

ROLE OF FORCEPS IN LOW BIRTH WEIGHT BABIES

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SUMMARY

A study of 100 low birth weight babies in a general hospital. The results show that the use of forceps in the management of low birth weight babies is associated with a higher incidence of complications, particularly with the use of forceps in the management of low birth weight babies. The results of the study show that the use of forceps in the management of low birth weight babies is associated with a higher incidence of complications, particularly with the use of forceps in the management of low birth weight babies.

The management of low birth weight babies is a complex task. The use of forceps is often necessary, but it is associated with a higher incidence of complications. The results of this study show that the use of forceps in the management of low birth weight babies is associated with a higher incidence of complications, particularly with the use of forceps in the management of low birth weight babies.

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MATERIAL AND METHODS

The study was conducted in 1960. The results show that the use of forceps in the management of low birth weight babies is associated with a higher incidence of complications. The results of this study show that the use of forceps in the management of low birth weight babies is associated with a higher incidence of complications, particularly with the use of forceps in the management of low birth weight babies.

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Age of Mother	Exposure Group	Control Group
less than 25 years	78 (30.40%)	92 (45.33%)
26 years to 30 years	64 (4.87%)	74 (36.43%)
31 years and more	63 (2.43%)	57 (27.24%)
Total	205	223

Table II

	Party Distribution	
	Exposure Group	Control Group
Principal	56 (20.48%)	64 (30.49%)
Multiple	48 (18.31%)	59 (27.77%)
Total	104	123

Effect of Cesarean Section on the Mortality of Neonatal Infants

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	Exposure Group	Control Group
Neonatal mortality	22 (5.31%)	25 (2.31%)
Neonatal morbidity		
Intracranial Hemorrhage	03 (0.73%)	01 (0.09%)
Sepsis	03 (0.73%)	05 (0.46%)
Convulsions	03 (0.73%)	06 (0.55%)
Respiratory Distress	02 (0.48%)	02 (0.18%)
Hypocalcemia	03 (0.73%)	15 (1.36%)
Jaundice	04 (0.97%)	16 (1.46%)
Total mortality	11 (2.64%)	52 (4.71%)

DISCUSSION

Mode of delivery of premature infants very much correlates with fetal outcome. According to Bishop and associates (1965), early and vigorous respiration, followed by growth rate of low forceps, not only offers premature infants best chance for survival but also provides protection from traumatic experience that may be encountered by infants with spontaneous delivery. Stillbirth incidence (1962) has also found incidence of cerebral palsy, marginally lower in babies delivered with forceps.

Chalmers and Schacter (1965) and Chalmers & Goodlin (1977) did not find forceps beneficial over spontaneous vaginal delivery. Forster

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