Elderly Great Grand Multipara with Gestational Hypertension and Anemia Managed in a Rural Tertiary Hospital: A Case Report

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ABSTRACT

Introduction
Parity more than five is grand multiparity and more than 10 is great grand multiparity. Women with high birth order are at increased risk for adverse obstetric outcomes. The risk is even higher for great grand multiparous women than grand multiparous women. Grand and Great grand multiparity predispose for adverse maternal and perinatal outcomes such as malpresentation, labor dystocia, caesarean delivery, postpartum hemorrhage, maternal anemia, congenital malformations and perinatal mortality. Grand and Great grand multiparity is also independent risk factor for labor dystocia and perinatal mortality. However, most of the adverse outcomes that have been associated with grand multiparity may actually be confounded by advanced age, less antenatal care and low socioeconomic level. Although pregnancy hypertension is more commonly seen among young primigravidas, hypertension is equally common in elderly women. This is a unique case of elderly great grand multiparous women with moderate anemia who developed gestational hypertension and underwent emergency cesarean section resulting into normal maternal and fetal outcome.

Keywords: Elderly, gestational hypertension, great grand multiparity, pregnancy outcome

INTRODUCTION

Grand multiparity (GM) was introduced in medical literature in 1934 by Solomon and termed this condition as dangerous.1 GM was previously defined as parity>7 but the International Federation of Gynecology and Obstetrics (FIGO) defines GM as five deliveries or more in view of marked increase in the risks of obstetric complications, neonatal morbidity, and perinatal death at parity ≥5.2,6 When the parity is 10 or above, it’s called great grand multiparity (GGM) which further increases the incidence of adverse maternal and neonatal outcome. There has been substantial difference in the prevalence of GM and GGM between western world and developing countries. Developed countries have a low prevalence of GM (3–4% of all births) where as there is high prevalence of GM in developing countries.5,9 This difference is due to availability and access to contraceptives as well as antenatal care, adequate medical facilities and skilled health personals for safe delivery.

Several studies have provided data concerning the risk of great and grand multiparity for both mother and fetus.10–14 However, some studies show that grandmultiparity does not necessarily lead to significant additional maternal, fetal, or neonatal complications in developed world where there is availability of high quality healthcare services.13 Young privigravidas are at increased risk of developing pregnancy hypertension including gestational hypertension a well as preeclampsia in comparison whereas elderly and multigravidas are also equally at risk of developing hypertension.

CASE PRESENTATION

I hereby present a case of great grand multipara who presented to maternity unit of Karnali Academy of Health Sciences (KAHS) teaching hospital in May 2018.

Mrs. JD, 45 years old great grand multiparous woman (G21P15A5L9) was referred from a PHC of Kalikot District with the complaints of amenorrhea of 9 months and lower abdomen and back pain of 10 hours duration associated with difficulty in breathing and raised blood pressure of 160/110 mmHg. She said she is appreciating her fetal movement well. There was no history of vaginal bleeding or leaking
Another study done in Croatia showed that although labor complications were similar between multipara and grand multi para, the cesarean delivery rate was significantly higher in GM.\(^6\) Likewise, mean duration of labor was similar between the two groups, but prolonged labor of more than 24 hours was more frequent among GM and mean birth weight was significantly lower for neonates born to grand multiparous women.

Another study done in France shows that grand multiparas were more likely to have had little or no education (none or grade school level), to be smokers, to have an increased body mass index, and to have had poorer prenatal care.\(^\text{17}\) There was a tendency to an increased rate of gestational hypertension, although the incidence of preeclampsia and chronic hypertension. They had greater previous histories of fetal or perinatal deaths and had also sought more abortions which is very similar in this case.

This case represents a very unique scenario of the maternal, child health and family planning (MCH/FP) situation of Karnali province of Nepal, which is very rural, remote and backward in various aspects. Complications and consequences of repeated pregnancies in this case like anemia, transfusion related complications, unnecessary operations could have been easily avoided.

Lack of proper education as well as information on advantages and availability of contraceptive methods is still one of the major problem in rural Nepal. Unmet need of family planning is still very high. This ignorance has added huge psychological, physical as well as economic burden in women's life, family and ultimately to the society.

**CONFLICT OF INTEREST**

None declared.

**REFERENCES**

7. Odukogbe AA, Adewole IF, Ojengbede OA, Olayemi O,