



ORIGINAL RESEARCH PAPER

Obstetrics & Gynecology

MATERNAL OUTCOME OF GRAND MULTIPARITY

KEY WORDS: Multiparity, Maternal

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ABSTRACT

Increased maternal and foetal complication is observed in cases with increased parity. In this study 80 grand multipara patient who had previous four or more pregnancy were recruited for study and found to be increased complication among them. Around 15% had multiple pregnancy and 15% had malpresentation which is quite higher in comparison to the normal population.

INTRODUCTION:

Pregnancy has its own inherent risk of complications and morbidity. Although it is a physiological process but successive pregnancy will lead to increase complication both mother and baby. Direct obstetric causes have a significant contribution for severe maternal morbidities and mortalities, although the effect of grand multiparity on adverse obstetric outcomes remains controversial across studies¹,

Definition: "Primiparity" was considered to be parity of one delivery in a non-gravid woman. the "Nulliparity" was considered to be parity of zero deliveries in a non-gravid woman. "Multiparity" was defined as parity of ≥2 deliveries. "Delivery" was considered in pregnancies of ≥28 weeks of gestation. Grand multiparity defined as parity of ≥5 with previous pregnancies of ≥28 weeks of gestation². NICE in recent recommendation defined grand multiparity as pregnancy of four or more after viability³.

Overview:

This study was conducted in Gujarat Adani Institute of Health and Medical Sciences from 1st August 1996 to 31st July 1997 for period of one year. This college is strategically located in Bhuj, the extreme west side of Gujarat. This hospital gathers all high risk pregnancies around 200 km of radius. As it is a remote area of the country health care facility in periphery is not advanced. There is less family planning practice among the village areas. Subsequently the incidence of grand multiparity is quite high.

Inclusion criteria:

1. Patient with previous four or more pregnancy beyond 28 weeks
2. Current pregnancy beyond 28 weeks of gestation
3. Previous all normal delivery
4. Both booked and un booked cases included

Exclusion criteria:

1. Patient with previous caesarean section
2. Patient with other gynaecological condition not related to pregnancy like uterine fibroid, ovarian tumour etc.

Material and Method:

This Observational study was conducted in the Department of Obstetrics and Gynaecology in Gujarat Adani Institute of Health and Medical Sciences for a period of one year from 1st August, 2016 to 31st July 2017. Multipara patients who have completed 28 weeks in previous four pregnancies and current pregnancy were selected for this study. Regular follow up was done. For the un booked cases patient was followed up in Labour room. 80 cases of grand Multipara cases were identified and taken into the study. All complications were noted and documented.

Result and Observation:

This study was conducted in the Department of Obstetrics

and Gynaecology in Gujarat Adani Institute of Health and Medical Sciences for a period of One year.

Following outcomes were noted

1. Gestational diabetes
2. Chronic hypertension with superimposed pre-eclampsia
3. Malpresentation
4. Twin pregnancy
5. Increased rate of operative delivery
6. Big baby
7. Rupture uterus
8. Obstructed Labour
9. Maternal Death

Around 80 patients were selected for this study. The age distribution of the patients were as follows

Age ditribution	Number (n=80)	Percentage
25-30 years	12no	15%
31-35 years	23 no	28.75%
35-40 Years	35no	43.75
40-45 years	10no	12.5

Among the complications following are encountered among the patients in this study

Antenatal or Intra partum or post partum complication	No of patient	Percentage
Uneventful	35	43.75
Gestational Diabetes	5	6.25%
Chronic hypertension with pre Eclampsia	5	6.25%
Twin pregnancy	5	6.25%
Malpresentation	12	15%
Big baby (More than 4 kg)	10	12.5%
Ruptured uterus	6	7.5%
Maternal death	2	2.5%

DISCUSSION:

This study was conducted in Gujarat Adani Institute of Health and Medical Sciences for a period of one year. It has been observed that maternal complications are quite high as parity increase. Adeola F. Afolabi, Adewale S. Adeyemi in their study⁴ found that hypertensive diseases in pregnancy, 27.1% versus 8.1% (p =0.001), placenta praevia, 15.3% versus 4.0% (p = 0.007) and other medical illnesses, 23.2% versus 6.1% (p = 0.001). Anaemia is not considered in this study as majority of the patients had anaemia and only individual complications were considered. Most worrisome thing is that increased maternal mortality. S M Shahida, et.al in their study⁵ found seven maternal deaths.

CONCLUSION:

Increased parity associated with increased complication. In the advent of advanced technology we still could not prevent complication of mother with increased parity. It is the time to be cautious and every pregnancy to treat as high risk one.

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