

sequencing, body composition studies, energy expenditure, NMR Spectroscopy and epidemiology for all these disorders will be covered during the course of the lecture.

### **Hopes and Challenges of Advanced Maternal Age (AMA): An Obstetrician's Perspective**

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Advanced maternal age (AMA), defined as pregnancy at 35 years or older, has become an increasingly important issue in obstetric practice due to changing sociodemographic patterns and advances in assisted reproductive technologies. Very advanced maternal age (VAMA), generally defined as pregnancies occurring at or beyond 40–45 years, is also a growing phenomenon worldwide and in Sri Lanka as well. The prevalence of AMA is rising globally, reaching 15–20% in high-income countries, while in Sri Lanka, it is estimated at 15%, with VAMA contributing 4%. In Jaffna, recent trends highlight a VAMA prevalence of 2.3%, almost entirely following assisted reproductive technologies (ART).

The factors contributing to delayed childbearing are multifactorial, including higher education, career advancement, later marriage, financial independence, and advancement in fertility treatments. While AMA cannot be regarded as incidental, it represents a consistent and predictable trend with significant implications for obstetricians. The challenges are multifaceted, encompassing both fertility treatment and obstetric care.

Declining ovarian reserve and increased chromosomal abnormalities lead to poor embryo quality and low implantation rates, which negatively impact the ART outcomes in women with advanced age. Obstetric risks are substantial, including higher rates of miscarriage, stillbirth, aneuploidy, gestational diabetes, hypertensive disorders, placental complications, preterm birth, and increased need for cesarean

delivery. Neonatal outcomes are also affected, with a greater likelihood of intensive care admission, while maternal risks extend into the postpartum period, with haemorrhage, delayed recovery, and psychological issues such as depression. Despite these challenges, there remains considerable hope. Evidence-based strategies at the community, fertility, and clinical levels can positively influence outcomes. Community education and preconception counselling enable early detection and management of subfertility, while empowering primary healthcare workers to support fertility care. Advances in ART, including preimplantation genetic testing, improve success rates and minimize genetic risks. Individualized obstetric management, involving optimized preconception health, tailored antenatal surveillance, and multidisciplinary intrapartum and postpartum care, can mitigate complications.

In conclusion, AMA represents an emerging women's health challenge that demands a comprehensive care pathway. Strengthening community awareness, integrating advanced fertility treatments, and providing individualized, respectful obstetric care are key to improving outcomes and ensuring safer motherhood in this vulnerable population.

### **Violence Against Children - The Hidden Epidemic in Paediatric Care**

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Children have the fundamental right to live, learn, and grow free from abuse, neglect, and exploitation. Yet, various forms of violence, bullying, maltreatment, sexual exploitation, intimate partner violence, and psychological harm persist across age groups. Violence against children is a hidden epidemic in Sri Lanka, with alarming statistics and systemic challenges. Data from the Northern Province underscores the seriousness of the problem: Several barriers prevent effective protection: absence of a national framework, weak coordination among agencies, inadequately trained