

## The Midwife.

### ELDERLY PRIMIPARAE.

There is, says the *British Medical Journal*, in the following leading article, a very general belief that labour in a woman who bears her first child at an age more advanced than usual is apt to be difficult and dangerous to the mother. In the belief that the prevailing economic conditions militate against early marriage, and that therefore the number of elderly parturients is bound to increase, Dr. Kate Spain, of St. Louis, Missouri, has studied this question of elderly primiparae. Dr. Spain has collected evidence from contemporary obstetricians tending to show that the outlook is much less unfavourable than current teaching would lead us to suppose.

An elderly primipara is, according to the statistical definition of most of these authorities, a woman who bears her first child between the ages of 30 and 45. The course of pregnancy differs little from that in young women. In Tarnier's clinic, a series of 111 women between the ages mentioned included only six in whom albuminuria was detected, and not a single instance of eclampsia. Hammerschlag found that eclampsia was only insignificantly higher in elderly primiparae than in primiparous women in general, who are more liable than multiparae to this complication. These observations are reassuring, since by the age of 30 most women have been exposed to several influences favouring renal disease and eclampsia from which young girls are more protected, hence on *a priori* grounds albuminuria and eclampsia might be expected to be a good deal more frequent. It appears that the elderly woman is specially prone to begin by bearing twins. Prinzing gives the percentage of twin labours in elderly primiparae as 4.14 per cent. The percentage is 2.96 in primiparae under 20, 3.54 in women from 20 to 25, and 3.90 in women from 25 to 30. Elderly primiparae are by no means so liable to protracted labour as is supposed. Uterine inertia seems more probable if the mother be weak or prematurely old, or if fibroids exist. Evidence about pelvic contraction is unconvincing. Edgar found 25 per cent. of pelvic deformities in 47 elderly primiparae, and high percentages have been noted in other records, but it seems probable some qualifying factor

may have been left out of account; for example, women with such malformations are commonly picked out and sent to institutions where these statistics are made. Rigidity of the soft parts has been taken far too much for granted. The cervix is not necessarily rigid in elderly primiparae. Edgar (in his contribution to von Winckel's *Handbuch*) warns us, as Dr. Spain points out, against laying stress on rigid cervix in any individual elderly subject in labour. The rigidity is almost universally present in the primipara at any age, and also in the multipara in premature labours. In a weak elderly mother primary inertia may cause delay in overcoming resistance at the cervix, even when it is fairly soft. Rigidity of the perineum is more likely to end in its rupture than to cause a prolongation of labour. The weight of the child, it has been shown, increases proportionately to advancing age up till about 44 years; and Schroeder advances evidence that the great transverse diameter of the fetal head become disproportionately large when the age of the mother exceeds 35 years. That labour is often abnormal in elderly primiparae, so that instrumental aid is not rarely requisite, appears to be true. Tarnier resorted to the forceps in 27 per cent.; Sheviakoff, in Geneva, employed that instrument in 19.7 per cent. of his cases, whilst in addition he had 4 vaginal and 1 abdominal Caesarean section, 3 versions with extraction, and 1 embryotomy.

Evidence as to laceration of the perineum is obscured by the fact that obstetric operations involve great risk of these lesions. It is not clear that the perineum is specially liable to rupture in a spontaneous first labour after 30. Fetzer finds that prolapse of the genital organs is more probable the later in life the first delivery occurs. Febrile morbidity, according to Hesselberg, was observed in 14.1 per cent. in 200 primiparae over 30 in his clinic, a low percentage when we remember that obstetric operations are so often needed. It is, however, satisfactory to learn that *post-partum* haemorrhages are rare; Edgar and Courgenon rate that complication at only 8 or 9 per cent.

As for the child, it is oftener a boy than a girl—about 135 males to 100 girls, the general proportion in all women being 106 to 100; males are often stillborn, especially in primiparae.

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