Objectives: Aim of this study was to investigate the impact of advanced maternal age on obstetric outcomes in Libyan Population.

Subjects and methods: all deliveries of >24 weeks of gestation at Misurata Central & Iben-Sina Hospitals and between January 2009 up-to June 2013 were prospectively studied. Women divided into 3 categories according to age: A-20-34 years as referent group, B-35-39 years, C- >=40 years. Pregnancies among women < 20 years and multiple pregnancies were excluded. Data collected: delivery gestational age, presence of infertility and ART if any, medical & obstetric histories, diabetes, hypertension or anemia, mode of delivery, birth weight (BW): (>4000g, <2500g &<1500g), Apgar score, admission to neonatal ICU, postpartum course. Outcomes compared for nulliparous & multiparous women. Statistical analysis performed using SPSS package. P-value considered to be significant if (< 0.05).

Results: study included (6865) patients. (68.4%) between 20-34 years, (31.6%) >= 35 years. Patients >= 40 years were (11.9%). Women giving birth at >= 35 carried a 2.9-fold increased risk for pregnancy complications, and 3.5-fold increased risk for adverse perinatal outcomes. Women in B&C groups at increased risk for pregnancy-induced hypertension, diabetes; significantly higher than A, (P< 0.0034), operative vaginal delivery, CS( P< 0.01), preterm and early preterm (<34 weeks) deliveries, low (BW), still birth and neonatal death in nulliparous women, but only with preterm birth < 37 weeks and CS in multiparous women. Relative risk of stillbirth was 1.89 for group B and 2.8 for group C. These risks estimates were independent of women's infertility treatment history.

Conclusion: Advanced maternal age is significantly associated with specific adverse pregnancy outcomes. As the number of this group is increasing, every effort should be made to reduce associated morbidity.