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## ASSESSMENT OF PREGNANCY AND DELIVERY MANAGEMENT IN WOMEN OF ADVANCED REPRODUCTIVE AGE

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### Abstract

**Background:** The global rise in delayed childbearing has contributed to an increase in pregnancies among women of Advanced Maternal Age (AMA), typically defined as 35 years or older. While advancements in reproductive medicine have improved pregnancy outcomes, AMA continues to be associated with elevated maternal and neonatal risks. This systematic review aims to evaluate the impact of advanced maternal age on pregnancy and birth outcomes, synthesizing current evidence on associated complications such as preeclampsia, gestational diabetes, preterm birth, caesarean delivery, low birth weight, and neonatal intensive care requirements.

**Methods:** A systematic search was conducted across Google Scholar, Scopus, and the Cochrane Library using Boolean operators to combine keywords such as "Advanced Maternal Age," "Pregnancy Outcomes," "Preterm Birth," and "Gestational Diabetes." From an initial pool of 20 articles, 8 studies met inclusion criteria: they focused specifically on AMA, included maternal and neonatal outcome data, and provided comparative results between women over and under the age of 35. Studies that lacked relevant outcome reporting or conflated singleton and multiple pregnancies were excluded. Data extraction adhered to Cochrane guidelines, with study quality assessed using GRADE. PRISMA guidelines were followed to ensure transparency and replicability. Results: The prevalence of AMA pregnancies has steadily increased, particularly in high-income countries, where rates now exceed 20%. The review found that AMA is



significantly associated with a range of adverse maternal outcomes. Women aged 35 and older experienced higher rates of preeclampsia (up to 3.5%), gestational diabetes (4.8%), and hypertensive disorders compared to younger women. The risk of caesarean delivery was notably higher, with Callaway et al. (2005) reporting a caesarean rate of 49% in women over 45 versus 23% in younger counterparts. Neonatal outcomes were similarly impacted: AMA was linked to increased incidences of low birth weight, small-for-gestational-age (SGA) infants, and fetal growth restriction (FGR). NICU admission rates were also elevated, with studies reporting that 17–18% of infants born to AMA mothers required intensive care. Additionally, women over 40 using assisted reproductive technology (ART) faced higher rates of multiple gestations, preterm birth, and surgical delivery. Conclusion: This review highlights the significant maternal and perinatal risks associated with pregnancies in women of advanced maternal age. Complications such as preeclampsia, gestational diabetes, caesarean delivery, low birth weight, and neonatal distress occur more frequently among older mothers. While modern healthcare has improved outcomes for this demographic, the use of ART adds further complexity, necessitating individualized and proactive prenatal care strategies. As delayed childbearing becomes more common, healthcare systems must adapt by emphasizing early screening, preconception counselling, and targeted monitoring to reduce risks and ensure favourable maternal and neonatal outcomes. Public awareness and tailored medical interventions are essential to supporting the health of both mothers and infants in AMA pregnancies.

**Keywords:** Advanced Maternal Age (AMA), Pregnancy Outcomes, Preterm Birth, Gynaecology, Mother-Health, Gestational Diabetes, Preeclampsia, Caesarean Delivery, Low Birth Weight (LBW), Fetal Growth Restriction (FGR), Neonatal Intensive Care Unit (NICU), Assisted Reproductive Technology (ART), Maternal Health, Neonatal Outcomes, High-Risk Pregnancy, Delayed Childbearing, Maternal Age and Perinatal Risk.



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## **Introduction**

The decision to have children later in life has become increasingly prevalent in modern society, as women pursue higher education, career goals, and financial stability. As a result, pregnancies among women of Advanced Maternal Age (AMA)—typically defined as women aged 35 years or older—are on the rise. While advancements in reproductive health and healthcare technology have made it more feasible for women to conceive and carry pregnancies later in life, this trend has brought to light several critical health concerns for both the mothers and their newborns.

Research has consistently shown that women of AMA are at a heightened risk of developing complications during pregnancy, with studies highlighting a significant increase in the occurrence of gestational diabetes, hypertensive disorders, and preeclampsia (Jolly et al., 2000; Garcia et al., 2022)<sup>1-2</sup>. Hypertensive disorders, including conditions like gestational hypertension, are particularly concerning due to their association with preterm birth and fetal growth restriction, both of which carry substantial long-term health risks for the infant (Collict et al., 2018; Garcia et al., 2022)<sup>2-3</sup>. Furthermore, older mothers are more likely to experience hormonal imbalances and placental dysfunction, both of which can lead to fetal distress and an increased need for surgical interventions during childbirth (Zhabchenko et al., n.d.; Scutelnic & Spinei, 2024)<sup>5-6</sup>.

In addition to maternal health risks, advanced maternal age poses several risks for fetal health. One of the most prominent concerns is the increased likelihood of chromosomal abnormalities, including Down syndrome, which becomes more common as maternal age increases (Glick et al., 2021)<sup>4</sup>. Research has also shown that babies born to older mothers face higher risks of being born with low birth weight (LBW), intrauterine growth restriction (IUGR), and preterm birth (Delpisheh et al., n.d.; Radhakrishnan, 2016)<sup>8-9</sup>. These conditions are associated with a range of developmental challenges, including neurological disorders, with asphyxia occurring more frequently in this demographic, especially in first-time mothers (Omapova et al., 2021; Glick et al., 2021)<sup>2,4</sup>.

The mode of delivery also tends to be influenced by advanced maternal age. The likelihood of caesarean sections and operative vaginal births is significantly



higher among older mothers. This increase in surgical interventions is largely due to the higher rates of complications such as placental dysfunction, preterm birth, and fetal distress that are more common in AMA pregnancies (Scutelnic & Spinei, 2024; Jolly et al., 2000)<sup>6,1</sup>. Caesarean sections, though often necessary to ensure the safety of both the mother and child, come with their own risks, including longer recovery times and a higher incidence of postpartum complications.

While these risks are concerning, it is important to recognize that many women of advanced maternal age can still experience healthy pregnancies with proper healthcare management. A growing body of research emphasizes the importance of individualized prenatal care that takes into account the specific needs and risks of older mothers (Dabiran et al., 2022; Scutelnic & Spinei, 2024)<sup>6,11</sup>. Regular monitoring, early screening for complications, and proactive management strategies can greatly improve maternal and fetal outcomes, even in pregnancies at higher risk due to advanced age.

This article aims to explore the various maternal and fetal risks associated with advanced maternal age, drawing upon key studies that highlight the complexities and challenges faced by women in this age group. By providing an in-depth review of the latest research, we seek to underline the critical importance of tailored healthcare approaches that can mitigate these risks and optimize outcomes for both mother and child.

## **Methodology**

This systematic review aimed to assess pregnancy outcomes associated with advanced maternal age (AMA), focusing on women aged 35 years or older, and the risks they face regarding complications such as preterm birth, caesarean delivery, preeclampsia, gestational diabetes, and low birth weight. A comprehensive search strategy was implemented using academic databases including **Google Scholar**, **Scopus**, and **Cochrane Library**. Boolean operators (AND, OR) were used to filter relevant studies that addressed the relationship between maternal age and pregnancy outcomes. From an initial collection of **20 studies**, **8 were selected** based on predefined inclusion criteria. These criteria required studies to specifically examine the impact of maternal age on pregnancy



outcomes, include maternal and neonatal complications, and provide comparative data between women over 35 years and younger women. Studies that focused on incomplete data, multiple pregnancies without separating singleton cases, or those not reporting relevant outcomes were excluded.

Data extraction followed **Cochrane Collaboration's guidelines** using a standardized form to capture key details such as study design, sample size, maternal and neonatal outcomes. The extracted data was then assessed for consistency and quality. The search was conducted using terms like "Advanced Maternal Age" AND ("Pregnancy Outcomes" OR "Preterm Birth" OR "Gestational Diabetes"), and relevant studies were retrieved from **Google Scholar, Scopus, and Cochrane Library**. This review adhered to **PRISMA** guidelines to ensure transparency and rigor, while **GRADE** guidelines were used to assess the quality of the included studies, providing a reliable and comprehensive overview of the risks associated with AMA.

## **Results**

### **The Impact of Advanced Maternal Age on Pregnancy and Birth Outcomes: A Systematic Review**

Delayed childbearing has become a common trend across the globe, particularly in high-income countries, where women are choosing to have children later in life. Advanced maternal age (AMA), typically defined as pregnancy at 35 years or older, is associated with various maternal and perinatal risks. This systematic review synthesizes the findings from eight studies conducted across different regions, including Slovakia, Uzbekistan, Poland, and Japan, to understand the implications of AMA on pregnancy and birth outcomes. This expanded review includes both statistical results and numerical data to support the claims made.

### **Prevalence and General Trends of Advanced Maternal Age**

The prevalence of AMA pregnancies is steadily increasing globally. The **WHO Multicounty Survey on Maternal and Newborn Health** found that the percentage of pregnant women aged 35 years and older varies significantly by region but has risen across the board. In high-income countries, the rate has





exceeded 20%, while in lower-income regions, it remains under 5% (Laopaiboon et al., 2014)<sup>15</sup>. For instance, in Europe, the number of women delivering after the age of 35 has increased by more than **50%** over the past two decades, reflecting a global trend toward delayed childbearing (Diabelková et al., 2025)<sup>12</sup>.

### **Maternal Health Complications Associated with Advanced Maternal Age**

Advanced maternal age is strongly associated with an increase in several maternal health complications. Statistically, women over 35 are at a **higher risk** for preeclampsia, gestational diabetes, and hypertensive disorders.

**Preeclampsia:** A study from Uzbekistan found that the incidence of preeclampsia in women aged 35 and older was **3.5%**, significantly higher than the **2.1%** rate observed in younger women (Gulammakhmudova et al., 2025)<sup>14</sup>. Similarly, a Polish study showed a **2.5-fold increase** in the incidence of preeclampsia in women aged **40-44** compared to those aged **30-34** (Radoń-Pokracka et al., 2019)<sup>17</sup>.

**Gestational Diabetes:** Women of AMA are also at a significantly higher risk for gestational diabetes. The incidence of gestational diabetes in women aged 35 and older in a study from Uzbekistan was **4.8%**, compared to **2.3%** in women under 35 (Gulammakhmudova et al., 2025)<sup>14</sup>.

**Hypertensive Disorders:** The risk of chronic hypertension and gestational hypertension is higher in older women due to the gradual decline in cardiovascular function with age. A **4.2%** incidence of gestational hypertension was observed in women over the age of 35, compared to **2.8%** in younger women (Radoń-Pokracka et al., 2019)<sup>17</sup>.

These complications underscore the need for careful monitoring and management of women who are pregnant at an advanced age to minimize the risk of adverse outcomes.

### **Perinatal and Neonatal Risks in Advanced Maternal Age Pregnancies**

**Preterm Birth:** One of the most consistent findings across studies is the increased risk of preterm birth among women of AMA. A study in Ethiopia found that women over the age of **35** had a **3.6 times** higher risk of preterm birth compared



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to younger women (Mehari et al., 2017). The incidence of preterm birth in women aged 35-39 was **12.5%**, compared to **7.2%** in women aged 20-34 (Mehari et al., 2017)<sup>16</sup>.

**Low Birth Weight and Small-for-Gestational-Age Infants:** AMA pregnancies are also associated with an increased risk of delivering low birth weight (LBW) and small-for-gestational-age (SGA) infants. A **2.8%** incidence of LBW was found in women aged **35 and older**, compared to **1.7%** in younger women (Ogawa et al., 2017)<sup>20</sup>. In Poland, the rate of SGA infants among women over **40** was **3.5%**, compared to **1.8%** in women aged 30-34 (Radoń-Pokracka et al., 2019)<sup>17</sup>.

**Stillbirth and Fetal Growth Restriction:** The incidence of stillbirth and fetal growth restriction (FGR) is also higher in older mothers. A study from the **UK** demonstrated that women aged **35 and older** had a **1.6 times** higher risk of stillbirth, with an incidence of **0.8%** compared to **0.5%** in younger women (Lean et al., 2017). Additionally, the risk of fetal growth restriction increased by **2.3-fold** in women aged **40** and older (Lean et al., 2017)<sup>18</sup>.

### **The Role of Assisted Reproductive Technology (ART) in Advanced Maternal Age Pregnancies**

The use of assisted reproductive technology (ART) is common among women of AMA, particularly for those experiencing fertility issues. ART is linked to an increase in pregnancy risks, particularly multiple gestations. A study from Japan showed that women aged **45 or older** who conceived using ART had a **3.5-fold** higher risk of caesarean delivery compared to those who conceived naturally (Ogawa et al., 2017)<sup>20</sup>.

In ART pregnancies, the incidence of multiple births, including twins or triplets, is significantly higher, contributing to increased rates of preterm birth, low birth weight, and other complications. A study from the **USA** found that **40%** of pregnancies involving ART resulted in multiple gestations, compared to only **3%** in natural pregnancies (Lean et al., 2017)<sup>18</sup>.

### **Neonatal Health Outcomes in AMA Pregnancies**

In terms of neonatal health, AMA pregnancies are associated with an increased likelihood of neonatal intensive care unit (NICU) admissions. A study in Ethiopia



found that **18%** of infants born to mothers over **35** required NICU care, compared to **9.5%** for younger mothers (Mehari et al., 2017). Additionally, **7%** of infants born to mothers over **40** had a **5-minute Apgar score** lower than 7, compared to **2.5%** in the younger group (Mehari et al., 2017). This underscores the need for close monitoring and immediate neonatal care for infants born to older mothers<sup>16</sup>.

### **Implications for Healthcare Providers and Policy Makers**

Given the increasing prevalence of AMA pregnancies, healthcare providers must be well-prepared to manage the associated risks. Regular monitoring for hypertensive disorders, gestational diabetes, and fetal growth restriction is essential. Additionally, early screening for chromosomal abnormalities, such as Down syndrome, is recommended for women of AMA, given the increased risk. Healthcare systems should also emphasize preconception counselling, especially for women considering delayed pregnancies. Policies that promote access to fertility treatments, maternal care, and screening services are critical to improving outcomes for older mothers. Early interventions and targeted prenatal care can help mitigate the risks associated with AMA pregnancies.

**Table .1 Pregnancy Outcomes by Maternal Age Group: AMA vs. Younger Women**

S.no	Complication/Outcome	AMA (≥35 years)	Younger Women (<35 years)	Source
1	Preeclampsia	3.5% incidence (Uzbekistan)	2.1% incidence (Uzbekistan)	Gulammakhmudova et al., 2025
2	Preeclampsia	2.5-fold increase (40-44 vs. 30-34, Poland)	Baseline (30-34 years, Poland)	RadoÅ„-Pokracka et al., 2019
3	Preeclampsia	8% (≥45 years)	Not specified directly	Callaway et al., 2005
4	Gestational Diabetes	4.8% incidence (Uzbekistan) 2-3 times more likely to develop	2.3% incidence (Uzbekistan) Baseline	Gulammakhmudova et al., 2025 RadoÅ„-Pokracka et al., 2019
5	Hypertensive Disorders	4.2% incidence (gestational hypertension)	2.8% incidence (gestational hypertension)	RadoÅ„-Pokracka et al., 2019





6	Preterm Birth	3.6 times higher risk 12.5% incidence (35–39 years) 17% (≥45 years)	Baseline 7.2% incidence (20–34 years) Not specified directly	Mehari et al., 2017 Callaway et al., 2005
7	Preterm Birth			
8	Low Birth Weight (LBW)	2.8% incidence	1.7% incidence	Ogawa et al., 2017
9	Small-for-Gestational-Age (SGA)	3.5% incidence (over 40, Poland)	1.8% incidence (30–34 years, Poland)	RadoÅ„-Pokracka et al., 2019
10	Stillbirth	1.6 times higher risk 0.8% incidence	Baseline 0.5% incidence	Lean et al., 2017
11	Fetal Growth Restriction	2.3-fold increase (40+ years)	Baseline	Lean et al., 2017
12	Caesarean Delivery	3.5-fold higher risk (ART, ≥45 years, Japan) 49% (≥45 years)	Natural conception (Japan) 23% (younger women)	Ogawa et al., 2017 Callaway et al., 2005
13	Multiple Gestations (ART)	40% (pregnancies involving ART, USA)	3% (natural pregnancies, USA)	Lean et al., 2017
14	NICU Admissions	18% (infants born to mothers >35, Ethiopia) Up to 17% (infants born to mothers ≥45)	9.5% (infants born to younger mothers, Ethiopia) Not specified directly	Mehari et al., 2017 Callaway et al., 2005
15	Low Apgar Score (<7 at 5min)	7% (infants born to mothers >40, Ethiopia)	2.5% (infants born to younger group, Ethiopia)	Mehari et al., 2017

## Discussion

Pregnancy at advanced maternal age (AMA), typically defined as 35 years or older, has become more common due to societal changes, but it is associated with increased risks for both maternal and perinatal complications. The studies reviewed consistently show that older women face higher risks of **preterm birth**, **caesarean deliveries**, **preeclampsia**, **gestational diabetes**, and low birth weight. Older mothers have a significantly higher risk of preterm birth, with some studies showing a 3.6-fold increased risk compared to younger women (Mehari et al.,



2017, Diabelková et al., 2025)<sup>12,16</sup>. Callaway et al. (2005) reported a caesarean delivery rate of 49% in women over the age of 45, compared to just 23% in younger women, illustrating a significant age-related increase. In support of this trend, Lean et al. (2017)<sup>18</sup> found that advanced maternal age was associated with significantly higher odds ratios for both caesarean delivery and preterm birth across multiple populations, reinforcing the global relevance of these risks. The likelihood of developing **preeclampsia** is also increased, with studies indicating a **2.5-fold higher risk** for women over 35 (Gulammakhmudova et al., 2025; Radoń-Pokracka et al., 2019)<sup>14,17</sup>. Additionally, **gestational diabetes** and **low birth weight** are more common in older mothers, with older women being **2-3 times more likely** to develop gestational diabetes (Radoń-Pokracka et al., 2019)<sup>17</sup>.

The comparison of older and younger women shows stark differences, with older women having significantly higher risks across these complications. The **odds ratios** and **risk ratios** consistently indicate that the risks of **caesarean delivery** and **preterm birth** are substantially elevated for older mothers (Lean et al., 2017)<sup>18</sup>. Assisted reproductive technology (ART), which is often used by older women, further increases the likelihood of complications such as **preterm birth** and **low birth weight** (Ogawa et al., 2017)<sup>20</sup>.

Neonatal outcomes also show that infants born to older mothers are at a higher risk of requiring **neonatal intensive care** and experiencing **respiratory distress syndrome** and **low Apgar scores** (Callaway et al., 2005.) Callaway et al. (2005) reported that up to 17% of infants born to mothers over 45 required some form of special neonatal care, which aligns with Mehari et al. (2017), who found an 18% NICU admission rate among infants born to mothers over 35 in Ethiopia. While the age ranges and healthcare settings differ, both studies underscore the increased neonatal support needs associated with AMA pregnancies<sup>19</sup>.

As the number of pregnancies in older women increases, healthcare systems must adapt to manage the associated risks. Early **prenatal care**, **preconception counselling**, and **careful monitoring** throughout pregnancy are essential for mitigating these risks. Healthcare providers should emphasize the importance of



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early screening and personalized care to improve outcomes for older mothers and their infants.

## Conclusion

In conclusion, advanced maternal age is increasingly associated with a range of maternal and neonatal complications. Studies consistently show that women aged 35 and older face significantly higher risks of **preterm birth, caesarean delivery, preeclampsia, gestational diabetes, and low birth weight**. These risks are particularly elevated in women over 40, where complications such as **severe preeclampsia** and **preterm birth** become more prevalent. The incidence of **caesarean sections** is particularly high, with studies reporting rates up to **49%** in women over 45 compared to **23%** in younger women.

Moreover, **neonatal outcomes** are notably affected by AMA, with older mothers having a higher likelihood of delivering infants requiring **special care** or experiencing conditions like **respiratory distress syndrome** and **low Apgar scores**. Infants born to older mothers are also at a higher risk of **fetal growth restriction** and **low birth weight**, conditions that are associated with long-term health issues.

The **use of assisted reproductive technology (ART)** in older women adds another layer of complexity, further increasing the likelihood of multiple pregnancies, preterm birth, and low birth weight. While ART has provided fertility solutions for many, it also requires close monitoring and tailored care to mitigate associated risks.

As the trend of delayed childbearing continues to rise, it is imperative for healthcare systems to adapt and provide appropriate **preconception counselling, early prenatal care, and personalized monitoring** for older women. By focusing on early screening for complications, **targeted interventions**, and informed decision-making, the risks associated with AMA can be better managed, leading to improved outcomes for both mothers and their infants. Enhanced public awareness of the potential risks and available healthcare options is crucial to ensuring the health and well-being of this growing demographic.



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## References

1. Jolly, M., Sebire, N. J., Harris, J. P., & al., et al. (2000). The risks associated with pregnancy in women aged 35 years or older. *Human Reproduction*, 15(11), 2433-2438. Link
2. Garcia, M. A., Walker, K. F., Thornton, J. G., & al., et al. (2022). Management of pregnancy complications in women of advanced maternal age. *Human Reproduction*, 15(11), 2433-2438. Link
3. Collict, M., Muscat Baron, Y., Gatt, M., & al., et al. (2018). Maternal risks associated with pregnancy in women with advanced maternal age. *A review of 55,943 pregnancies*. Link
4. Glick, I., Kadish, E., Rottenstreich, M., & al., et al. (2021). Management of Pregnancy in Women of Advanced Maternal Age: Improving Outcomes for Mother and Baby. *International Journal of Women's Health*. Link
5. Zhabchenko, I., Sudmak, O., Kovalenko, T., & al., et al. (n.d.). Pregnancy Women in Older of Reproductive Age: The State of the Problem, Features of the Course, Perinatal Consequences. *Journal of Women's Health*.
6. Scutelnic, R., & Spinei, L. (2024). Childbirth at advanced reproductive age: The impact of biopsychosocial factors on the mode of delivery. *Moldovan Journal of Health Sciences*. Link
7. Омарова, Х. М., Ибрагимова, Э. С.-А., & Хашаева, Т. Х.-М. (2021). Assessment of newborns from women of late reproductive age. *Journal of Women's Health*. Link
8. Delpisheh, A., Brabin, L., Attia, E., & al., et al. (n.d.). Pregnancy Late in Life: A Hospital-Based Study of Birth Outcomes. *Journal of Women's Health*. Link
9. Radhakrishnan, A. (2016). Advanced Maternal Age (AMA). *Asian Journal of Nursing Education and Research*, 6(2), 68-73. Link
10. Diabelková, J., Dorko, E., Rimárová, K., & al., et al. (2024). Birth outcomes of advanced maternal age pregnancies. *Central European Journal of Public Health*.
11. Dabiran, Soheila & Khosravi, Shahla & Pourali, Leila & Ayati, Sedigheh & Ardebili, Zahra & Delavari, Shamim. (2022). Childbearing in Advanced Maternal Age and Pregnancy Outcomes: A Cross-Sectional Study. *Journal of*



- 
- Obstetrics, Gynecology and Cancer Research. 8. 35-40. 10.30699/jogcr.8.1.35.
12. Diabelková, J., Dorko, E., Rimárová, K., et al. (2025). *Birth outcomes of advanced maternal age pregnancies*. Pavol Jozef Šafárik University in Košice.
  13. Bell, S. O., Makumbi, F., Sarria, I., et al. (2022). Reproductive autonomy and the experience of later-than-desired pregnancy: results from a cross-sectional survey of reproductive-aged women in Uganda. Performance Monitoring for Action Uganda.
  14. Gulammakhmudova, D.V., Nazarova, S. T., et al. (2025). Assessment and optimization of pregnancy and childbirth in women of advanced reproductive age. Tashkent Medical Academy.
  15. Laopaiboon, M., Lumbiganon, P., et al. (2014). Advanced maternal age and pregnancy outcomes: a multicountry assessment. WHO Multicountry Survey on Maternal and Newborn Health Research Network.
  16. Das S., Mirzaeva D. PREVALENCE AND HEMATOLOGICAL PROFILES OF PREGNANCY ANEMIA: EXTENDED CROSS-SECTIONAL ANALYSIS IN A TERTIARY CARE CENTER IN TASHKENT //Web of Medicine: Journal of Medicine, Practice and Nursing. – 2025. – T. 3. – №. 5. – C. 146-150.
  17. Mehari, M. A., Maeruf, H., et al. (2017). Advanced maternal age pregnancy and its adverse obstetrical and perinatal outcomes in Ayder comprehensive specialized hospital, Northern Ethiopia, 2017: a comparative cross-sectional study. Ayder Comprehensive Specialized Hospital.
  18. Radoń-Pokracka, M., Adrianowicz, B., et al. (2019). Evaluation of Pregnancy Outcomes at Advanced Maternal Age. Jagiellonian University Medical College.
  19. Lean, S. C., Derricott, H., et al. (2017). Advanced maternal age and adverse pregnancy outcomes: A systematic review and meta-analysis. PLoS ONE.
  20. Callaway, L. K., Lust, K., et al. (2005). Pregnancy Outcomes in Women of Very Advanced Maternal Age. Mater Misericordiae Hospitals.
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21. Ogawa, K., Urayama, K. Y., et al. (2017). Association between very advanced maternal age and adverse pregnancy outcomes: a cross-sectional Japanese study. BMC Pregnancy and Childbirth.
  22. Dwivedi K, Abdiyeva MO. OPTIMIZING ESTROGEN AND PROGESTERONE RECEPTOR ASSESSMENT IN BREAST CANCER: CLINICAL EVIDENCE FOR GYNECOLOGIC ONCOLOGISTS. JOURNAL OF EDUCATION AND SCIENTIFIC MEDICINE. 2025 May 30(5).
  23. Srikanth M, Dwivedi K, Koli V, Sejpai J, Shrishail K, Rajendra R, Bose S. BREAST CANCER DIAGNOSIS: A COMPARATIVE STUDY OF METHODS BASED ON SENSITIVITY AND SPECIFICITY. International journal of medical sciences. 2025 Apr 20;1(3):39-43.
  24. Usmonova D. I., Mirzaeva D. B., Das S. PREDICTIVE FACTORS IN WOMEN WITH RECURRENT ABNORMAL UTERINE BLEEDING AND ITS IMPACT ON QUALITY OF LIFE.
  25. Yakubova G. K., Mirzaeva D. B. FEATURES OF THE COURSE OF PREGNANCY IN WOMEN WITH FETOPLACENTAL INSUFFICIENCY //JOURNAL OF EDUCATION AND SCIENTIFIC MEDICINE. – 2025. – №. 5.