

# بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ





# شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغييرات



## يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار





# بعض الوثائق الأصلية تالفة





# بالرسالة صفحات لم ترد بالأصل



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**THE MATERNAL MORTALITY IN ISMAILIA  
CITY DURING THE PERIOD OF (1990-1994)**

***A THESIS***

*Submitted For Partial Fulfilment of The Requirement of  
Master Degree in Obstetrics and Gynaecology*

***BY***

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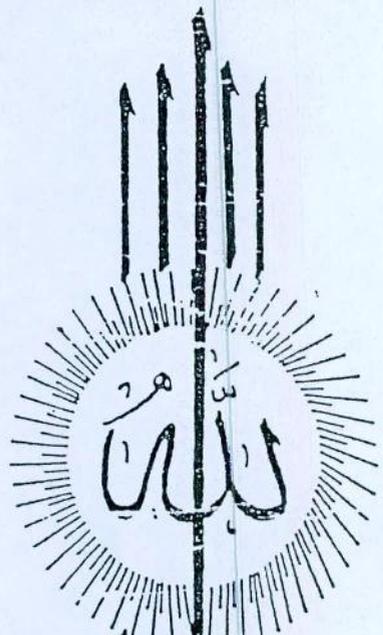
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سُبْحَانَكَ

لَا إِلَهَ إِلَّا أَنْتَ اللَّهُ الْعَلِيمُ الْحَكِيمُ

صَلَّى اللهُ عَلَيْكَ

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## INTRODUCTION

The maternal mortality and morbidity will measure the degree of health. Maternal mortality is a glaring case of gender discrimination and deserves the designation of health scandal of our time. Although maternal deaths have become very rare events in industrialized countries, they are still a major cause of death for women of childbearing age in developing countries. The World Health organization has recently estimated the over 500,000 women continue to die each year from causes related to pregnancy and childbirth. A recent World Bank report ranked maternity as the number one health problem in young adult women (age 15-44) in developing countries, accounting for 18% of the total disease burden (Fathalla, 1994).

One of the widest health disparities between rich and poor is in maternal mortality. An over all maternal mortality of 400/100,000 prevails in developing world, ranging up to 1500/100,000 in some subsahran regions, compared with mortalities in Western Europe as low as 6/100,000 live births (Barns, 1991).

The majority of the world's women are in developing countries where data on reproductive mortality are seriously lacking. Reproductive mortality includes mortality attributable to pregnancy, termination of pregnancy, childbirth and its sequelae, and contraception. Maternal mortality remains at distressing high

levels in Third World countries (Judith et al., 1986).

Complication of pregnancy and delivery, mainly due to obstetric difficulties, cause the death of a million women a year world wide. Ninety nine percent of these deaths occur in developing countries, where they account for more than then one-third of all deaths of women. Although maternity care has long been proposed to reduce neonatal mortality, only recently it has been promoted as an essential component of maternal survival in primary health-care programs (Fauveau et al., 1991).

By Abdel-Aziz M (1994) Too many births, too many deaths; in yemen, where both population increase and maternal mortality are exceptionally high, a strategy for safe motherhood has been adopted.

Child birth is a universally celebrated event, yet for many thousands of women each day, child birth is experienced not as the joyful event it should be, but as a private hell that may end in death. maternal mortality is the greatest neglected problem of health care in developing Countries and under developing countries. (WHO, 1989).

Rosenfield(1989) pointed out that ninety nine percent of deaths occurring in the developing world, where maternal mortality was as much as 100-200 times higher than rates seen in industrialized countries.

Due to the relative rarity of maternal deaths particularly in developed world, **Pernol (1991)** Reported that maternal mortality rate which had declined so much since 1960, had counted on the basis of 100,000 live births not on the 1000 base as ordinary used.

Unfortunately, in developing countries national statistics are highly inaccurate and hospital confinement is not universal (**Rosenfield, 1989**).

Egypt is not unique in having a problem with maternal mortality. Indeed, 99% of all maternal deaths worldwide occur in developing countries, where the risk of death in pregnancy is made worse by high fertility, low literacy, poverty, short spacing, and lack of high-quality of medical services. Egypt may be in comparatively unique position of being readily able to do something to reduce maternal mortality. **Child Survival Project of Ministry Of Health, (1994)**. Besides the fact that official records sometimes missing and if they are available, the important data are sometimes absent particularly the causes of mortality.

**Walker et al (1986)**, pointed out that the death was designated as avoidable when there was a serious lapse or error in medical care. The type of avoidable factor varied with the complication leading to death (e.g. hemorrhage, sepsis, hypertensive disease of pregnancy, pulmonary embolism, abortion, ectopic pregnancy or anaesthetic accident). The estimation of died women represented

only as small proportion of all deaths around the world. However, they are important for two reasons. First, they occur to younger women who are making essential contributions to their societies and families, the deaths of these women leave families without the economic and social contributions of mother and leave children without their principal source of physical and emotional nurturing. Second, these deaths are largely preventable and are therefore unnecessary tragedies (Rosenfield and Maine, 1985).

The W.H.O (1989) estimated that a half million women die each year from pregnancy related causes, over 99% of these deaths occurring in the developing countries (Duley, 1992). Maternal mortality can and must be reduced. The first step is awareness, family number, traditional health and birth attendants, hospital and health center staff, and policy makers must understand the risks pregnant women in poor countries face, and must cooperate in order to minimize these risks. In no value ideas, documentation of successful and unsuccessful interventions, and political commitment will also be necessary to make motherhood safe for women in the developing countries (Robinson et al., 1987) Rates of maternal mortality are of increasing interest to physicians, health planners and demographers. These measures are rapidly becoming the index by which physicians judge their success in providing health care to women and public health officials measure their progress in solving national health problems. Demographers are now refining their estimates of maternal mortality and W.H.O may soon mandate

reporting of maternal mortality rates from all nations (Darney,1988).

According to the goal of " health for all by the year 2000", as put forward by WHO, challenges governments,private organization,all health professionals and every community. As part of the global strategies for achieving " health for all by year 2000" member states of WHO are committed to extending the coverage of essential health care to all people of the world (WHO,1985). While Fathalla (1994) reported that at the end of the twentieth century,only about 55% of women in developing countries are enjoying the simple privilege of having a trained birth attendant at delivery.

So the study of maternal mortality is important in evaluating the quality of obstetric services, training clinicians who care for pregnant women and improving the safety of childbearing (Kaunitz et al., 1985).

Similar study was conducted recently in Port-Said Governorate, to complete the picture of maternal mortality in Suez Canal region. This study was be conducted.

AIM OF THE WORK