

# GRANDMULTIPARAITY

ESSAY

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BY



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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"سُبْحَانَكَ لَا عِلْمَ  
لَنَا إِلَّا مَا عَلَّمْتَنَا  
إِنَّكَ أَنْتَ الْعَلِيمُ  
الْحَكِيمُ"

صَدَقَ اللَّهُ الْعَظِيمُ  
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## *INTRODUCTION*

## INTRODUCTION

There is no doubt that repeated pregnancy, delivery and lactation represent a physical and emotional stress on the women. A pregnant woman is considered to be a grandmultiparous if she has five or more previous viable babies (*Donald, 1979*). The following hazards are likely to occur with grand multiparity.

Anemia is common in multiparous pregnancy. It is usually of iron deficiency type. It decreases the woman's resistance and increases the frequency of complications in pregnancy and labour (*Fernands, 1971*).

Repeated pregnancy manifestes prediabetics into temporary diabetics and the latter into frank diabetics, pregnancy also aggravates the established diabetic states (*Pyke, 1956 and Fitzgerald, 1961*).

Malpresentations and malpositions and postpartum haemorrhage due to uterine atony are more common in grandmultiparas (*Fuchs et al., 1985*). Spontaneous rupture of the uterus was ten times more common in patients of high parity than in patients of low parity (*Israel and Blazar, 1965*). High stillbirth rate and perinatal mortality were noticed in grandmultiparous women than in others (*Aziz, 1980*) (*Seidman, 1987*).

Grandmultiparity is not only a medical problem, it remains a social and economic problem as well.

So this work aims to study grandmultiparity regarding its terminology incidence, dangers on pregnancy as diabetes mellitus, anemia, hypertension, antepartum haemorrhage, polyhydramnios, malpresentations and multiple pregnancy. The work aims also to study the hazards of grand multiparity on labour as premature rupture of membranes, postpartum haemorrhage, retained placenta and rupture of the uterus.

The special precautions taken during pregnancy and the mode of labour and fetal outcome in grand multiparous women will be discussed. The last aim is how to avoid grandmultiparity.

*REVIEW OF LITERATURE*

## **DEFINITION OF GRANDMULTIPARITY**

There is no universally accepted definition of the grandmultipara. *Solomons (1934)* drew attention to what he called "The Dangerous Multipara", as he found that mortality among those women was higher than among primiparae.

However, *Eastman (1940)*, *Barns (1953)*, *Nelson and Sandmeyer (1956)* defined the grandmultipara as a parturient who has been delivered eight times or more. While *Schram (1954)* and *Fuchs (1985)* considered a woman who has born seven or more children as being a grandmultipara. *George (1960)* applied the term grandmultipara to women who have had six previous viable pregnancies.

*Radovic (1966)* and *Donald (1979)* applied the term grandmultipara to cases who have had five or more previous deliveries.

## ***INCIDENCE OF GRANDMULTIPARITY***

The grandmultipara has almost disappeared in the western countries due to the advancement of family planning. The World Health Organization has estimated that about 40% of the women in the developing countries have more than four children. The incidence of grandmultipara varied according to the race and the socioeconomic standard (*WHO Report, 1974*).

*Barns (1953)* found that the incidence of grandmultipara was 12.6% while *Israel and Blazer (1965)* studied para 7 and more who estimated to be 4.3% of all patients. Also *Fuchs (1985)* studied 5785 cases of grandmultipara among 50057 deliveries over a period of 16 years, the incidence of grandmultipara was decreased from 14% in 1960 to 8.8% in 1970.

*Opaneye (1986)* studied 1611 deliveries of which 6% or 100 cases are in their tenth or subsequent deliveries in king's Hospital, Al-Khrj (Saudi Arabia)

In Sudan, *Aziz (1980)* found that 3130 cases of 8858 women had five or more children with an incidence of 35.4%.

Several field studies in Egypt were done in Al-Galaa Maternity Hospital, the incidence was 26.2% in a study of 6794 cases during a period of 20 months, (*Younis et al., 1984*).

Also, a study of 1068 cases who have had 6 or more deliveries admitted to Kasr El-Aini Hospital during the years 1975-1977 giving rise to an incidence of 10.4% (*Hussein et al., 1982*).

Another rapid review of 5000 cases admitted in labour to Cairo University Hospital during the years 1974 - 1975, the incidence was 22.6% while the primiparas constituted 31.4%, and the multiparas less than 5 deliveries was 46%. (*Kamal, 1977*).

In a teaching hospital at Hong Kong, *King et al. (1990)* studied hospital records of grandmultiparae for the period of 1984 - 1988 of 29048 deliveries, 168 cases (0.57%) were grandmultiparae. 50% of the patients delivered at this time were primiparous and 50% were multiparous.

*Eidelman et al. (1988)* at Shaare Zedek Medical Center studied 7785 delivered infants during the years 1982 - 1983, 899 of them (11.5%) were born to grandmutliparous mothers.

*Aziz-Karim et al. (1989)* at Karachi Civil Hospital studied 1501 multiparas, out of which 431 (28.7%) were grandmultiparas and 1070 (71.2%) were para less than 5 (Table 7).

In Malaysia, at University Hospital of Kuala Lumpur, 7.5% of obstetric population were para 5 or more (*Tai, 1991*).

*Mwambingu et al. (1987)* found that (13.4%) of 4819 mothers were grandmultiparae. The mean age was 33 years.

And in Nigeria Teaching Hospital *Ozumba and Igwegbe (1991)* found that (11.28%) of 6587 deliveries were grandmultiparas, and the mean age was 24.5 years.