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# The Obstetric Outcomes of Obese Primigravida with Spontaneous Onset of Labour at Term

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**Source** [IIUM MEDICAL JOURNAL MALAYSIA](#)

Volume: 21 Issue: 4 Page: 60-70

**Published** OCT 2022

**Indexed** 2023-03-03

**Document Type** Article

**Abstract** INTRODUCTION: Obesity has reached pandemic level with higher prevalence among women. Obese pregnant women have higher risk of comorbidities, maternal and fetal complications. This study aimed to determine the prevalence of vaginal delivery and pregnancy outcomes of obese primigravida presented with spontaneous labour at term. MATERIALS AND METHOD: This prospective cohort study was conducted in a tertiary hospital in Perak involving 250 obese primigravida (BMI  $\geq 27.5\text{kg/m}^2$ ) and 250 nonobese primigravida. Data was collected from August 2020 till January 2021 and analyzed using descriptive statistics,



independent T- test and Mann-Whitney U test by SPSS version 23.0. RESULTS: Our study found that there were no significant differences in the proportion of vaginal delivery and caesarean delivery between obese and non-obese primigravida [72.0% vs. 78% (vaginal delivery) and 28% vs. 22% (caesarean delivery)] with spontaneous onset of labour at term. No difference in complications of labour such as PPH and OASIS ( $p=0.187$ ), with high successful delivery without complications. Obese women presented with cervical dilatation of 4cm had longer delivery interval [5.82(2.97) vs. 4.75(2.71),  $p=0.013$ ] but shorter delivery interval at 6cm [2.41(1.58) vs. 3.61(1.78),  $p=0.026$ ] compared to non-obese. They also had higher caesarean rate indicated for abnormal labour progress [28(71.8) vs. 11(28.2),  $p=0.019$ ] and higher comorbidities [149(72.3) vs. 57(27.7),  $p<0.001$ ]. There was no difference in the fetal outcome ( $p=0.311$ ). CONCLUSION: After careful selection, both obese and non-obese women with spontaneous labour at term had similar risks of labour augmentation, duration of active labour, emergency caesarean delivery, PPH and OASIS despite higher comorbidities among the obese women.

### Keywords

**Author Keywords:** Obstetric outcome; obese primigravida; spontaneous labour

**Keywords Plus:** BODY-MASS INDEX; MATERNAL OBESITY; CESAREAN DELIVERY; RISK-FACTORS; SHOULDER DYSTOCIA; PREGNANCY; OVERWEIGHT; WOMEN; PROGRESSION; BIRTH

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### Categories/ Classification

Research Areas: General & Internal Medicine

Citation 1 Clinical & Life Sciences > 1.72 Obstetrics & Gynecology > 1.72.182 Gestational Diabetes Mellitus

Sustainable Development Goals: 03 Good Health and Well-being ; 05 Gender Equality

### Web of Science Categories

Medicine, General & Internal

<b>Language</b>	English
<b>Accession Number</b>	WOS:000929723300004
<b>eISSN</b>	1823-4631
<b>IDS Number</b>	8U1PK

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