Grandmultiparity is often considered a clinical entity as associated with increased maternal and perinatal mortality and morbidity; it is associated with increased incidence of caesarean section, particularly those of primary emergency type. We carried out this study to assess the indications for and perinatal outcomes of primary caesarean section performed in highly parous women as we still have a considerable high incidence of grandmultiparity.

Material & methods: a retrospective study carried out for one year duration in the Department of Obstetrics & Gynaecology at the Misurata Teaching Hospital. The basis of the study formed of 142 women of average parity have representing group I; and 102 grandmultiparous women representing group II s and all of them delivered by primary cesarean section.

RESULTS: the overall rate of cesarean delivery was 14.4% and the general primary cesarean section rate was 9.6%. The primary cesarean section rate in women of average parity was significantly lower (6.3%) than that reported in grandmultiparous women (12.5%) who were significantly older and less frequently attended antenatal clinics. The most common indications for surgery in the both groups were dystocia, malpresentation, hypertensive disorders, and antepartum hemorrhage. Dystocia as a major indication for primary cesarean section was significantly increased in group II; this was the case for birth weight. Stillbirths, perinatal morbidity and congenital anomalies were increased in group II.

Conclusion: grandmultiparae at higher risk of primary cesarean delivery. Increasing maternal age, parity and fetal macrosomia are factors associated with increased primary caesarean section rates.