THE HAZARDS OF EXTREME GRANDMULTIPARITY
F. Elrishi
Department of Obstetrics & Gynecology, Misurata Teaching Hospital, Misurata, Libya

Objective: To assess the pregnancy complications associated with extreme grandmultiparity; and the effect of advanced maternal age on occurrence of obstetric hazards.

Material and Methods:
A retrospective study was conducted over a period of one year examining the records of 3615 pregnant women giving their 7th birth ≥ 28 weeks of gestation at Gynecology and Obstetrics Hospital of Benghazi University. They further divided into 2 groups para 6-8 (2220 cases) and para ≥ 9 (1395 cases). The data was obtained from medical records and reviewed including regularity of prenatal care, interbirth interval, detailed past medical. A statistical comparison was made.

Results: extreme grandmultiparae (9.2%) were significantly older, poorly attended antenatal care, and higher incidence of maternal diseases mainly hypertension. They had significantly increased malpresentation, placental abruptio and preterm labor. Obstetric intervention during labor was significantly more frequent including as prolonged second stage and obstructed labor were higher increasing cesarean section rate. They had significantly higher incidence of macrosomia, congenital anomalies, low Apgar score and prematurity. Advanced maternal age was associated with increased incidence of hypertension, diabetes, placenta praevia, malpresentation, obstructed labor and cesarean section rate in both groups. The neonates of older mothers significantly had low Apgar score and congenital anomalies. Poor prenatal care was associated with significant increase of preterm labor, placental abruptio and labor complications in groups, also perinatal mortality, neonatal morbidity and low birth weight.

Conclusion: it is a major obstetric hazard needs meticulously active intervention, reproductive health care, effective family planning, and advanced neonatal facilities.