

Original Research Article

Childbirth Among Primiparous Versus Multiparous Women in the Gynecology and Obstetrics Department of the “Major Moussa Diakité” Reference Health Center in Kati/Mali

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Abstract: Introduction: The relationship between parity and pregnancy complications continues to arouse interest for obstetricians. **Objective:** To study childbirth among primiparous versus multiparous women in the gynecology and obstetrics department of the Kati reference health center. **Method:** We carried out a comparative, cross-sectional retrospective collection study covering primiparous and multiparous women over a period of 12 months (from January 1, 2021 to December 31, 2021) in the gynecology and obstetrics department of the health center. Reference “Major Moussa DIAKITE” from Kati. **Results:** out of a total of 3050 deliveries, primiparous women represented 12.8% and multiparous women 11.4%. The average age for primiparous women was 18.9 years with the extremes ranging from 15 years to 30 years and for multiparous women 29.3 years with the extremes ranging from 20 years to 45 years. They were almost completely married (primiparous 89.9% and multiparous 100%) and housewives (primiparous 65.0%; multiparous 87.7%), not in school (primiparous 63.0% and multiparous 74.5%). The total duration of labor was between 06-08 hours (primiparous 83% and multiparous 79.1%). The delivery was carried out vaginally (primiparous 87.8% and multiparous 79.1%). The APGAR score at the 1st minute was good (primiparous 89.8% and multiparous 93.4%). The complications found were dominated in first-time mothers by severe anemia (45.8%), and high blood pressure (47.9%). While in multiparous women they were severe anemia (45.8%), high blood pressure (41.7%) and postpartum hemorrhage (12.5%). We recorded no maternal deaths in either group. **Conclusion:** the maternal and perinatal prognosis of childbirth in primiparous women was almost similar to multiparous women. He was generally good in both groups.

Keywords: Childbirth, Primiparous Versus Multiparous, Maternal and Perinatal Prognosis, Kati Reference Health Center.

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INTRODUCTION

In all societies, childbirth is experienced as a happy event but also as an anguish, because we do not know the outcome, life or death [1]. A primiparous woman is a woman who has given birth once, a multiparous woman is a woman who has given birth four or five times. Parity has been used as a risk marker for primiparous and multiparous women, the latter of whom

have also been classified as at high risk of pregnancy complications [2]. The relationship between parity and pregnancy complications continues to arouse interest for obstetricians [2]. Childbirth to a first-time mother is often experienced with anxiety not only by the pregnant woman who is going through the experience for the first time but also by her family and her birth attendant [3]. First-time mothers are more likely to develop labor

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abnormalities that require intervention [4]. Reported complications include hypertensive disorders of pregnancy, premature birth, low birth weight, labor abnormalities, increased risk of cesarean deliveries, puerperal psychoses, increased rate of neonatal hospitalizations and the increase in perinatal deaths [5, 6].

These risks are even greater in developing countries due to poverty, insufficient use of prenatal care, insufficient means of monitoring labor, lack of infrastructure and hospital staffing. Qualified and unfavorable sociocultural practices [7]. As for multiparity, it has long also been considered as a risk factor; the obstetric complications reported include, among others, hypertensive disorders, anemia, gestational diabetes, placenta previa, retroplacental hematoma, macrosomia, abnormal presentations, premature delivery, labor abnormalities, postpartum hemorrhage, shoulder dystocia, etc. [8]. Although rare in the United States, grand multiparity occurs more frequently in certain populations or communities where contraception is not accepted due to religious or cultural beliefs [9]. Despite its importance, parity has been the subject of very few studies in Mali. This study was the first of its kind at the Kati Reference Health Center in order to compare the parturition of the two groups whose objectives are as follows: determine the frequency of childbirth in primiparous and multiparous women, describe the sociodemographic profile of primiparous versus multiparous women, describe the clinical profiles of primiparous versus multiparous women.

MATERIALS AND METHODS

Our study took place in the maternity ward of the “Major Moussa Diakit ” reference health center in

Kati. This is a first level reference structure in Mali’s health pyramid.

We conducted a comparative, descriptive and cross-sectional study, which was carried out over a period of twelve months, from January 1, 2021 to December 31, 2021.

We included in this study all parturients admitted to the maternity department of the Kati reference health center and who gave birth for the first time, and those who gave birth for their 4th or 5th time as well as their newborn, during the study period. We were only interested in singleton pregnancies. All other situations were excluded in this study.

Data collection was retrospective and based on the following supports: A pre-established survey sheet; Obstetric records; the birth register; the operating report register. It consisted of reading the materials raised, the data of which were recorded in the questionnaire and entered on the survey form. All data collected was entered, analyzed and processed on the following software: IBM SPSS Statistics 25 and EXCEL. We compared the two groups of cases, primiparous and multiparous, using the PEARSON and exact FISHER Chi-square test. The results obtained were considered significant if $P < 0.05$.

RESULTS

Frequency

During the study period we recorded 3050 deliveries including 392 cases of primiparous, i.e. a frequency of 12.8%, and 349 cases of multiparous, i.e. a frequency of 11.4%.

Sociodemographic Profiles of Parturients

Table I: Distribution of parturients according to age groups

Age range	Primiparous Effective (%)	Multiparous Effective (%)	P
≤ 19 years old	277 (70,7)	00 (00)	0,000
20 to 35 years old	115 (29,3)	320 (91,7)	0,000
> 35 years old	00 (00)	29 (8,3)	0,000
Tota	392 (100)	349 (100)	

Fisher= 522.256 df= 0

- The average age among primiparous women was 18.8 years with the extremes of (15 years and 30 years), on the other hand among multiparous it was 29.3 years with the extremes (20 years and 45 years).
- Married women represented 89.9% of first-time parents and 100% of multiparous women.
- They were housewives (primiparous 65.0%; multiparous 87.9%).
- Women not in school were the majority in both groups (primiparous 63.0% and multiparous 74.5%) with a $P=0.001$.

Clinical Profiles

Table II: Distribution of parturients according to periods of labor

Work periods	Primiparous Effective (%)	Multiparous Effective (%)	P
Latency	25 (6,4)	11 (3,1)	0,062
Active	297 (75,8)	233 (66,8)	0,009
Expulsive period	66 (16,8)	65 (18,6)	0,600
Not in work	4 (1,00)	40 (11,5)	
Total	392 (100)	349 (100)	

Fisher=45,293 df=3

- The presentation of the fetus was mainly the vertex, in primiparous 94.1% and multiparous 96.9% with a P = 0.569

Table III: Distribution of births according to type of birth

Type of delivery	Primiparous Effective (%)	Multiparous Effective (%)	P
Normal	306 (78,1)	262 (75,1)	0,260
Suction cup	38 (9,7)	14 (4,00)	0,001
Caesarean section	48 (12,2)	73 (20,9)	0,002
Total	392 (100)	349 (100)	

Pearson's Kh2 =17.213 df=2

Table IV: Distribution of parturients according to the total duration of labor

Working time	Primiparous Effective (%)	Multiparous Effective (%)	P
< 06 hours	15 (3,8)	2 (0,7)	0,002
06-08 hours	361 (92,1)	282 (80,8)	0,000
08-10 hours	14 (3,6)	24 (6,9)	0,062
Not in work	02 (0,5)	41 (11,7)	
Total	392(100)	349 (100)	

Fisher =64.582 df=3

Table V: Distribution of births according to the condition of the newborns

Condition of newborns	Primiparous Effective (%)	Multiparous Effective (%)	P
Alive	380 (96,4)	339 (96,9)	1,000
Fresh stillbirth	3 (0,8)	7 (2,00)	0,204
Macerated stillborn	9 (2,3)	3 (0,9)	0,151
Total	392 (100)	349 (100)	

Fisher=4.864 df=3

The deaths of newborns within 24 hours concerned two (02) cases among primiparous women and one (01) case among multiparous women.

Table VI: Distribution of newborns according to APGAR at the 1st minute

APGAR 1st min	Primiparous Effective (%)	Multiparous Effective (%)	P
0	12 (3,1)	10 (2,9)	1,000
1-3	5 (1,2)	1 (0,3)	0,128
4-7	23 (5,9)	12 (3,4)	0,217
≥8	352 (89,8)	326 (93,4)	0,149
Total	392 (100)	349 (100)	

Fisher =5,110 df=3

Table VII: Distribution of newborns according to birth weight

Birth weight In grams	Primiparous Effective (%)	Multiparous Effective (%)	P
< 2500	72 (18,4)	35 (10)	0,001
2500-3999	320 (81,6)	305 (87,4)	0,03
≥ 4000	00 (00)	9 (2,6)	0,001
Total	392 (100)	349 (100)	

Fischer=23.402 df=1

- More than half of primiparous women underwent an episiotomy with 56.64%; against for multiparous 04.30%.

Table VIII: Distribution of births according to maternal complications.

Maternal complications	Primiparous Effective (%)	Multiparous Effective (%)	P
*HPP	01 (2,1)	03 (12,5)	0,347
Severe anemia	22(45,8)	11 (45,8)	0,149
**PP endometritis	01 (2,1)	00 (00)	
***HTA	18 (47,9)	9 (41,7)	0,4208
Eclampsia	01(2,1)	00 (00)	
Total	48(100)	24 (100)	

Fisher =11.067 df=6

*PHP=Postpartum hemorrhage

**PP Endometritis = Postpartum Endometritis

***HTA=High blood pressure

DISCUSSION

In this study, primiparous women represented 12.8% and multiparous women 11.4%. This high frequency of primiparous women compared to multiparous women could be explained by the fact that, as the first birth is usually known to be more difficult and the primiparous woman is in her first childbirth experience, it is likely that she is more likely to seek help and advice from professionals [10]. These results are lower than those of Munan R. *et al.*, who found 19.9% of primiparous women and 44.3% of multiparous women [8]. SISSOKO A had found at Point G University Hospital respectively, primiparous: 26.3% and multiparous: 64.32% and at Gabriel TOURE University Hospital, with the respective frequencies, primiparous: 29.03% and multiparous: 64.9 % [11]. These differences can be explained by the significant difference in sample size and the settings and locations of the two studies.

The average age among primiparous women (18.9 years) with extremes of 15 and 30 years was statically lower than that of multiparous women (29.3 years) with extremes of 20 and 45 years.

This observation has been made by other authors [12]. This result shows the precocity of sexual activity and early marriages or decline in the school enrollment rate of girls in our country. This result is comparable to that reported by Munan R. *et al.*, who found a mean age of 22.3 years in primiparous women and 26.8 years in multiparous women [8]. It is not surprising that women carrying their first pregnancy are generally of the younger age group because parity changes proportionally with age. This observation was made in another previous study [12]. Married women

represented 83.9% compared to 16.07% of single cases among first-time mothers; on the other hand, all the multiparous women were married. This observation is consistent with the high representativeness of early marriages in our country. Munan R. *et al.*, found 9.1% and 1.3% of single cases respectively among primiparous and multiparous women, on the other hand they found 90.8% and 98.7% respectively of primiparous and multiparous women who lived in union [8]. SISSOKO A. found at CHU Point G respectively 72.1% among primiparous and 95.2% among multiparous, and at CHU Gabriel TOURE with the respective frequencies, primiparous: 74.6% and multiparous: 94% who were married. On the other hand, SISSOKO A. had recorded among singles 27.9% of primiparous and 4.8% of multiparous at CHU Point G, and at CHU Gabriel TOURE, with the respective frequencies, primiparous: 25.4% and multiparous: 06 % [11]. Sample size could be an explanatory factor.

In Mali, the school enrollment rate for girls still remains low, especially in rural areas. In this study, more than half of the women were out of school, primiparous 63.0% and multiparous 74.5%. This finding is slightly superimposable to that of the EDSM VI where 66% of women were uneducated [13]. Our study shows that primiparous women showed a higher level of education than multiparous women with a statically significant difference (P=0.001). Other authors have made a different observation that there is no different level of education between primiparous and multiparous women, such as Dedecker, in his study carried out on Reunion Island, found that first-time adolescent girls had a low level of education and this could be explained by their young age but perhaps also by a premature exit from the

school system once their child was born [14]. The housekeeping profession was the majority in both groups, primiparous: 65.1% and multiparous: 87.0%. This observation is superimposable to that of Munan R. *et al.*, who found, among primiparous women: 83.4% and multiparous women: 87.5% who were unemployed [8].

The active phase of labor was the most represented; primiparous: 75.8% and multiparous: 66.8% with a significant P at 0.009. This could be explained by the fact that many women tend to prefer to do their work at home, the fear of not lasting too long in labor in the hospital, and anxiety about vaginal exams.

The presentation of the fetus was that of the vertex in a little more than nine cases out of ten in both groups; primiparous: 94.2% and multiparous: 96.9% with a non-significant difference (P=0.569). These results are similar to those found by DRABO A [15], with 98.5% for primiparous and 98.3% for multiparous. On the other hand, abnormal presentations were respectively 5.9% for primiparous and 3.1% for multiparous with a non-significant difference (P = 2.384). These results are similar to those of Munan R *et al.*, [8], who found an abnormal presentation of the fetus with respectively 5.11% for primiparous and 2.72% for multiparous. Primiparous women were 1.8 times more likely to have an abnormal presentation compared to multiparous women. Primiparity would be associated with an abnormal presentation of the fetus due to hyperplasia of the uterus. It is described that around the 7th month of pregnancy, there is a spontaneous mutation of the fetus in breech according to Pajot's law of adaptation (adaptation of the contents to the container) and following the modification of the shape of the uterus linked to the formation of the lower segment [16, 17].

During this mutation, the lower limbs come into play first then follow the buttocks; and following gravity and the uterine wall not yet well developed in the primiparous, this results in a failure of the physiological tumble thus explaining the predominance of the abnormal presentation of the fetus in the primiparous found both in the literature and in our study [17].

Delivery was carried out vaginally in both groups in almost eight cases out of ten; primiparous: 78.1% and multiparous: 88.0% with a non-significant difference (P=0.260). These figures can be superimposed on those of Munan R. *et al.*, [8], who had found respectively, primiparous: 87.0% and multiparous: 93.2% having given birth vaginally. SISSOKO A reported 76.5% of multiparous women and 74.9% of primiparous women at CHU Point G, then 63.4% of primiparous women and 70.9% of multiparous women at CHU Gabriel TOURE who had given birth vaginally [11]. This discrepancy with our results could be explained by the fact that our study only concerned two groups of women. It was performed by cesarean section

for primiparous: 12.2% and multiparous: 21.0% with a significant difference (P=0.002). This high frequency of cesarean section among multiparous women compared to primiparous women could be explained by the fact that they had more uterine scars causing pelvic anomalies.

These results are similar to those of Munan R. *et al.*, [11], who found respectively, first-time mothers 13.03%; and multiparous women: 6.8% having given birth by cesarean section. Our results are comparable to those of SISSOKO A. who found at CHU Point G respectively 25.1% of primiparous, and 23.5% of multiparous, then at CHU Gabriel TOURE with respective frequencies, primiparous: 36.6% and multiparous: 29.1% who had undergone a cesarean section [11]. The total duration of labor for our mothers was mainly between 6-8 hours; primiparous: 92.6% and multiparous: 91% with a probability (P= 0.000). On the other hand, 3.6% of primiparous women and 7.8% of multiparous women had a delivery time of between 08-10 hours (P= 0.062). This gap among multiparous women compared to primiparous women is explained by the fact that many of the births were admitted in contexts of evacuation from very remote health areas and outside the area of the Kati health district. Contrary to our study, several studies have shown that, compared to multiparous women, primiparous women have a longer labor [18, 19]. Almost all of the newborns were released alive in both groups with an Apgar score greater than eight at the 1st minute in primiparous: 89.8% and in multiparous: 93.4% with a non-significant difference (P=0.149). This could be explained by the improvement in prenatal and neonatal care within the service. These results are similar to those of DRABO A which found 98.2% for primiparous and 94.4% for multiparous [15].

We counted perinatal deaths respectively, among primiparous women: 3.6% and multiparous women: 3.1% with a non-statistically significant difference (P=1.355). These figures are similar to those of Munan R. *et al.*, who found perinatal death in 5.0% of primiparous women and 2.8% of multiparous women [8]. This could be explained by acute fetal distress, intrauterine fetal deaths on admission, third trimester hemorrhages, and poor APGAR score.

We found the respective proportions of live births, among primiparous: 96.4% and multiparous 96.9%, we did not find a significant difference between the two groups (P = 1,000). Our figures are similar to those of Munan R. *et al.*, [8], who found live births respectively in 95.1% of primiparous and 97.20% multiparous women.

The newborns included in our study had a normal birth weight in a little more than eight out of ten cases, the primiparous: 81.6% and the multiparous: 87.4% with a significant difference (P = 0.03). These figures are similar to those of Munan R *et al.*, [8], who

reported a normal birth weight, primiparous: 86.80% and multiparous: 87.40%.

On the other hand, we found low birth weight (< 2500 grams) respectively in primiparous 18.4% and multiparous 10.0% with a significant difference ($P = 0.001$).

Low birth weight newborns were found among primiparous women more than multiparous ones in some studies [20, 21]. The results of our study and those reported by Ilunga [22], reinforce these previous studies which may be due to uterine hypotrophy in primiparous women. SISSOKO A found low birth weight in 38.3% of multiparous and 32% of primiparous at Point G University Hospital, then 60% among multiparous and 33.9% among first-time parents at Gabriel TOURE University Hospital [11]. These figures are superimposable to those of our study. We found 2.6% cases of macrosomia among multiparous women; however, we found no cases of macrosomia among primiparous women. Most studies agree with this clear predominance of multiparous BISH A. [23], WARLIN J.F [24], in accordance with the fact that a woman generally gives birth to larger and larger children, which can be explain by uterine complacency in multiparous women. Our result is lower than that of Munan R. who found a birth weight greater than or equal to 4000 grams, respectively in 3.17% of primiparous and 5.29% of multiparous [8]. This discrepancy could be explained by the difference between the sample size and settings of the two studies.

Episiotomy was performed in more than half of primiparous women, mainly adolescents: 58.4% compared to multiparous women: 2.8%. The after-effects of excision were the most dominant indication in primiparous women. This high frequency among first-time mothers could be explained by the fact that we tend to systematize it among first-time mothers, or many of these women who have given birth have after-effects of excision, explaining the high frequency of this clandestine practice in our region. The results of our studies are much lower than those of TRAORE M *et al.*, [25], who found respectively, primiparous: 74.97% and multiparous: 6.77%, of which primiparity was the most dominant indication. Munan R *et al.*, reported 39.61% in primiparous women and 6.8% in multiparous women [8].

The main complications found in the two groups were: in primiparous women: severe anemia (45.8%) and high blood pressure (47.9%) and in multiparous women: severe anemia (45.8%), high blood pressure (41.9%) and postpartum hemorrhage (12.5%).

Concerning arterial hypertension, our results are superimposable to those of TRAORE F. [26] which were: 38.1% for primiparous women and 16.5% for multiparous women. Parity would therefore be a risk factor for the occurrence of preeclampsia which is more

common in primiparous women unlike chronic arterial hypertension which is the prerogative of multiparity.

Likewise, our results on anemia are comparable to those of DIARRA T [27], who reported respectively, primiparous: 31.3% and multiparous: 18.5%. SISSOKO A had found high blood pressure in 17.4% cases of primiparous women and 11.18% cases of multiparous women at CHU Point G, then also at CHU Gabriel TOURE with respective frequencies, primiparous: 36.4% and multiparous: 26, 05% [11]. This huge gap could be explained by the significant difference in the sample size of the different studies. This high frequency of anemia could be explained by the constancy of anemia in pregnant women in our country, for multiple reasons: delay in presenting these women for prenatal care, iron intolerance not reported by many of these women, diet poor in necessary nutrients, unmonitored and spaced pregnancies.

During the period of our study, we did not record any maternal deaths in either group. This would mean that our maternal deaths during this period were in no way related to parity for these two groups. Munan R *et al.*, reported maternal deaths in primiparas 0.18% and multiparas 0.23% [8].

CONCLUSION

The maternal and perinatal prognosis of delivery was generally good and almost similar for the two groups. We recorded no maternal deaths in the two groups studied. However, the main complications found in both groups were severe anemia, high blood pressure and postpartum hemorrhage.

Conflict of Interest: None

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