

The Perinatal and Neonatal Outcome in Grand-Grand Multiparous Women, A Comparative Case Control Study

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Objective: To evaluate the complications associated with grand-grand multiparity (para 10 or more) including perinatal, intrapartum and neonatal complications.

Methods: From July to December 2004, 202 women who had had 10 previous deliveries or more were identified and compared with a group of 448 women whose parity ranged 2-9 who delivered over the same period. The two groups were comparable in age and in booking status. The two groups were compared, with particular emphasis on antepartum, intrapartum and postpartum complications. The neonatal outcomes were also recorded and compared between the two groups.

Results: The perinatal mortality in the study group was 49.5:1000 and 24.5:1000 in the control group (P 0.002). The rate of cesarean section was 21% in the study group, compared to 13% in the control group. There was no difference between the two groups in the rate of instrumental deliveries, multiple pregnancy, malpresentation, dysfunctional labor, low birth weight, macrosomia or preterm labor. In the study group, 30% had medical complications compared to 15% in the control group. The incidence of placental adverse events was 2% in the study group and 0.5% in the controls. There was a significant increase in the incidence of postpartum hemorrhage in the study group (13.6%) compared to the control group (5%). There was no difference between the two groups in the incidence of congenital anomalies and neuro intensive care unit (NICU) admissions. Apgar scores at 1,5 and 10 minutes were comparable in the two groups.

Conclusions: Extreme parity should be treated with extra-care and should be considered as high-risk pregnancy, particularly in populations with high rate of unbooked deliveries. Our study demonstrates that there is a significant increase in the perinatal mortality, the rate of cesarean section, antenatal maternal medical complications and the incidence of postpartum hemorrhage in this group compared to a control group from the same population.