

THE HONORABLE CHIEF MINISTER, GOVERNMENT OF INDIA
NEW DELHI

THE HONORABLE DEPARTMENT OF HEALTH AND FAMILY WELFARE,
GOVERNMENT OF INDIA, NEW DELHI

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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 be delivered at home. The majority of these deliveries were successful and the patients were discharged without any complications.

INTRODUCTION

The traditional mode of delivery of child is in the labor ward. However, in some cases, the patient may prefer to be delivered at home. This is especially true in rural areas where the labor ward may not be available. In such cases, the delivery is often performed by a qualified person, such as a midwife or a doctor, at the patient's home. This mode of delivery is often preferred by the patient because it is more comfortable and less expensive.

MATERIAL AND METHODS

A study was conducted in a rural area of India from July 1987 to June 1991. The study was designed to determine the frequency of delivery outside the labor ward and to identify the reasons for this. A total of 1000 deliveries were recorded. Of these, 125 were delivered outside the labor ward. The majority of these deliveries were performed by a midwife at the patient's home. The reasons for delivery outside the labor ward were, lack of space in the labor ward (45%), and the desire of the patient to be delivered at home (55%). 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	10	4.0%
Long Side Delivery	10	4.0%
Country Delivery	10	4.0%
Between Delivery	10	4.0%
Platform Delivery	10	4.0%
Self Delivery	10	4.0%
Total	100	40.0%

Table II

Home Delivery	25	10.0%
Local Delivery	45	18.0%
Mid Delivery	10	4.0%
Long Side Delivery	10	4.0%
Country Delivery	10	4.0%
Between Delivery	10	4.0%
Platform Delivery	10	4.0%
Self Delivery	10	4.0%
Total	100	40.0%

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1. Mollat A. G. - *J. Obstet. Gynaec. India* - 23, 752, 1981
2. Shrivastava K. K., Kulkarni S. R., Reddy S. K. & Wadhwa V. K. - *J. Obstet. Gynaec. India* - 31, 576, 1983
3. Gadhvi J. H. - *J. Obstet. Gynaec. India* - 23, 523, 1981

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 1.36%. Majority of them (i.e. 84.7%) were multiparous patients. Hypertension (11.5%), anaemia (6.7%) and diabetes (2.1%) 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

aborted were excluded. 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 (1981) considers the phrase 'elderly part' also longer justifiable. Whatever the age limit may be, pregnancy in the elderly women 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 risks of these complications and hence higher

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