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LETTER TO THE EDITOR

Re: Moore EK, Irvine LM. 2014. The impact of maternal age over forty years on the caesarean section rate: six year experience at a busy district general hospital. Journal of Obstetrics and Gynaecology 34:238–240

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Dear Editor,

Recently, Moore and Irvine published a 6-year retrospective study on the issue of older pregnant patients and mode of delivery (Moore and Irvine 2014). The authors showed an 80% increase in the number of women > 40 years who booked for antenatal care from 2006 to 2011 and an overall caesarean section (CS) rate increase from 34.6% to 53.7% in the same period of time and in the same group of older patients.

A significant growth of older pregnant patients was also observed in recent years in Italy, and we recently focussed our attention on the pregnancy outcome in women ≥ 40 years (Favilli et al. 2012, 2013a,b).

In a matched retrospective cohort study comparing women aged ≥ 40 years with a control group aged 20–30 years, we demonstrated that maternal age, gestational hypertension and number of previous caesarean sections were independent risk factors for caesarean delivery, whereas analgesia, parity and premature rupture of the membranes, were inversely correlated. Moreover, advanced maternal age was not correlated to preterm delivery (Favilli et al. 2012).

In another report, in order to investigate if advanced maternal age was an independent risk factor for caesarean section in labour induced with prostaglandins, we analysed only patients with a single indication for induction of labour. The logistic regression analysis revealed that advanced maternal age, shorter duration of labour, low Bishop's score at time of induction, low parity and high newborn weight, were independent risk factors for caesarean section. The full model showed a sensitivity of 91.5% and specificity of 64.3% and an overall correct prediction of 82.5% (Favilli et al. 2013a).

The effect of advanced maternal age on pregnancy and neonatal outcome is still controversial (Seoud et al. 2002). We strongly agree with the authors affirming 'the clinicians have a lower threshold for interventions in this group of women'. Moreover, we

all know that caesarean section is frequently the choice of delivery in the case of older patients, as these pregnancies tend to be considered as 'precious' and at high risk for medical-legal issues.

In order to strengthen our information on this issue and to implement suitable management, the problem of advanced maternal age, especially in developed countries, deserves more attention.

The data reported by Moore and Irvine seem to be in agreement with our previous results. We are confident that further studies on risk factors influencing the rate of caesarean section in older women will contribute to improve the knowledge on the role of maternal age on pregnancy outcome and to understand 'whether this is due to an independent association between advanced maternal age and caesarean section or as result of confounding factors'.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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