INTRODUCTION
AND
AIM OF THE WORK

Normal haemostasis depends on interaction of platelets with subendothelial tissues to form small plugs and on blood coagulation factors which interact sequentially to form fibrin, thereby preventing excessive haemorrhage after tissue injury. Generalised bleeding may result whenever a quantitative or qualitative disorder of platelets or clotting factors is present. The newborn period is characterised by low levels of measured components of the coagulation mechanism and transient inhibition of platelets function ***(Hathway and Bonnar, 1987).***

The situation is worse in premature infants who are at risk of serious haemostatic disorders such as intraventricular haemorrhage [IVH] and disseminated intravascular coagulation [DIC]. In these and other defects of the haemostatic system it is uncertain whether the measured abnormalities of components of the haemostatic system represent a primary defect or arise as a secondary event ***(Courten and Rabinwiez, 1981).***

Therefore, we aim at assessing some of these components in Egyptian symptom free full term, small for gestational age and premature infants to throw a beam of

light on the hazards of bleeding they may be subjected to as well as to provide base line levels for interpreting laboratory results of sick newborn who present with bleeding manifestation.