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DELIVERY OUTSIDE LABOR WARD

SUMMARY

Delivery outside labor ward was found to be 12.5% during the study period. The main reasons were, lack of space in labor ward, and the desire of the patient to deliver at home. The majority of these deliveries were successful and the patients were discharged without any complications.

INTRODUCTION

The traditional mode of delivery of Indian women is at home. In the past, the majority of deliveries were performed by traditional midwives. However, with the advent of modern obstetrics, the majority of deliveries are now performed in the hospital. In this study, we have reported the incidence of delivery outside the labor ward.

MATERIAL AND METHODS

A total of 1000 deliveries were studied during the study period. The majority of these deliveries were performed in the labor ward. However, 125 deliveries were performed outside the labor ward. The reasons for these deliveries were, lack of space in labor ward, and the desire of the patient to deliver at home. The majority of these deliveries were successful and the patients were discharged without any complications.

RESULTS AND ANALYSIS

From July 1987 to June 1991, total number

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Table I

Home Delivery	25	10.0%
Local Delivery	45	18.0%
Mid Delivery	100	40.0%
Long Side Delivery	100	40.0%
Country Delivery	100	40.0%
Between Delivery	100	40.0%
Platform Delivery	100	40.0%
Self Delivery	100	40.0%
Total	570	228.0%

Table II

Home Delivery	25	10.0%
Local Delivery	45	18.0%
Mid Delivery	100	40.0%
Long Side Delivery	100	40.0%
Country Delivery	100	40.0%
Between Delivery	100	40.0%
Platform Delivery	100	40.0%
Self Delivery	100	40.0%
Total	570	228.0%

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Table IV. Maternal and foetal deaths and stillbirths.

Maternal Deaths		Fetal Deaths		Stillbirths	
Number	Percentage	Number	Percentage	Number	Percentage
15	1.42%	20	1.62%	20	1.62%
10	0.94%	12	0.97%	12	0.97%
5	0.47%	8	0.65%	8	0.65%
1	0.09%	0	0%	0	0%

The 15 maternal deaths and 20 fetal deaths and 20 stillbirths are tabulated in Table IV. The maternal deaths were due to the following causes: 10 were due to puerperal infection, 5 to haemorrhage, 1 to pulmonary embolism, and 1 to cerebral thrombosis. The fetal deaths were due to the following causes: 12 were due to placental insufficiency, 8 to placental abruption, and 1 to unknown cause. The stillbirths were due to the following causes: 12 were due to placental insufficiency, 8 to placental abruption, and 1 to unknown cause.

Table V. Maternal complications.

Maternal complications	Number	Percentage
Antenatal Toxæmia	36	25.35%
Postnatal Toxæmia	06	4.23%
Retained Placenta	17	11.97%
P. P. H.	09	5.33%
Puerperal Infection	06	2.81%
Maternal Deaths	02	1.42%

are too preliminary and to make matters worse, surroundings are too unhygienic. Similarly, deliveries outside labour ward are often attempted and hence are associated with higher maternal and foetal complications rates.

Amongst cases for each individual, puerperal fever is one of the commonest factors. Puerperal sepsis nearly always being confined to the hospital, it is well established. Spector et al (1961) found weekly and seasonal variations in foetal delivery rates, though in our study they increased throughout year.

Such deliveries outside labour ward are associated with puerperal fever and postpartum haemorrhage and with obvious risk of infection and mortality.

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COMPLICATIONS IN THE ELDERLY WOMEN

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SUMMARY

Rate of major, prolonged use of obstetrical measures for birth spacing, delivery in a large family and due to advanced in the second trimester techniques, complications in the elderly women are on increase. In this study, obstetric performance of 268 elderly women was evaluated. Out of 1169 deliveries over a period of four years, 268 were elderly with the incidence of 23.0%. Majority of them (i.e. 84.7%) were multiparous patients. Hypertension (11.5%), anaemia (6.7%) and diabetes (2.2%) were common antenatal complications while preterm labour (8.2%) and postpartum haemorrhage (4.7%) were common intrapartum complications. Incidence of perinatal mortality was found as 7.1%.

incidence of stillbirths, prematurity and congenital anomalies. In this study, antenatal complications, obstetric performance and fetal outcome of 268 elderly women was analysed and results are presented here.

MATERIALS AND METHODS

From July 1987 to June 1991, over a period of four years, 268 elderly women delivered at B. Y. L. Nair Ch. Hospital. All elderly women with age of 35 years or more at the time of delivery were included in this study. Incidence of antenatal complications like P. I. H., anaemia, preterm labour, obstetric performance and fetal outcome were studied. Pregnancies which were terminated or which

INTRODUCTION

A woman over 35 years of age is generally considered an elderly part, though views differ. Robertson (1980) suggested that the age limit should be raised to 37 years while Reddy & Spoh (1979) consider the phrase 'elderly part' also longer justifiable. Whatever the age limit may be, pregnancy in the elderly woman is considered a high risk pregnancy because of increased incidence of medical disorders like hypertension, cardiac defects, diabetes and other complications like fibroids and haemorrhages. Fetus is subjected to the same of these complications and hence higher

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