EXTREME PARITY AND THE RISK OF STILLBIRTH

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Authors Aal, AKamel Abde, Salihu, HM, Keith, LG, Ehiri, JE, M Islam, A, Jolly, P
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Abstract

OBJECTIVE: We examined the relationship between extreme parity and risk for stillbirth in the United States.

METHODS: Singleton deliveries at 20 weeks of gestation or later in the United States from 1989 through 2000 were analyzed. Risk for stillbirth in women with 1-4 (moderate parity, category I), 5-9 (high parity, category II), 10-14 (very high parity, category III), and 15 or more (extremely high parity, category IV) prior live births were computed using logistic regression.

RESULTS: Overall, 27,069,385 births, including 1,206 to extremely high parity mothers, were analyzed. Of the 81,386 stillbirths, 71,623 (2.8/1,000), 9,206 (5.0/1,000), 531 (14.4/1,000), and 26 (21.6/1,000) cases occurred among category I, category II, category III, and category IV gravidas, respectively. With category I as referent category, the odds ratio for stillbirth increased consistently with ascending parity after adjusting for potential confounders: category II (odds ratio [OR] 1.05, 95% confidence interval [CI] 1.02-1.07), category III (OR 1.97, 95% CI 1.81-2.15), and category IV (OR 2.31, 95% CI 1.56-3.42) (P for trend < .001). Among extremely high parity women (category IV), the odds ratio for stillbirth also increased with unit increment in the number of prior live births: 15 (OR 2.72, 95% CI 1.29-5.74), 16 (OR 3.14, 95% CI 1.17-8.41), 17 (OR 6.11, 95% CI 2.56-16.5), and 18 or more prior live births (OR 16.17, 95% CI 8.77-29.82) (P for trend < .001).

CONCLUSIONS: The risk for stillbirth is substantially elevated among very high and extremely high parity women, and care providers may consider these groups for targeted
periconceptional counseling.

**LEVEL OF EVIDENCE:** II-2.

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