/PB. The research of a quantitative nature is achieved when one knows the characteristics of the population to be researched and thus is not limited to the control of a survey, but to suggestive and concrete information, consistent with the results concerning the objectives of the study. The population was 187 women in the age range between 35 and 45 years old and the sample was composed of 19 women registered at the Family Health Unit (USF) Mabel Dantas in the municipality of Ouro Velho/PB, in the period from March to April 2019, having as inclusion criteria: women who became pregnant in the age range between 35 and 45 years old and who attended prenatal consultations at the USF Mabel Dantas. Excluded were those who did not agree to participate in the study and those who were outside this age range.

Data were collected following a semi-structured interview script, with objective and subjective questions, prepared by the researcher herself and easy to understand for the participants. The database was validated using the SPSS program version 22.0, statistically distributed in simple tables for the better understanding of other researchers and the population in general.

The research went through all legal and ethical procedures, forwarded to the Ethics Committee of Faculdades Integrada de Patos/PB, generating with CAAE: 10408619.3.0000.5181 and opinion of n0 3.277.671 approved according to the light of the ethical principles of research involving human beings in Resolution 466/2016 of the National Health Council, ensuring the confidentiality of all direct or indirect information collected.6 Thus, all participants were informed about the research content and agreed to participate in the study by signing the Informed Consent Form (ICF). The collection occurred soon after the Research Ethics Committee (REC) provalation, in April 2019.

## RESULTS

To understand the information collected on the sociodemographic data, the main variables were taken into account: age, marital status, race, color, profession, and level of education.

**Table 1** - Description of the variables regarding sociodemographic data (n=19), Ouro Velho - PB, 2019.

Variables	N	%
<b>Age Group</b>		
35-40 years old	11	58
41-45 years old	08	42
<b>Marital Status</b>		
Single	04	21,1
Married	10	52,6
Stable Union	04	21,1
Widow	01	5,3
<b>Race/Color</b>		
White	08	42,1
Brown	10	52,6
Black	01	5,3
<b>Occupation</b>		
Household	06	31,6
Teacher	05	26,3
General Services Assistant	03	15,8
Nursing Technician	01	5,3
Police officer	01	5,3
Other	03	15,8
<b>Level of education</b>		
Elementary School complete	02	10,5
Incomplete elementary school	05	26,3
High School	05	26,3
Higher Education	07	36,8
<b>Total</b>	<b>19</b>	<b>100%</b>

Source: survey data, Patos/PB, 2019.

Table 1 shows that most of the women were between 35 and 40 years old (58%) and were married, ten (52.6%). In relation to ethnicity, ten (52.6%) declared themselves as brown and the profession with the highest percentage was housekeeper, six (31.6%).

**Table 2** - Characterization of the sample regarding the specific data of the research, (n=19), in the Basic Health Unit of Ouro Velho/PB, 2019.

Features	N	%
<b>Reasons for late pregnancy</b>		
Socioeconomic level	06	31,6
Higher educational level	02	10,5
Marriage Advance	07	36,8
Lower parity	01	5,3
Carelessness	03	15,8
<b>Was using a contraceptive method</b>		
Yes	12	63,2
No	07	36,8
<b>Contraceptive method used</b>		
Oral pill	08	42,1
Injectable	01	5,3
Condom	03	15,8
None	07	36,8
<b>Did the prenatal care</b>		
Yes	19	100
No	0	0
<b>Weeks of prenatal initiation</b>		
Less than 14 weeks	18	94,7
From 15 to 28 weeks	01	5,3
From 29 to 40 weeks	0	0
<b>Number of consultations during gestation period</b>		
Less than three	01	5,3
Four to six	05	26,3
Six or more	13	68,4
<b>Complications during pregnancy</b>		
Gestational hypertension	03	15,8
Premature birth	02	10,5
Abortion	01	5,3
Post-dating	04	21
None	09	47
<b>Gestational weeks preceding delivery</b>		
Less than 37 weeks	02	10,5
From 38 to 40 weeks	13	68,4
From 41 to 42 weeks	04	21,1
<b>Perception about the experience after pregnancy</b>		
The best choice	16	84,2
It was not a good experience	03	15,8
<b>Total</b>	<b>19</b>	<b>100%</b>

Source: survey data, Patos/PB, 2019.

Table 2 reveals that the reasons for late pregnancy are related to early marriage, representing 36.8% of the information collected, followed by socioeconomic status with 31.6%, 63.2% were using contraceptives, and 100% of the women had prenatal care. As for the perception about the experience after pregnancy, 16 (84.2%) verbalized that it was the best choice, and only three (15.8%) of these considered that it was not a good experience.

## DISCUSSION

It is known that age above 35 years is a risk factor for first pregnancy. However, it is noticeable an increase in the occurrence nowadays in the search for family stability that may be favoring the postponement of pregnancy and increasing the percentage of primiparous women in this age group. Another important point is marital status, since most of them have a more solid marital relationship, as pointed out by the present study. This result is similar to another study of women with late pregnancy, since they maintain their married marital status.

Corroborating with this study, authors refer that the participants have the same age range and justify planning a late pregnancy as something that should be planned both psychologically and financially. It is inferred that, among the women surveyed, professional satisfaction, something that motivated them to become pregnant late in life, being accomplished after marriage. These data reinforce that in most cases pregnancies after the age of 35 are driven by women's choice to maintain a family planning and responsibility with their household chores, when not seeking their own professional satisfaction. This is different from certain surveys in which a percentage of women report that they have other types of professions and professional prominence. The results showed that women are increasingly becoming more professional and in search of self-knowledge. Unlike other surveys, given that the prevalence among the interviewees is of incomplete elementary school education. Thus, in the current global reality, women have been increasingly gaining their space in the labor market, as well as new achievements and life models, and this has shown that their time is increasingly directed to work activities, while motherhood has become a later goal or even a fear of assuming a pregnancy. The reasons for late pregnancy are related to early marriage, followed by the stabilization of the socioeconomic level, which may have favored the adherence to contraceptive methods, with the pill being the most accepted, although others believed that due to their advanced age they would not become pregnant. Corroborating other studies, most of the women interviewed use the pill and follow up with nurses and specialized doctors. Other studies show that women claim to be using not only one oral contraceptive method, but several, other contraceptive devices available in the market. The concern is generated around the consequences of prolonged use which may contribute to the risk of strokes.<sup>10</sup> The fact is that late pregnancy has been highlighted in studies as something related

to emotional and financial stability and job satisfaction. When they chose to become pregnant, all of them consciously had prenatal care, starting mostly in the first trimester, with a total of seven or more consultations, which is recommended by the Ministry of Health (MH). Prenatal care is associated with the risks and complications that can be generated by a late pregnancy and the advanced age of women. The results presented here are in line with other research with pregnant women independent of their age groups, but who maintained prenatal monitoring throughout the gestational period, as well as considering the importance of it for the health of the mother-baby dyad. This result is compatible with other research, since the participants started prenatal care soon after the pregnancy was discovered. On the other hand, some women had not realized that they were pregnant because they continued menstruating.

The results found in one study showed that the number of consultations will depend on the complications generated during the gestational period, but that the expected average, regardless of age, is six consultations by the nurse or obstetrician, according to the MH.

According to the MH, prenatal care should be initiated in the first trimester of pregnancy, as well as all consultations scheduled monthly in the BHU near the coverage area, ensuring that a minimum of six consultations are recommended for each pregnant woman. Pregnancy after the age of 35 has been reported in some literature as one of the risk factors for the health of the mother-child dyad, which, in a way, can condition the development of gestational complications, i.e., the longer the time it takes to become pregnant, the greater are the chances of the emergence of comorbidities and especially spontaneous abortions.

Regarding complications during pregnancy, the study revealed clinical pictures of gestational hypertension, prematurity, abortion, and post-dating, situations that may be common in other studies, as well as results presented in a research, in which the highest prevalence of reports is of pregnant women with hypertensive conditions, leading to aggravating consequences such as pre-eclampsia. Thus, late pregnancy results in several risks and, therefore, needs to be assisted in an individualized manner to ensure quality care. It is important to highlight that the most frequent comorbidities observed in women aged 35 years or older are specific hypertensive syndromes, such as preeclampsia, gestational diabetes, and premature rupture of membranes, in addition to justifications associated with vascular compromise that further increases the susceptibility of these mothers to the development of these syndromes. According to studies, the type of delivery is often indicated according to clinical reasons or in other situations, since surgical procedures, such as cesarean section, are indicated when the risks are higher and cases are necessary, since there is no possibility of a normal delivery. It is emphasized that health professionals should encourage pregnant women to maintain prenatal care and prepare them for a normal birth. Studies show that late pregnancy has numerous meanings

in the lives of women, since it is permeated with feelings of personal and family satisfaction, because it allows greater security in the relationship with the partner, family and baby, besides being seen by these users as a reward for their financial and economic achievement.

### Limitations of the study

The limitations of this study are related to the considerations that are made from its results, mainly because it has a small sample, quantitatively and probabilistically speaking, deserving, therefore, a larger sample and, consequently, a larger and more in-depth probabilistic treatment for the proper arguments, due to the lack of recent articles on the subject.

### CONCLUSION

The results of the study made it possible to capture new experiences lived by women who have experienced a pregnancy between the ages of 35 and 45. It is observed that nowadays the prevalence of women who opt for a late pregnancy has been increasingly frequent, being justified by reasons such as emotional and financial preparation, that their time is much more focused on work and study activities than on motherhood or leisure activities.

For most of the interviewees, the perception about the experience of pregnancy in this age group was considered the best choice, since they felt safe for motherhood, supported by their partner and economically stable. However, it is observed that despite being a positive experience in their lives, pregnancy represented moments of fear both for the complications that could exist as well as for the problems to be generated in the baby's development.

It is worth pointing out that the risks associated with late pregnancy are very frequent, thus complications such as pregnancy-specific hypertension, prematurity, abortion, and post-dating were identified in the research.

It can be noticed that postponing pregnancy is related to a conjuncture that involves socioeconomic stability, family, and maturity. Therefore, the psychological preparation for motherhood in this age group is accompanied by feelings of desire and joy, interspersed with anxiety and fear of the unknown.

The research had as contributions, the opportunity to identify pregnant women between 35 and 45 years of age in the researched municipality, their experiences, fears, anxieties, their discoveries, sorrows and joys, as well as complications that they have experienced. From there, the team that operates in this BHU, which is a reference in primary care, will develop actions to return the results, so that they can achieve health actions aimed at this public, as well as the scientific contribution that will serve as a basis for new studies on the subject.

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