COMPARATIVE STUDY OF PARITY AND AGE RELATED OBSTETRIC COMPLICATIONS

" AIN SHAMS UNIVERSITY AND BOLAK EL DAKROUR HOSPITAL"

THESIS

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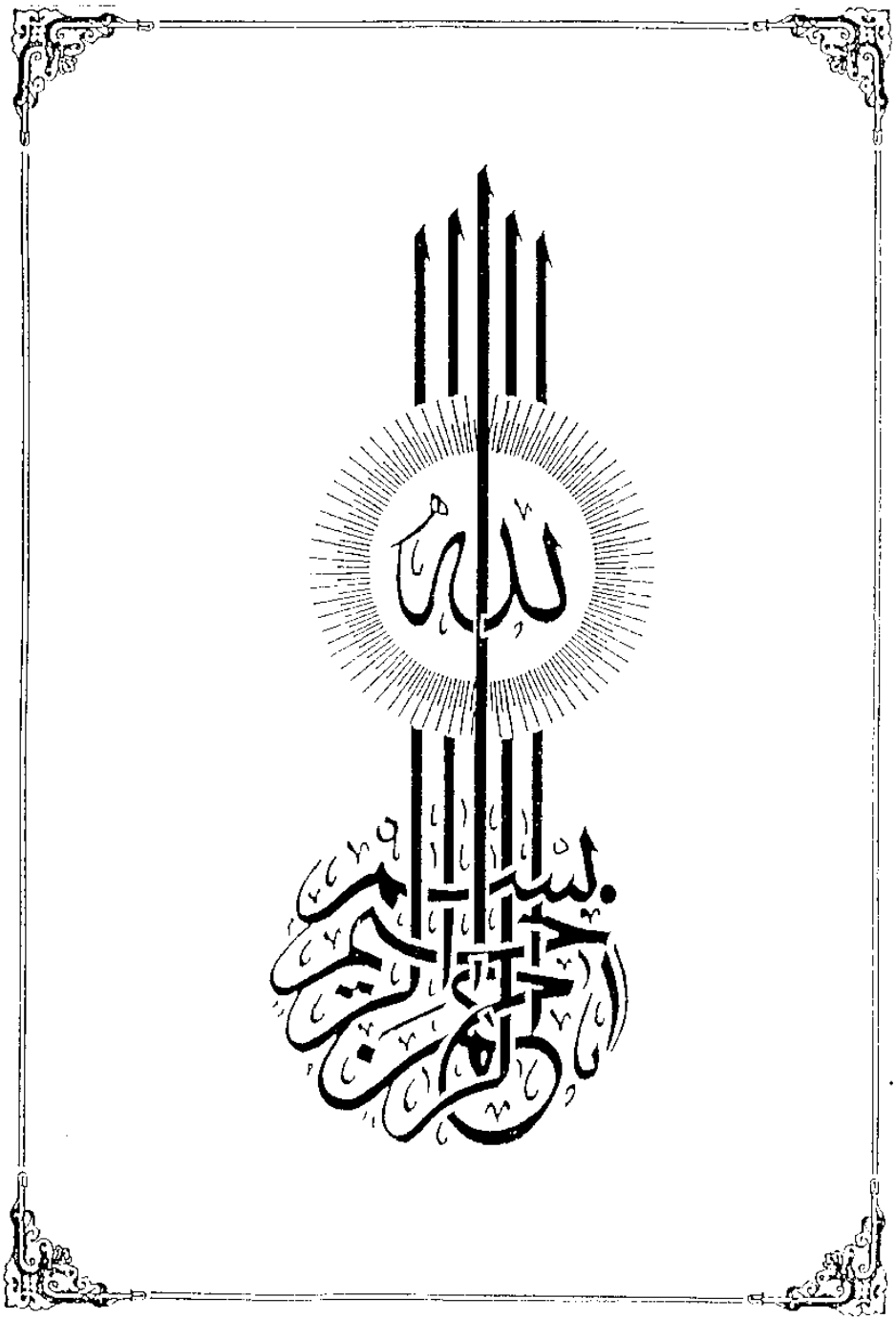
بسم الله الرحمن الرحيم

﴿ وَقُلِ اعْمَلُوا فَسَيَرَى اللهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ ﴾



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TO MY " MOTHER "

WHO GAVE ME MUCH OF HER

LOVE AND LIFE..

ABBREVIATIONS

A.R.M	:	Artifical rupture of membranes
C.S.	:	Cesarean section
G.M.	:	Grand multipara
Haemor	:	Haemorrhage
L.B.W.	:	Low Birth weight
L.M.P.	:	Last Menstrual period
O.P.	:	Occipito posterior.

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Introduction

I N T R O D U C T I O N

Child bearing, the aspect of human reproduction unique to women, requires optimal age (20-30), good health and high standard of medical care to minimize maternal risks (Thompson and Baird, 1967).

Factors which increase these risks include thigh parity " large number of births ", Short inter pregnancy interval and pregnancy on both extremes of reproductive life. In developing countries the risks are heightened further by chronic maluntirtion, little or no prenatal and obstetric care, excessive work, infections and other diseases and poor enivronmental conditions.

Although in recent years maternal mortality rates have declined dramatically in many countries throughout the world, death rates associated with child bearing remain appalingly high in developing countries, in some countries as high as 740 per 100,000 live births, a figure almost 50 times higher than in developed countries.

Three major demographic factors influencing maternal mortality and morbidity rates are :