

Reproductive planning of advanced maternal age women: an integrative review

Planejamento reprodutivo de mulheres em idade materna avançada: revisão integrativa

Planificación reproductiva de mujeres de edad materna avanzada: una revisión integradora

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RESUMO

Objetivo: identificar o que tem sido publicado na literatura acerca da saúde sexual e reprodutiva de mulheres com 35 anos ou mais. **Método:** Trata-se de uma revisão integrativa realizada por meio das fontes de dados MEDLINE/PubMed, CINAHL, BVS, Scopus e Web of Science, sem restrição de período. Foram encontradas 531 publicações, das quais oito atenderam aos critérios de inclusão. **Resultados:** Os estudos destacaram percepções e atitudes em relação ao planejamento reprodutivo em idade avançada, incluindo gestações não planejadas devido à falta de compreensão sobre métodos contraceptivos. Fatores sociais, econômicos e de saúde também influenciaram o planejamento reprodutivo, com barreiras como baixa escolaridade, falta de recursos financeiros e estigma social associado à gravidez em idades avançadas. A educação em saúde e o acesso a métodos contraceptivos apropriados foram identificados como fundamentais. **Conclusões:** O estudo ressalta a necessidade de políticas públicas de saúde que abordem fatores que influenciam o planejamento reprodutivo em mulheres com 35 anos ou mais, promovendo a equidade no cuidado. A enfermeira desempenha um papel fundamental na disseminação de informações e no aconselhamento pré-concepcional, sendo essencial adaptar abordagens para garantir que todas as mulheres tenham acesso a informações, apoio e cuidados de qualidade.

Descritores: Idade Materna; Planejamento Familiar; Gravidez não Planejada; Cuidados de Enfermagem.

ABSTRACT

Objective: to identify what has been published in the literature regarding the sexual and reproductive health of women aged 35 years or older. **Method:** This was an integrative review conducted through data sources including MEDLINE/PubMed, CINAHL, BVS, Scopus, and Web of Science, with no time restrictions. A total of 531 publications were found, of which eight met the inclusion criteria. **Results:** The studies highlighted perceptions and attitudes towards reproductive planning in advanced age, including unintended pregnancies due to a lack of understanding about contraceptive methods. Social, economic, and health factors also influenced reproductive planning, with barriers such as low educational attainment, limited financial resources, and social stigma associated with pregnancy at older ages. Health education and access to appropriate contraceptive methods were identified as crucial. **Conclusions:** The study underscores the need for public health policies that address factors influencing reproductive planning in women aged 35 years or older, promoting equity in care. Nurses play a pivotal role in disseminating information and preconception counseling, and it is essential to adapt approaches to ensure that all women have access to information, support, and quality care.

Descriptors: Maternal Age; Family Development Planning; Unplanned Pregnancy; Nursing Care.

RESUMEN

Objetivo: identificar lo que se ha publicado en la literatura sobre la salud sexual y reproductiva de mujeres de 35 años o más. **Método:** Se trata de una revisión integrativa llevada a cabo a través de las fuentes de datos MEDLINE/PubMed, CINAHL, BVS, Scopus y Web of Science, sin restricciones temporales. Se encontraron 531 publicaciones, de las cuales ocho cumplieron con los criterios de inclusión. **Resultados:** Los estudios resaltaron percepciones y actitudes con respecto a la planificación reproductiva en edades avanzadas, incluyendo embarazos no deseados debido a la falta de comprensión sobre métodos anticonceptivos. Factores sociales, económicos y de salud también influyeron en la planificación reproductiva, con barreras como la baja escolaridad, la falta de recursos financieros y el estigma social asociado al embarazo en edades avanzadas. La educación en salud y el acceso a métodos anticonceptivos apropiados se identificaron como fundamentales. **Conclusión:** El estudio subraya la necesidad de políticas públicas de salud que aborden los factores que influyen en la planificación reproductiva en mujeres de 35 años o más, promoviendo la equidad en la atención. La enfermera desempeña un papel fundamental en la difusión de información y el asesoramiento preconcepcional, siendo esencial adaptar enfoques para garantizar que todas las mujeres tengan acceso a información, apoyo y atención de calidad.

Descriptores: Edad Materna; Planificación Familiar; Embarazo no Planeado; Atención de Enfermería.

Introduction

One of the pillars of Primary Health Care is sexual and reproductive health care, as recommended by the National Policies for Comprehensive Women's Health Care, and aims to guarantee sexual and reproductive rights.¹ Public policies aimed at women's health have been greatly influenced by feminist movements to ensure rights, autonomy and power of choice over one's own body. considered a milestone for women's health, as their ideological basis is the rupture with the traditional and centralized view of health care.²⁻³

One of the main strategies in the area of sexual health is reproductive planning, formerly called family planning. This change of name happened to decentralize the idea of the traditional (heterosexual) family and to understand that reproductive choices encompass men, women, adolescents, regardless of age and gender, as well as people who choose not to have children or start a family in the socially expected way.^{1,3}

Reproductive planning is an action strategy of the Unified Health System (SUS) that enables health promotion, prevention and education, in addition to providing access to contraceptive methods, reducing the occurrence of Sexually Transmitted Infections (STIs), promoting actions focused on the pregnancy-puerperal cycle, such as preventing unplanned and unwanted pregnancies, abortion, promoting responsible fatherhood and motherhood, counseling on reproductive age, especially for women who fall into high-risk pregnancies, such as those of advanced maternal age.²

According to the Ministry of Health (MS), advanced maternal age is defined as 35 years or older, and women who become pregnant in this age group are considered at high risk due to the changes that the body undergoes over the years, increasing the likelihood of chronic diseases such as hypertension and diabetes, as well as the influence on egg senescence. which has consequences for fertility.⁴⁻⁶ However, worldwide, this audience has been increasing over the years. Most of them are women who chose to postpone pregnancy or not to become pregnant, because they had other goals before motherhood, such as financial stability, high educational levels, better salary remuneration, among other achievements.⁷⁻⁸

Observing this scenario, it is understood that the Nurse, as the main actor in health services that promote sexual and reproductive education, has as competencies the Nursing Consultation, technical-scientific procedures, group activities, among others,⁹ needs to deepen her knowledge on the subject, in order to develop effective care aimed at offering a singular care, within the specifications that this audience needs and centered on women.

Thus, the objective of this research was to identify what has been published in the literature about the sexual and reproductive health of women aged 35 years or older.

Method

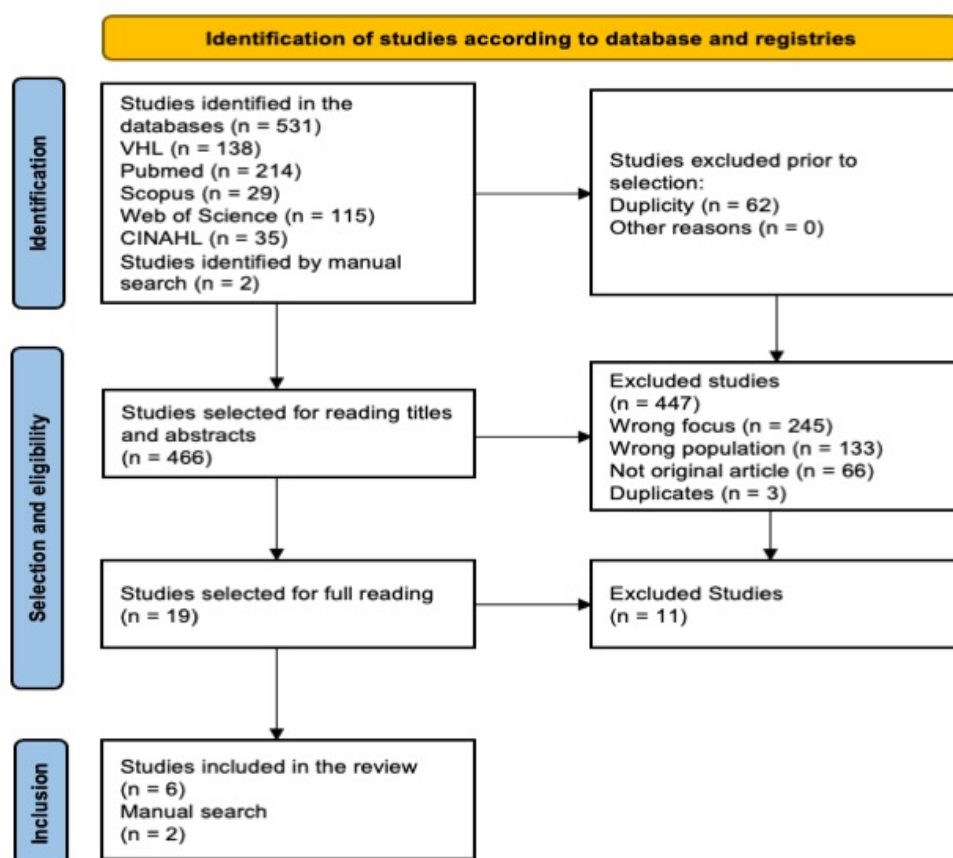
This is an integrative review of the literature,¹⁰ structured in five stages: the first was the definition of the theme and guiding question, in which the PICO strategy was used (P - population: women aged 35 years or older; I - Interest: nursing care; Co - Context: sexual and reproductive health), which resulted in the following guiding question: What evidence is available in the

literature regarding sexual and reproductive health nursing care for women aged 35 years or older?

In the second stage, criteria were established for inclusion and exclusion of studies. Inclusion criteria were: original primary articles that were available online in full, with free access, in Portuguese, English or Spanish, and that had as their object of study nursing care in sexual and reproductive health directed to women aged 35 years or older. Exclusion criteria were: review studies, editorials, opinions/comments, and studies focused only on pregnancy in this age group, without elucidating aspects of sexual and reproductive health. No time frame was used for the selection of studies because it is essential to explore all possible knowledge published up to the present day.

Subsequently, searches were carried out in the following data sources: Medical Literature Analysis and Retrieval System Online (Medline/ Pubmed), Cumulative Index of Nursing and Allied Health Literature (CINAHL), Virtual Health Library (VHL) portal, SciVerse (Scopus) and Web of Science, in August 2023. Three major areas were used in the construction of the search strategies: maternal age; nursing; sexual and reproductive health. In order to reach the maximum possible number of publications, free terms and similar keywords were used, in addition to the indexing descriptors (Medical Subject Headings [MeSH], Health Sciences Descriptors [DECS] and CINAHL Headings), in order to develop an appropriate search strategy according to the specification of each data source, following the main strategy: ("maternal age" OR "age, maternal" OR "ages, maternal" OR "maternal ages" OR "delayed childbearing" OR "delayed motherhood" OR "late childbearing" OR "late motherhood" OR "maternal age 35 and over" OR "advanced maternal age" OR "elderly mothers" OR "aged mother" OR "aged mothers" OR "advanced reproductive age" OR "maternal age 35" OR "maternal age 35 years" OR "reproductive aging" OR "older mother" OR "older mothers" OR "older motherhood") AND ("family planning" OR "reproductive health" OR "sexual and reproductive health" OR contraception OR "contraceptive methods" OR "contraceptive method" OR "planned pregnancy" OR "planned pregnancies" OR "unintended pregnancy" OR "unplanned pregnancies" OR "unplanned pregnancy" OR "unintended pregnancies") AND (nursing OR nursings OR "nursing care" OR "care, nursing" OR "obstetric nursing" OR "nursing, obstetric" OR "nursing, obstetrical" OR "obstetrical nursing").

A total of 531 publications were found, as shown in Figure 1. Of the total, there were 214 in MEDLINE/PubMed; 35 at CINAHL; 138 in the VHL; 29 in Scopus; and, 115 in the Web of Science. The results were exported to the EndNote reference manager, where 62 duplicates were excluded, as well as to the Rayyan – Intelligent Systematic Review platform, where three duplicates were manually excluded. A total of 466 publications were selected for the reading of titles and abstracts, in which, based on the selection carried out separately by two members of the research, 19 primary studies were selected for full reading and, of these, six met the inclusion criteria. Two other studies were selected by manual search, which resulted in a final sample of eight studies for analysis. It is noteworthy that there was a need for a third reviewer to discuss the consensus on whether or not to include studies in the titles and abstracts stage.

Figure 1 – Flowchart for the selection of studies included in the review, adapted from the PRISMA model.¹¹

The third stage was characterized by the evaluation of the studies by filling out an instrument prepared by the authors containing information from the publications, which included: title, country and year of publication, objective, design and theoretical framework, participants and main results presented by the study, as shown in Chart 1. The fourth stage consisted of an in-depth analysis of the selected studies, followed by the fifth stage with the discussion and presentation of the evidence found.

Chart 1 – Studies included in the integrative review. Curitiba, PR, Brazil, 2024.

Title and location	Objective	Desing Theoretical framework	Participa nts	Main Results
Unmet need for contraception in Kuwait: issues for health care providers (2004) ¹² Kwait	To investigate the issue of unmet need for contraception among married women in Kuwait	Quantitative and Cross-sectional	Women who are or have been married	The study notes that age is related to the unmet need for contraception. Older women may be more likely not to use contraceptives due to health concerns, religious beliefs, or lack of access. The perception of low susceptibility to pregnancy was cited as a reason for not using contraceptives, especially among older women. Women closer to the usual age of menopause considered that they no longer needed contraception.
The perspectives of	To explore and describe the	Qualitative and	Women over the	Postponing motherhood was considered a reproductive planning strategy that these

Iranian women on delayed childbearing: a qualitative study (2015) ¹³ Irã	perspectives and reasons of married women in Iran regarding the postponement of motherhood	Descriptive	age of 30 who did not have children or were pregnant for the first time	women adopted based on their individual circumstances: personal decision, beliefs about motherhood at an advanced age, and social support. Women expressed incorrect or incomplete perceptions about the risks and benefits of postponing motherhood, underestimated the possibility of becoming pregnant at an advanced maternal age, and demonstrated the need for physical and mental preparation before pregnancy. The study underscores the importance of continuity of information for older women.
Causes and consequences of unintended pregnancies in the Gaza Strip: a qualitative study (2019) ¹⁴ Palestina	Explore the causes and consequences of unplanned pregnancies in the Gaza Strip	Qualitative and Descriptive	Women who have experienced unplanned pregnancies.	Women aged 40 and over expressed concern that getting pregnant at an older age could bring social stigma and that this could lead to health problems in the babies. These women felt that getting pregnant at older ages was undesirable and reported that they looked for ways to terminate unplanned pregnancies on their own. One of the main reasons for unwanted pregnancies was the cultural pressure to prefer male children and the lack of knowledge and erroneous use of contraceptives, alleged by 66.7% of the women. The study points to the lack of social, family and professional support faced by women who experience unplanned pregnancies. In addition, it mentions that health professionals in prenatal clinics were described as not empathetic towards these women. The study suggests that healthcare professionals, including nurses, can play an important role in providing support and care to women facing unplanned pregnancies, as well as providing information about contraceptive options and reproductive planning.
Reproductive planning of climacteric women using Primary Health Care Mutirão (2017) ¹⁵ Brazil	To know how the reproductive planning of climacteric users of Primary Care in Canarana-MT was carried out	Qualitative and Descriptive	Climacteric women aged between 45 and 55 years	Awareness of family planning varied, and some participants linked it to the ability to provide education, health, and nutrition for their children. Awareness of contraception and prevention of sexually transmitted infections (STIs) also varied. Some participants highlighted the importance of condom use, while others associated the interruption of contraceptive use with the presence of clinical side effects or after menopause. The study underscores the importance of continuing to provide information on reproductive planning, even to women in the climactic phase, to ensure that they make informed decisions about their sexual and reproductive health and avoid unplanned pregnancies if they so choose.
Termination of pregnancy and the over 30s: what are trends in contraception use 1996–2006? ¹⁶ Austrália	To conduct an analysis of trends in contraceptive use by women over the age of 30 seeking termination of pregnancy (at less than 12 weeks'	Quantitative and cohort study	Women aged 30–50 years who sought abortion services	A change in contraceptive use patterns was observed, with an increase in the number of women reporting not using any method, consequently a decrease in the use of hormonal methods. Barrier and natural methods remained stable. The study suggests that changes in fertility and access to more modern methods are causing a change in contraceptive patterns.

	gestation) at a health centre in Australia			
Preconception preparation among women with planned pregnancies (2019) ¹⁷ Brazil	To analyze the determinants of preconception preparation among women with planned pregnancies	Quantitative and Cross-sectional	264 women with planned pregnancies, of whom 95 were 35 years or older	Preconception preparation is strongly associated with social and economic factors, such as high schooling and belonging to the most favored economic classes (A and B). In addition, the experience of infertility and older age also had a positive influence on the performance of preconception preparation. Women aged 35 years and older were identified as being more likely to undergo preconception preparation compared to younger women. Older age was pointed out as a determinant associated with the performance of this preparation. This means that women aged 35 and older showed a greater tendency to take health measures and planning before conception, compared to younger women. They mention the role of nurses in the care of the reproductive planning of older women in the provision of preconception care during contraceptive consultations, Pap smear collection, postnatal consultations and in activities aimed at adolescents in schools.
Modern contraceptive utilization and associated factors among married Gumuz women in Metekel Zone North West Ethiopia (2020) ¹⁸ Etiópia	To determine the magnitudes and factors associated with the use of modern contraceptive methods among married women of the Gumuz ethnic group in Ethiopia	Quantitative and Cross-sectional	580 women, of whom 143 were 35 years or older	Most women had insufficient knowledge about contraceptive methods and the likelihood of contraceptive use among women aged 35 years and older was 5 times higher than those women aged 15-24 years. Counseling on contraceptive methods was a factor associated with the use of modern contraceptives. Women who received counseling on modern contraception in health care facilities were about 4 times more likely to use these methods. This suggests that guidance and counseling play a significant role in helping to understand contraceptive options, to choose the method that best suits needs, and to use modern contraceptives effectively.
Socio-demographic factors associated with delayed childbearing in Nigeria (2019) ¹⁹ Nigéria	To examine the association between socioeconomic and demographic factors and postponement of motherhood in women aged 35-49 years in Nigeria	Quantitative and Retrospective	Women between the ages of 35 and 49	The results showed an 8.0% prevalence of pregnancy postponement in Nigeria. Some factors have been associated with postponement of motherhood, including older age in marriage, higher level of education, women's autonomy in household decisions, use of modern contraceptives, and educational level of the community. There was also an association between the proportion of women who had used modern contraceptives in the community and postponement of motherhood. Despite the increasing postponement, they note that there are no specific policies for this population, so they suggest that the family planning program be expanded to include information on the consequences of postponing motherhood.

Results

Eight studies were selected and analyzed, of which six are international scientific articles and two are national. All studies were authored by at least one nurse. After reading, two categories were established to group common themes found in the articles: Perceptions and attitudes towards reproductive planning at a late age and Social, economic and health factors that influence reproductive planning at an advanced age.

Perceptions and attitudes towards reproductive planning in old age

Studies show that women did not always choose to postpone motherhood, what occurred was unplanned pregnancy due to precarious reproductive planning and lack of use of contraceptive methods. Health concerns,¹² low sexual frequency¹² and perception of low probability of pregnancy¹²⁻¹³ were the most indicated reasons.

Limited knowledge about reproductive planning and adequate contraceptive methods was pointed out,¹²⁻¹⁴ indicating the need for guidance and information on appropriate contraceptive options for women at advanced ages.^{13,15} In addition, it was observed that women's understanding of reproductive planning was often not related to contraceptive methods, but rather to financial planning.¹⁵

Older women, over the age of 40, felt they were too old to have another pregnancy and feared the social stigma associated with pregnancies in this age group.¹⁴

Another study noted that there was an increase in the number of women who did not use any contraceptive method and suggested that changes in contraceptive trends may be related to factors such as the availability of new contraceptive methods, changes in fertility patterns, and social/cultural factors.¹⁶

Social, economic, and health factors influencing reproductive planning in old age

In this category, studies have shown that social, economic and health factors influence both preconception preparation and the use of contraceptive methods.

Financial aspects, limited access to health services, low schooling, precarious access to reproductive health information, and low professional support in cases of unwanted pregnancy were barriers identified as determinants for the success of reproductive planning.^{14,17}

Educational level and age-related social conditions were important factors in understanding preconception preparation and the care needed for a healthy late pregnancy.¹⁷⁻¹⁹ Thus, older women were more likely to undergo preconception preparation¹⁷ and were more likely to use modern contraceptive methods compared to women aged 15 to 24 years.¹⁸

Women aged 35 and older who received counselling at health facilities were about four times more likely to use contraception.¹⁸

Discussion

The results presented are fundamental to understand the sexual and reproductive health of women aged 35 years and over, highlighting perceptions and attitudes, as well as the influence of various social, economic and health factors for the age group.

The studies highlight that many women in this age group did not plan their pregnancies. This may be due to a poor understanding of reproductive planning and, consequently, the lack of use of contraceptive methods. A cohort of 7608 women conducted in Brazil showed that 53.8% of pregnancies were unplanned, and adolescents and women aged 40 or over were more likely to have this type of situation.²⁰

The women reported that low sexual frequency was linked to low perception of the probability of pregnancy. The proximity of menopause and the decrease in fertility in older women, which culminates in the end of reproductive life, gives the false sense of the unnecessary of thinking about reproductive planning, as they may perceive a lower risk of becoming pregnant and, therefore, may choose not to use contraceptives. A study showed that women without steady partners or with partners for 10 years or more had a higher chance of unplanned pregnancies, which can be a worrying fact from the point of view that in addition to the greater number of unwanted pregnancies, there is also a greater risk of transmission of sexually transmitted infections.²⁰

In another study, the reasons for not using contraceptive methods were wanting to get pregnant or not caring about getting pregnant, not having sex with men, religious reasons, not knowing how to avoid it, not knowing where to go or who to go to for guidance.²¹ This suggests that sexual and reproductive health guidance and counseling need to be better disseminated in the population. In this sense, the nursing team plays a significant role in educational actions to help women understand their contraceptive options, to choose the method that best suits their needs, and to use modern contraceptives effectively.

It is important that strategies to improve access to and awareness of appropriate contraceptive methods for women at advanced ages are implemented, especially in Primary Health Care, where the nursing team has great potential to act effectively through educational, clinical and counseling activities.²² Lack of planning can result in maternal and fetal health issues, as there is evidence of delay in seeking prenatal care, higher incidence of depression, low adherence to health interventions such as adequate nutrition and medication intake, death related to unsafe abortions, especially in countries with a legal ban on this practice. For children, there is a higher risk of neonatal, perinatal and

infant morbidity and mortality, psychological and emotional problems, and low school performance.²³

The perception of low probability of becoming pregnant was another reason for the lack of reproductive planning, which demonstrates limited knowledge about one's own sexual and reproductive health. However, it is important to note that fertility in women does not decline abruptly at age 35, although the risk of complications may increase. Providing expanded experience-sharing dialogues that encompass fertility education and reproductive planning are essential to help women understand their bodies and needs in order to make informed decisions about available contraceptive options that are appropriate for older women's needs.²⁴

Some studies observed that women's understanding of reproductive planning was more related to financial planning than to contraceptive methods. This underscores the importance of addressing not only health issues but also economic concerns when discussing reproductive planning with older women.²¹ In addition, women over the age of 40 reported fear of the social stigma associated with pregnancy at late ages. This can influence your decisions regarding motherhood and contraceptive use. Nurses need to be aware of these signs related to stigmas and prejudices and offer emotional and social support to older women, in order to promote the emotional and mental well-being of women and their families.²⁵

In the second category, the studies showed important relationships between social determinants and choice/use of contraceptive methods. The results showed that age is a relevant factor in the choice of contraceptive methods, corroborating studies that indicate that younger women tend to prefer barrier methods, such as condoms, while older women opt for surgical methods. This choice may be influenced by issues of maturity, number of previous pregnancies, and better understanding of reproductive planning. Schooling was also identified as a relevant determinant in the use of contraceptive methods. Women with a lower level of education tend not to use barrier and hormonal methods, while those with more formal education prefer surgical methods. This highlights the importance of health education and access to information for an informed and safe choice.^{21,26}

The complex interplay between social and economic factors, such as lack of financial resources, cultural beliefs, misinformation, and bureaucracy, can influence the choice and continuity of contraceptive use. The findings highlight the need for a comprehensive, horizontal approach to sexual and reproductive health, involving improved reproductive planning education, access to appropriate contraceptive methods, addressing health and financial concerns, and combating social stigma.

In this sense, the role of the nurse is fundamental in advising and supporting appropriate contraceptive choices,

adapted to individual characteristics and risk factors. These aspects have significant implications for the promotion of gender equity and universal access to reproductive health services, as advocated in targets 5 and 3, respectively, of the Sustainable Development Goals. Thus, there is a need for a public policy agenda that encompasses, in a comprehensive, integrative and inclusive way, actions and strategies that allow effective activity related to the sexual and reproductive health of women in general.²⁷

It was noticed that the literature is vast in relation to the subject and that it focuses on studies of quantitative designs, for which there is no possibility of performing in-depth and relational analyses between some variables that have not been studied. In spite of this, it is possible to state that there are few qualitative studies that explore the sexual and reproductive behaviors of women who are between the beginning of the climacteric and those who are entering more specifically menopause, assuming an age group between 35 and 55 years. Thus, one of the limitations of this study was the impossibility of making comparisons only with 35-year-old populations in the studies found, since most of them were in relation to all age groups. Another limitation that can be pointed out is the cultural and contextual diversity in which the analyzed studies were conducted, which indicates that it should not generalize to all populations and scenarios. However, these results are important to bring perspectives that dialogue with possibilities for improving public policies and nursing care for women of advanced maternal age.

Conclusion

This study highlights the complexity of reproductive planning in older women and the need for a comprehensive approach to sexual and reproductive health promotion. It is evident that many pregnancies in this age group are unplanned, often due to a lack of understanding of reproductive planning and a lack of knowledge of adequate contraceptive methods. This highlights the importance of preconception counseling and sexual and reproductive health education, a central role played by nurses and their teams in the dissemination of information, especially in Primary Health Care.

In addition, the influence of social, economic, and health factors on reproductive planning is evident. Aspects such as education, financial status, and accessibility to health services play a significant role in the choice and use of contraceptive methods. Therefore, public policies on sexual and reproductive health in Brazil must address these barriers, ensuring access to appropriate contraceptive methods and promoting equity in care.

The advanced age of women also brings challenges and opportunities. On the one hand, more mature women may

demonstrate greater autonomy in reproductive decisions and a deeper understanding of preconception care. On the other hand, fear of social stigma associated with pregnancy at an advanced age can influence your choices and decisions.

The study contributes to the visibility of the need for public health policies that address the social, economic and health factors that influence reproductive planning in women aged 35 years and over. It also calls on nurses to play their important roles in educational, clinical and counseling care, in order to promote informed and safe decisions and choices. It is essential to continue researching and adapting approaches to ensure that all women have access to quality information, support, and care.

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