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C.G.**ABSTRACT**

Parturition means simply the process by which the baby is born. Towards the end of pregnancy, the uterus becomes progressively more excitable unit finally it begins strong rhythmically contractions with such force that the baby is expelled. There are times when a mother need outside aid in the delivery of the baby, some of these methods include: forceps, vacuum extraction and cesarean section due to variety of medical and social factors, common around 25% of births are performed by cesarean operation. This percentage is increasing per year.

KEYWORDS: Normal delivery, L.S, C.S, Forceps Delivery, Twins, Breech.

INTRODUCTION

Childbirth, also known as labor & delivery, is the ending of a pregnancy by one or more babies leaving a woman's uterus by vaginal passage or C- section.

Labor is characterized by an increase in myometrial activity or, more precisely, a change in the myometrial contractility pattern from "contractures" (long-lasting, low frequency activity) to contractions (high intensity, high frequency activity) (Thorburn et al., 1997), resulting in effacement and dilatation of the uterine cervix. In other words, parturition is her process of delivery of the fully- grown fetus on the completion of the normal pregnancy period. Parturition is an interesting biological process in the sense that the uterus that was quiescent during the entire pregnancy starts contracting and the cervix that was tightly contracted relax sufficiently to allow the passage of the young one to the world outside the mother's womb, passing through the birth canal (which is found by the uterus, cervix and vagina within the pelvic bones and their other attachments).

In the developed world most deliveries occur in hospital, while in the developing world most births take place at home with the support of a traditional birth attendant.

Durg is located 21.19 N & 81.28E with an elevation of 289m (948ft.) Government Hospital of Durg is well equipped with modern facilities & different o.p.d. with 6 operation theaters a blood bank. It is well connected with nearby rural and urban areas.

MATERIAL AND METHOD

Our team of 6 students visited district hospital Durg on 5th oct. 2017. We were guided by senior doctor (Mrs.) Nikhat Khan of gynecology department.

Labor is defined as contractions & cervical change, contractions alone are not labor. Pre labor sign includes – pressure in pelvic area, occasional brownish discharge, movement of the baby into the pelvic when the mother enters the stage of labor she begins pushing to aid in the birth baby, this part of labor can last minutes, or even hours. A fetus usually delivered head first. Crowning is the term used when to fetus head can be seen between the mother's labia as it emerges.

There are times when a mother may need outside aid in the delivery of the baby, some of these methods include: forceps, vaccum extraction and cesarean section.

CAUSES OF CAESEREAN OPERATION

Caeserean birth is the delivery of a baby through incisions mad in the mother abdomen and uterus.

The following situations are some of the reason why a caeserean birth is performed.

- Multiple pregnancy – if a woman is pregnant with twins, a C.S. birth may be necessary if the babies are being born too early, are not in good position in the uterus, or if there are other problems. The likelihood of having a C.S. birth increases with the number of babies a woman is carrying.
- Failure of labor to progress – contraction may not open the cervix enough for the baby to move into the vagina.
- Concern for the baby- for instance, the umbilical cord may become pinched or compressed or fetal monitoring may detect an abnormal heart rate.
- Problem with the placenta.

- A large baby.
- Breech presentation.
- Maternal infections, such as human immunodeficiency virus or herpes.
- Maternal medical conditions, such as diabetes or high blood pressure.

Women who have had a C.S. birth before may be able to give birth vaginally. The decision depends on the type of incidents used in the previous C.S. delivery, the number of previous C.S. deliveries, whether the patient has any conditions that make vaginal deliveries risky, and the type of hospital in which the patient has a baby, as well as other factors. Talk to the patient's health care provider about the patient's option.

- **HYPOXIA:-** Hypoxia in a newborn involves any conditions that reduce the supply of oxygen to the brain. A common cause is a problem with the baby's respiratory system that prevents the newborn from getting enough oxygen. If the newborn does not take a breath soon after being born, hypoxia can develop rapidly. A baby born with his umbilical cord wrapped around his neck can also develop hypoxia as a result of the cord choking off blood supply to the brain. Hypoxia can lead to brain damage or death.
- **CEPHALO PELVIC DISPROPORTION (CPD):-** occurs when a baby's head or body is too large to fit through the mother's pelvis. It is believed that true CPD is rare, but many cases of "failure to progress" during labor are given a diagnosis of CPD.
- **FETAL MALPRESENTATION: -** Malpositions are abnormal positions of the vertex of the fetal head (with the occipital as reference point) relative to the maternal pelvis.
- Malpresentations are all presentations of the fetus other than vertex
- **PLACENTA PRAEVI: -** When the placenta covers the womb of the mother is cervix.
- **ABRUPTION PLACENTAE: -** A critical condition in which the umbilical cord is separated from the uterus.
- **DYSTOCIA: -** The incidence of dystocia or difficult delivery.

How is the procedure performed?

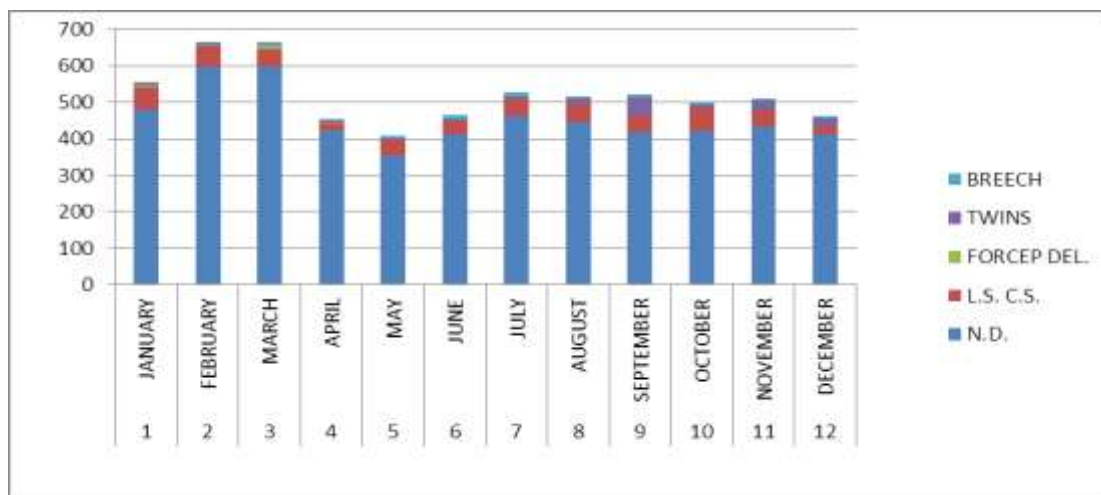
An incision is made through the patient's skin and the wall of the abdominal skin incision may be transverse (horizontal or "bikini") or vertical, near the pubic hairline. The muscles in the patient's abdominal wall are separated and may not need to be cut. Another incision will be made in the wall of the uterus the incision in the wall of the uterus also will be either

transverse or vertical. The baby will be delivered through the incision, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staple are used to close the patients' abdominal skin incision, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staple are used to close the patients' abdominal skin.

OBSERVATION

TABLE NO. A TOTAL NO. OF DELIVERY IN YEAR 2012

S.NO.	MONTH	N.D.	L.S.C.S.	FORCEP DEL.	TWINS	BREECH	TOTAL
1	JANUARY	480	60	6	6	3	555
2	FEBRUARY	598	56	3	5	2	664
3	MARCH	599	46	11	3	7	666
4	APRIL	422	20	4	4	3	453
5	MAY	356	40	2	2	10	410
6	JUNE	412	36	0	7	9	464
7	JULY	463	46	0	8	11	528
8	AUGUST	445	50	0	16	6	517
9	SEPTEMBER	416	47	0	50	9	522
10	OCTOBER	420	64	0	9	7	500
11	NOVEMBER	435	44	0	26	5	510
12	DECEMBER	411	20	0	26	5	462
	TOTAL	5457	529	26	162	77	6251
N.D. =	NORMAL DELIVERY						
L.S.C.S. =	LOWER SEGMENT CAESAREAN SECTION						



Total no of normal deliveries in the year 2012 was 5457. Where as no of C.S. were 529. Numbers of breech for the year 2012 were 77. Forceps deliveries also took place and their no. 26. Numbers of twins were 162. Numbers of total for the year 2012 were 6251.

TABLE NO.B TOTAL NUMBER OF DELIEVERIES YEAR 2013.

TOTAL NO. 2 OF DELIVERY IN YEAR 2013							
S.NO.	MONTH	N.D.	L.S. C.S.	FORCEP DEL.	TWINS	BREECH	TOTAL
1	JANUARY	357	44	0	10	7	418
2	FEBRUARY	570	63	1	16	2	652
3	MARCH	468	70	2	5	9	554
4	APRIL	421	40	3	3	7	474
5	MAY	400	74	0	8	5	487
6	JUNE	388	35	3	5	15	446
7	JULY	441	50	0	7	10	508
8	AUGUST	539	53	1	20	18	631
9	SEPTEMBER	472	56	0	4	10	542
10	OCTOBER	455	42	4	3	3	507
11	NOVEMBER	434	53	1	3	27	518
12	DECEMBER	492	40	1	6	10	549
	TOTAL	5437	620	16	90	123	6286

Total no of normal deliveries in the year 2013 was 5437.where as no of C.S. were 620. Numbers of breech for the year 2013 were 123. Forceps deliveries also took place and their number 16. Numbers of twins were 90. Numbers of total for the year 2013 were 6286.

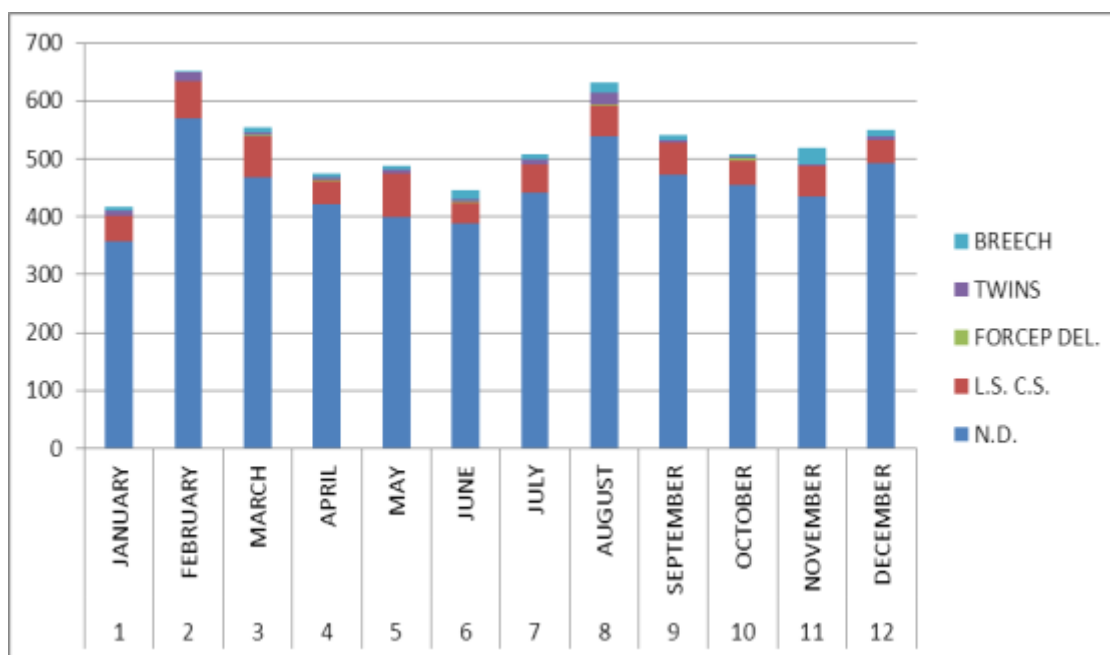


TABLE NO. C TOTAL NUMBER OF DELIVERIES YEAR 2014.

S.NO	MONTH	N.D.	L.S. C.S.	FORCEP DEL.	TWINS	BREEC H	TOTAL
1	JANUARY	471	73	3	8	8	563
2	FEBRUARY	454	52	0	4	12	522
3	MARCH	470	36	1	10	16	533
4	APRIL	440	65	1	8	12	526
5	MAY	450	34	3	6	8	501
6	JUNE	438	68	8	8	8	530
7	JULY	458	64	4	10	0	536
8	AUGUST	528	50	2	11	3	594
9	SEPTEMBER	548	45	1	10	5	609
10	OCTOBER	561	66	0	4	9	640
11	NOVEMBER	454	56	1	7	5	523
12	DECEMBER	528	57	0	4	7	596
	TOTAL	5800	666	24	90	93	6673

Total no of normal deliveries in the year 2014 was 5800. where as no of c.s. were 666. Numbers of breech for the year 2014 were 93. Forceps deliveries also took place and their number 24. Numbers of twins were 90. Numbers of total for the year 2014 were 6673.

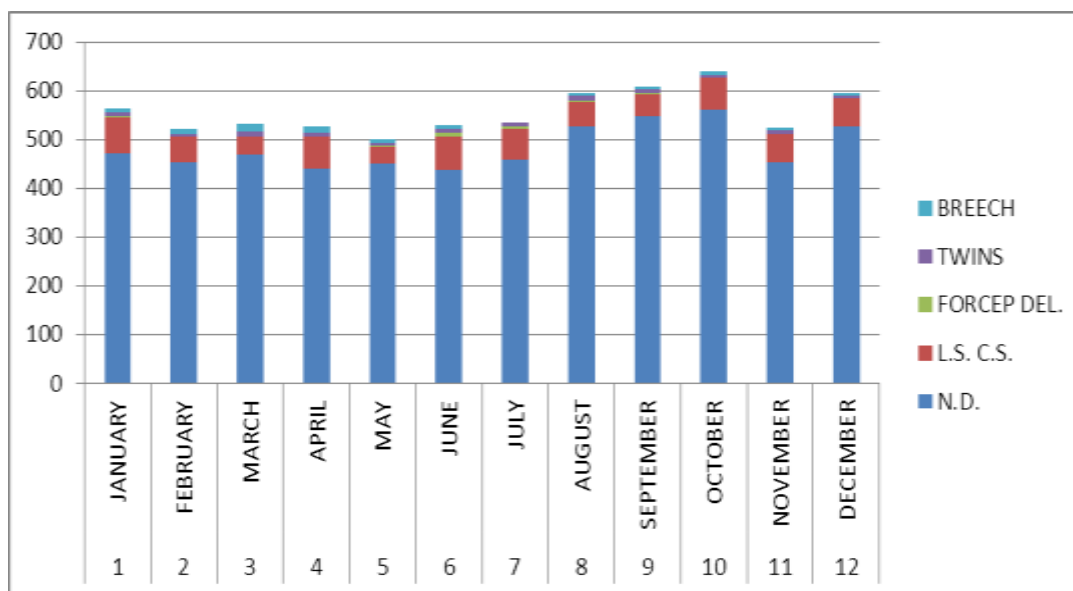


TABLE NO. D TOTAL NO.OF DELIVERY IN YEAR 2015.

TOTAL NO. OF DELIVERY IN YEAR 2015							
S.NO.	MONTH	N.D.	L.S. C.S.	FORCEP DEL.	TWINS	BREECH	TOTAL
1	JANUARY	581	65	1	4	8	659
2	FEBRUARY	502	128	2	14	1	647
3	MARCH	511	109	2	2	2	626
4	APRIL	445	62	11	4	9	531
5	MAY	457	82	1	14	4	558
6	JUNE	422	80	0	6	4	512
7	JULY	466	45	0	9	3	523
8	AUGUST	541	45	1	4	5	596
9	SEPTEMBER	645	63	0	18	5	731
10	OCTOBER	604	105	0	6	5	720
11	NOVEMBER	603	60	3	10	4	680
12	DECEMBER	597	40	3	10	5	655
	TOTAL	6374	884	24	101	55	7438

Total no of normal deliveries in the year 2015 was 6374. where as no of c.s. were 884. Numbers of breech for the year 2015 were 55. Forceps deliveries also took place and their number 24. Numbers of twins were 101. Numbers of total for the year 2015 were 7438.

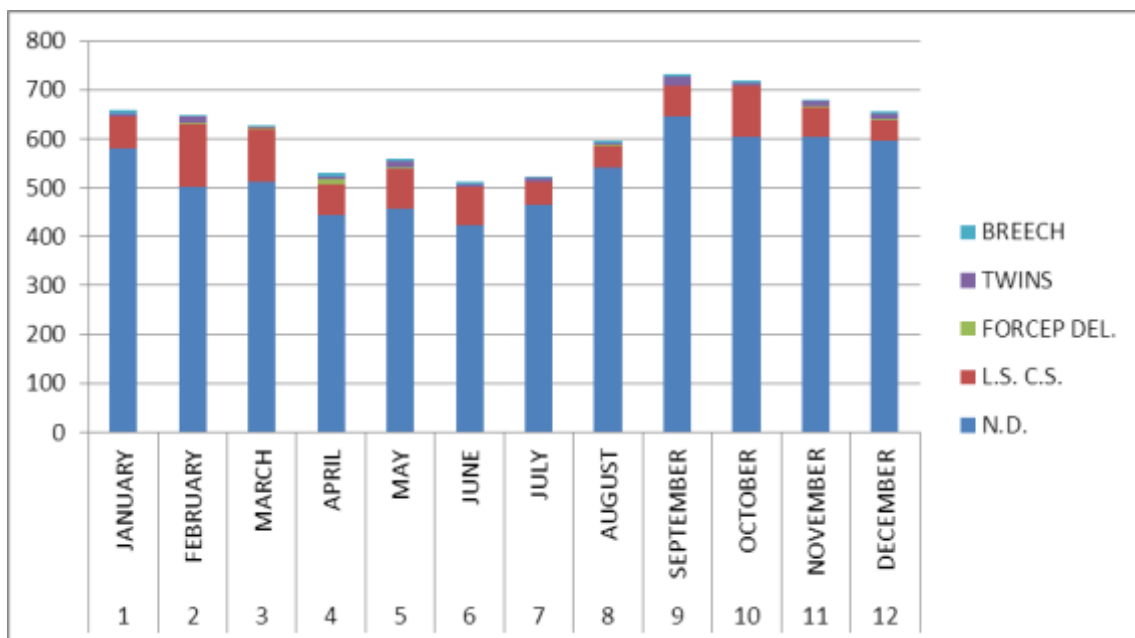


TABLE NO. E TOTAL NO. OF DELIVERY IN YEAR 2016.

TOTAL NO. OF DELIVERY IN YEAR 2016							
S.NO.	MONTH	N.D.	L.S. C.S.	FORCEP DEL.	TWINS	BREECH	TOTAL
1	JANUARY	601	95	0	10	6	712
2	FEBRUARY	544	105	0	6	5	660
3	MARCH	591	118	2	9	5	725
4	APRIL	478	82	1	6	6	573
5	MAY	448	106	0	7	5	566
6	JUNE	370	119	0	10	6	505
7	JULY	467	105	1	2	5	580
8	AUGUST	497	116	2	2	6	623
9	SEPTEMBER	514	145	1	4	6	670
10	OCTOBER	534	145	2	9	5	695
11	NOVEMBER	460	104	2	3	5	574
12	DECEMBER	457	88	0	5	5	555
	TOTAL	5961	1328	11	73	65	7438

Total no of normal deliveries in the year 2016 was 5961. where as no of c.s. were 1328. Numbers of breech for the year 2016 were 65. Forceps deliveries also took place and their number 11. Numbers of twins were 73. Numbers of total for the year 2016 were 7438.

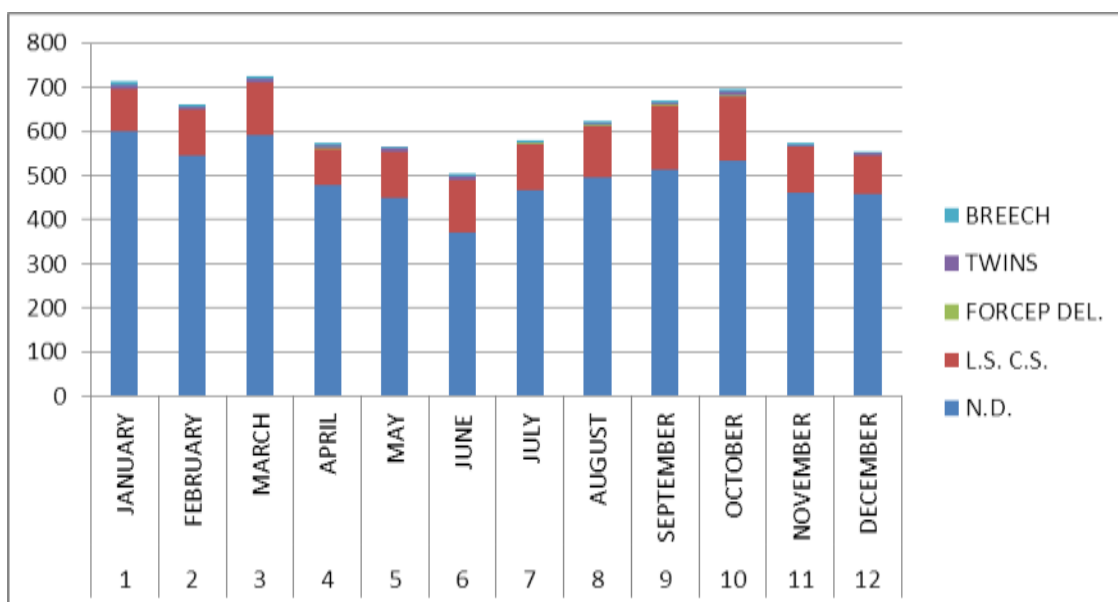
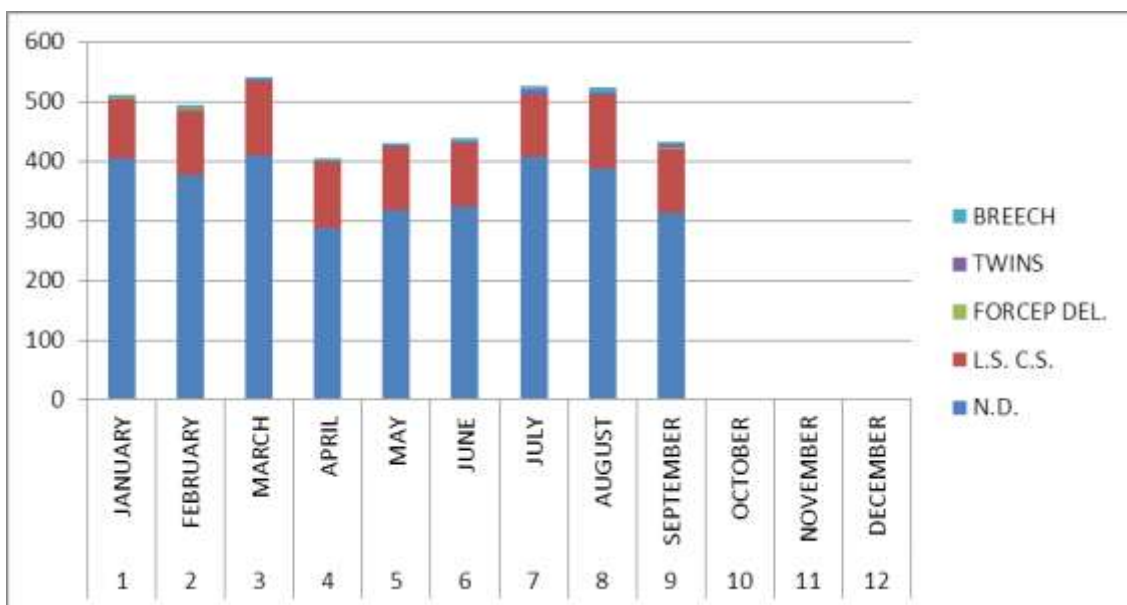


TABLE NO. F TOTAL NO, OF DELIVERY IN YEAR 2017.

TOTAL NO. OF DELIVERY IN YEAR 2017							
S.NO.	MONTH	N.D.	L.S. C.S.	FORCEP DEL.	TWINS	BREECH	TOTAL
1	JANUARY	404	101	1	1	4	511
2	FEBRUARY	376	110	2	0	5	493
3	MARCH	409	125	1	1	5	541
4	APRIL	288	109	0	3	4	404
5	MAY	317	106	0	2	4	429
6	JUNE	323	108	0	2	5	438
7	JULY	407	102	0	11	6	526
8	AUGUST	388	122	1	5	8	524
9	SEPTEMBER	312	107	2	6	5	432
10	OCTOBER						
11	NOVEMBER						
12	DECEMBER						
	TOTAL	3224	990	7	31	46	4298

Total no of normal deliveries in the year 2017 was 3224. where as no of c.s. were 990. Numbers of breech for the year 2017 were 46. Forceps deliveries also took place and their number 7. Numbers of twins were 31. Numbers of total for the year 2017 were 4298.



STATICAL t- TEST ANALYSIS

Table No. 1 Normal Delivery.

Group	Mean	SD	N	t-value
2012	454.75	73.72	5457	1.29 NS
2013	453.08	61.03	5437	
df = 10892, P < 0.05, Not Significant Difference				

Table No. 2 Normal Delivery

Group	Mean	SD	N	t-value
2012	454.75	73.72	5457	22.50*
2014	483.33	61.03	5800	
df = 11255, P > 0.01, Significant Difference				

Table No. 3 Normal Delivery				
Group	Mean	SD	N	t-value
2012	454.75	73.72	5457	56.18*
2015	531.16	74.27	6374	
df = 11829, P > 0.01, Significant Difference				
Table No. 4 Normal Delivery				
Group	Mean	SD	N	t-value
2012	454.75	73.72	5457	32.30*
2016	496.75	64.86	5961	
df = 11416, P > 0.01, Significant Difference				
Table No. 5 LSCS				
Group	Mean	SD	N	t-value
2012	44.08	13.76	529	9.97*
2013	51.66	12.39	620	
df = 1147, P > 0.01, Significant Difference				
Table No. 6 LSCS				
Group	Mean	SD	N	t-value
2012	44.08	13.76	529	15.02*
2014	55.5	12.55	666	
df = 1193, P > 0.01, Significant Difference				
Table No. 7 LSCS				
Group	Mean	SD	N	t-value
2012	44.08	13.76	529	26.89*
2015	73.66	27.92	884	
df = 1411, P > 0.01, Significant Difference				

Table No. 8 LSCS				
Group	Mean	SD	N	t-value
2012	44.08	13.76	529	84.27*
2016	110.66	19.58	1328	
df = 11416, P > 0.01, Significant Difference				

Table No. 9 Forcep Del.				
Group	Mean	SD	N	t-value
2012	4	3.43	26	2.08**
2013	2.46	1.37	16	
df = 40, P > 0.05, Significant Difference				
Table No. 10 Forcep Del				
Group	Mean	SD	N	t-value
2012	4	3.43	26	0.38NS
2014	2.29	12.55	24	
df = 48, P < 0.05, Not Significant Difference				

Table No. 11 Forcep Del.				
Group	Mean	SD	N	t-value
2012	4	3.43	26	0.34 NS
2015	3.69	3.04	24	
df = 48, P < 0.05, Not Significant Difference				
Table No. 12 Forcep Del.				
Group	Mean	SD	N	t-value
2012	4	3.43	26	1.09 NS
2016	1.69	0.9	11	
df = 35, P < 0.05, Not Significant Difference				
Table No. 13 Twins.				
Group	Mean	SD	N	t-value
2012	24.92	14.15	162	8.93*
2013	13.84	5.41	90	
df = 250, P > 0.01, Significant Difference				
Table No. 14 Twins.				
Group	Mean	SD	N	t-value
2012	24.92	14.15	162	9.71*
2014	13.84	2.54	90	
df = 48, P > 0.01, Significant Difference				

Table No. 15 Twins.				
Group	Mean	SD	N	t-value
2012	24.92	14.15	162	6.38*
2015	15.53	4.96	101	
df = 261, P> 0.01, Significant Difference				
Table No. 16 Twins.				
Group	Mean	SD	N	t-value
2012	24.92	14.15	162	11.80*
2016	11.23	2.96	73	
df = 233, P> 0.01, Significant Difference				
Table No. 17 Breech.				
Group	Mean	SD	N	t-value
2012	11.84	2.93	77	10.01*
2013	18.92	6.96	123	
df = 198, P> 0.01, Significant Difference				
Table No. 18 Breech.				
Group	Mean	SD	N	t-value
2012	11.84	2.93	77	4.55*
2014	14.3	4.3	93	
df = 168, P> 0.01, Significant Difference				
Table No. 19 Breech.				
Group	Mean	SD	N	t-value
2012	11.84	2.93	77	8.45*
2015	8.46	2.23	55	
df = 130, P> 0.01, Significant Difference				
Table No. 20 Breech.				
Group	Mean	SD	N	t-value
2012	11.84	2.93	77	4.84*
2016	10	0.51	65	
df = 140, P> 0.01, Significant Difference				
Table No. 21 Total				
Group	Mean	SD	N	t-value
2012	961.69	78	6251	4.13*
2013	967.07	68.39	6286	
df = 12535, P> 0.01, Significant Difference				

Table No. 22 Breech				
Group	Mean	SD	N	t-value
2012	961.69	78	6251	58.48*
2014	1026.61	43.41	6673	
df = 12922, P> 0.01, Significant Difference				

Table No. 23 Total.				
Group	Mean	SD	N	t-value
2012	961.69	78	6251	139.39*
2015	1144.3	75.58	7438	
df = 13687, P> 0.01, Significant Difference				

Table No. 24 Total.				
Group	Mean	SD	N	t-value
2012	961.69	78	6251	142.66*
2016	1144.3	71.04	7438	
df = 13687, P> 0.01, Significant Difference				

RESULT

Table 1 shows that, the mean value 454.75 & SD is 73.72 no. of total delivery 5457 at df which is not significant the value of $t = 1.29$, which is not significant at df 10892 in 0.05 level significant (1.67). Table 2 shows that, the mean value 454.75 & SD is 73.72 no. of total delivery 5457 at df which is significant the value of $t = 22.50$, which is significant at df 112255 in 0.01 level significant (2.36). Table 3 shows that, the mean value 454.75 & SD is 73.72 no. of total delivery 5457 at df which is significant the value of $t = 56.18$ which is significant at df 11829 in 0.01 level significant (2.36). Table 4 shows that, the mean value 454.75 & SD is 73.72 no. of total delivery 5457 at df which is significant the value of $t = 32.30$, which is significant at df 11416 in 0.01 level significant (2.36). Table 5 shows that, the mean value 44.8 & SD is 13.76 no. of total delivery 529 at df which is significant the value of $t = 9.97$, which is significant at df 1147 in 0.01 level significant (2.36). Table 6 shows that, the mean value 44.8 & SD is 13.76 no. of total delivery 529 at df which is significant the value of $t = 15.02$, which is significant at df 1193 in 0.01 level significant (2.36). Table 7 shows that, the mean value 44.8 & SD is 13.76 no. of total delivery 529 at df which is significant the value of $t = 26.89$, which is significant at df 1411 in 0.01 level significant (2.36). Table 8 shows that, the mean value 44.8 & SD is 13.76 no. of total delivery 529 at df which is significant the value of $t = 84.27$, which is significant at df 11416 in 0.01 level significant (2.36). Table 9 shows that, the mean value 4 & SD is 3.43 no. of total delivery 26 at df which is significant the value of $t = 2.08$, which is significant at df 40 in 0.05 level significant (1.67).

Table 10 shows that, the mean value 4 & SD is 3.43 no. of total delivery 26 at df which is not significant the value of $t=0.38$ which is not significant at df48 in 0.05 level significant (1.67). Table 11 shows that, the mean value 4& SD is 3.43 no. of total delivery 26 at df which is not significant the value of $t=0.34$, which is not significant at df 48 in 0.05 level significant (1.67). Table 12 shows that, the mean value 4& SD is 3.43 no. of total delivery 26 at df which is not significant the value of $t=1.09$, which is not significant at df 35 in 0.05 level significant (1.67). Table 13 shows that, the mean value 24.92& SD is 4.15 no. of total delivery 162 at df which is significant the value of $t=8.93$, which is significant at df 250 in 0.01 level significant (2.36). Table 14 shows that, the mean value 24.92 & SD is 4.15 no. of total delivery 162 at df which is significant the value of $t=9.71$, which is not significant at df 48 in 0.01 level significant (2.36). Table 15 shows that, the mean value 24.92 & SD is 4.15no. of total delivery 162 at df which is significant the value of $t=6.38$, which is not significant at df 261 in 0.01 level significant (2.36). Table 16 shows that, the mean value 24.92 & SD is 4.15 no. of total delivery 162 at df which is significant the value of $t=11.80$, which is not significant at df 233 in 0.01 level significant (2.36). Table 17 shows that, the mean value 11.84& SD is 2.93 no. of total delivery 77 at df which is significant the value of $t=10.01$, which is significant at df 198 in 0.01 level significant (2.36). Table 18 shows that, the mean value 11.84& SD is 2.93 no. of total delivery 77 at df which is significant the value of $t=4.55$, which is significant at df 168 in 0.01 level significant (2.36). Table 19 shows that, the mean value 11.84& SD is 2.93 no. of total delivery 77 at df which is significant the value of $t=8.45$ which is significant at df 130 in 0.01 level significant (2.36). Table 20 shows that, the mean value 11.84 & SD is 2.93 no. of total delivery 77 at df which is significant the value of $t=4.84$, which is significant at df 140 in 0.01 level significant (2.36). Table 21 shows that, the mean value 961.69 & SD is 78 no. of total delivery 6251 at df which is significant the value of $t=4.13$, which is significant at df 12535 in 0.01 level significant (2.36). Table 22 shows that, the mean value 961.69& SD is 78 no. of total delivery 6251 at df which is significant the value of $t=58.48$, which is significant at df 12922 in 0.01 level significant (2.36). Table 23 shows that, the mean value 961.69& SD is 78 no. of total delivery 6251 at df which is significant the value of $t=139.39$, which is significant at df 13687 in 0.01 level significant (2.36). Table 24 shows that, the mean value 961.69 & SD is 78 no. of total delivery 6251 at df which is significant the value of $t=142.66$, which is significant at df 13687 in 0.01 level significant (2.36).

DISCUSSION

• It is very important that during parturition the foetus moves smoothly through the three stage of parturition a reasonable amount of time to ensure a safe & normal birth. The first stage of parturition is known as the preparatory stage. It is during this stage, as is evident from the name that the female prepares to give birth. Some signs that parturition is near can be observed during this stage. In addition, there may be mucus discharge from the vulva, decreased body temperature, filling of mammary glands with milk, and mild straining. The second stage of parturition is the expulsion stage. It is at this point that the walls of the uterus begin to contract more frequency and with increased force, thus pushing the fetus into the birth canal. When the contractions become strong enough, Once the foetus has entered this stage, delivery should occur fairly soon, otherwise, there may be difficulties preventing normal delivery. The final stage of parturition is the cleaning stage. It is at the point in the process that the afterbirth, or the placenta, is expelled from the body. In order for the foetus to make a normal, healthy recovery from parturition, the afterbirth must be expelled. If the fetal membranes and fluid remain in the foetus they can become infected and lead to serious illness and possible death of the mother. An increase in uterine prostaglandin biosynthesis is a consistant element in the transition into labor (keirse 1979). Estrogens act by up regulating myometial gap junctions (G arfield et al., 1980)and uterotonic receptors (including L- type calcium channele and oxytocin receptor) (fuchs 1986 a) there by enhancing capacity of the myometrium to generate contractions. Relaxin is a member of the insulin like growth factor family of proteins. Plasma levels are highest st 8 to 12 week of gestation and there after decline, which persist until term (MacLennan et al. 1986). The primary source of relaxin is thought to be the corpus luteun. The fetus controls the timing of onset of labor (Thorburn et. 1997 and pitera et al 1998 fig 1).

SONOGRAPHY

Usually 1st sonography is done during the 1st trimester. It is to check the right position of baby inside. The uterus and number of babies in the uterus.

Next sonography is done in the 2nd trimester to confirm the viability of pregnancy.

3rdsonography tells exactly how far is parturition and the position of the fetus and placenta.

VACCINATION

- TATENUS TOXIDE - 1 & 2
- H.I.V. TEST -

- Rh factor -
- Hepatitis B testing –

CONCLUSION

Cesarean section or c- section is the delivery of a baby through a surgical abdominal incision. A c- section delivery is performed when a vaginal birth is not possible. Due to a variety of medical and social factors, common, around 25% of births are performed by c- section. C section carry some risk to vaginal birth the risks to mother include surgical injury, infection, postpartum depression, although there are rare. Babies born by c- section are more likely to be admitted the ICU for breathing problems. Mothers are therefore advised to carefully weigh the risks of c- section versus vaginal birth.

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