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ACCEPTED ABSTRACTS

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### Maternal and neonatal outcome among high parous women in Al Ahsa, Kingdom of Saudi Arabia

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**Background:** Multiparty, and grand-multiparty, are frequently seen in Saudi Arabia with up to 15 pregnancies. Previous studies have highlighted the various maternal risks of grand multiparty, including maternal death, postpartum infection, uterine rupture, antepartum and postpartum hemorrhage, placental abnormalities, pre-eclampsia and eclampsia, other hypertensive disorders, and diabetes. Additionally, early age of marriage among women in Saudi Arabia may lead to multiparty which may be linked to further problem.

**Aim:** The current study aims

to determine the prevalence of multiparty and the adverse pregnancy and neonatal outcome among grand multiparty Saudi women.

**Methods:** Descriptive retrospective design was used to analyze data of high parity women delivered at King Abd Alaziz Hospital, Al-Ahsa; Kingdom of Saudi Arabia between January 1, 2017, to December 31, 2017. Records of women who had five or more previous viable pregnancy were reviewed from the records and documented registry system of the hospital. Demographics, family history, concurrent medical conditions, concurrent surgical conditions, gynecological history, obstetric history, complication during pregnancy, labor and post-partum, and newborn complication were collected. Maternal and newborn information summarized and analyzed using SPSS 20.

**Results:** A total of 728 records

fulfilled the criteria of multiparty women who are attending regular antenatal care clinic. Most of the mothers were housewives, between 30 to 40 years old, with only high school education, with a mean of 6.7 pregnancies. Almost all of the subjects have no significant medical problem nor did use contraceptive methods; only 14% have a history of diabetes. One-quarter of subjects have caesarian delivery. No significant complications occur during pregnancy, during delivery or postpartum, most of the newborn babies were appropriate for gestational age full-term with no illnesses.

**Conclusion:** The current study results supported by literature where grand multipara reported that it is no longer needed to be considered an obstetrical risk if there is satisfactory health care condition of the mothers before and during pregnancy as well as with good care perinatal care.

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