Introduction

In most developing countries, women of reproductive age (15-49) constitute a little more than one fifth of the total population. These women are exposed repeatedly to the risk of pregnancy and under the existing socio-economic conditions and the inadequacy of the medical and health facilities, women are at a great risk of morbidity and mortality from causes related to pregnancy. Death of woman in the developing countries who play the principle role in the rearing of children and the management of family affairs, is significant social and personal tragedy**.** ***(Bhatie ,1993).***

It was estimated that around 210 million women in the world are yearly exposed to potential risk of pregnancy and delivery related morbidity , among them 60 million has acute complication episodes affecting up to 40% of pregnant women ,98% of whom are in developing countries ,182 million of which occur in developing countries ***(WHO ,2005)***.These episode are most often caused by the same condition that lead to maternal mortality namely hemorrhage ,complications of abortion ,sepsis, pregnancy –related hypertension, and obstructed labor.

The vast majority of maternal morbidity however ,is preventable , through appropriate care during pregnancy ,childbirth and the puerperium ,otherwise mothers would be at risk of many health problem, even the healthy ***(Main,1997)***.

WHO (1999) says that most of the 600.000 woman who die every year from complications during pregnancy and childbirth ,could have been saved by preventive measures and better health care ,the current death rate means that every minute one woman somewhere in the world dies because of complications related to pregnancy and childbirth .they

include bleeding during labor ,high blood pressure ,and infections .98%of deaths occur in the world `s poorest countries .

Quite a part from the numbers of mothers who die or suffer life long disabilities, maternal death is a catastrophe for the family .The loss of a woman in pregnancy or childbirth has a devastating effect on the family she leaves behind and in many cases actually destroys it .The fetus in over 90% of cases either does not survive or is dead within year Not only this ,but a mother `s death double the death rate of other surviving sons and quadruples the rate among surviving daughters .this is because the loss of mother means the loss of her income and the work she does in the care of children, the elderly and the sick and in food production and preparation ***(Turman et al .,1994*)**.

Maternal Morbidity

Maternal disability (or morbidity) can be defined as any illness or injury caused or aggravated by pregnancy or childbirth not from accidental or incidental causes (the disability can be acute, affecting a woman during or immediately after childbirth or chronic, lasting for months, years, or a lifetime). The vast majority of maternal disabilities stem from health complications that are a direct result of pregnancy or childbirth. These "direct causes" include severe bleeding, infection, obstructed or prolonged labor, pregnancy-induced hypertension and unsafe abortion(***WHO, 1989*)**.

Women who survive pregnancy complications may suffer ongoing health problems, including chronic pelvic pain, pelvic inflammatory disease, and secondary infertility ***(Liskin ,1992).*** They also may be at increased risk of ectopic pregnancy ,premature delivery,

spontaneous abortion, uterine prolapse and cervical incompetence from over dilation or injury to the cervix (***WHO ,1994*).**

While little is known about the extent of maternal morbidity in developing countries, estimates have ranged from 16 to 100 episodes of illness or disability for each maternal death. (***Mickay and Hartley ,1993).*** Recent evidence suggests that these estimates may be too low. In Bangladesh, for example, for every maternal death, 73 other women experienced life-threatening illnesses related to pregnancy; in Egypt, 56 women. When every episode of pregnancy-related morbidity was counted separately (including minor morbidities and multiple morbidities for the same woman), total reached 700 maternal illnesses in Bangladesh; over 1,000 in Egypt; and nearly 600 in India for every maternal death ***(Fortney and Smith ,1996).***

In addition to affecting a woman's physical health, these illnesses also may be detrimental to her social and economic well-being if they affect her ability to work or interact in her community**. (*Coeytaux* ,*1993* , *Fortney and Kiragu ,1995)***. Infertility can be a devastating condition for women emotionally, socially, and economically in countries where women derive their status from bearing children.

Complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive ag**e** (ages 15 to 44) in less developed countries. About half of the nearly 120 million women who give birth each year experience some kind of complication during their pregnancies and between 15 million and 20 million develop disabilities such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility and they are almost entirely preventable ***(Christopher Murray et al., 2000)***.

According to the United Nations Population Fund ,each year more than half a million women die of pregnancy- related causes . In addition , the United Nations Children `s Fund (UNICEF) notes that annually more than 60 million women suffer acute complications from pregnancy and that nearly a third of these sustain lifelong injuries or infections . In developing countries many women are trapped in a cycle of pregnancies , deliveries and self-neglect leaving them worn out and ill .Yes, pregnancy can be harmful –even dangerous ***(UNICEF ,2005)***.

One-quarter of women in developing countries, approximately 300 million women today, suffer problems in pregnancy and delivery ***(WHO/UNFPA/UNICEF, 1999).***

For every woman who dies, approximately 20 more suffer from injuries, infection and disabilities in pregnancy and childbirth ***(UNFPA, ,2006).***

Every year approximately 529,000 women die from maternal causes ***(WHO, UNICEF, and UNFPA, 2000).***

WHO recommends that women have at least four antenatal visits, starting in the first three months of pregnancy . Timely antenatal visits allow for screening and treatment of STIs, malaria, hookworm, and anemia; immunization against tetanus and detection and treatment of pregnancy-induced hypertension. The visits also give health workers the chance to educate women about diet and healthy behaviors and to give women nutritional supplements. Antenatal care providers should inform women about the importance of safe delivery with a skilled birth attendant, the warning signs of complications, and how to plan for emergency care ***(WHO, 2000)***

Maternal Mortality in Egypt has declined from 174/100,000 to 84/100,000 between 1992-3 and 2000. This dramatic reduction in maternal deaths is a major achievement and proof of Egypt's sustained efforts to improve quality obstetric care while reducing the fertility rate and unwanted births. As of 2001, a total of 75 rural hospitals and primary health care units have been upgraded to offer normal delivery care and to improve linkages with referral centers in the five governorates of Upper Egypt which reaches over 8 million Egyptians. Obstetric services in 25 governorates and district hospitals have been upgraded to ensure access to quality EmOC (Emergency obstetric Care services). In each of the target facilities, medical and nursing personnel (1300) completed competency based training on the EmOC protocols and clinical supervision was improved **(*M.O.H ,2000)***.

Table (A): Maternal mortality (MM) in 2000 : (worldwide) MM ratio= maternal deaths per 100.000 live births) ***(UNICEF;2000)***

Table (A)

Maternal mortality (MM) in 2000 : (worldwide) MM ratio= maternal deaths per 100.000 live births)							
> 500		>100-500		>20-100		0-20	
Afghanistan	**1.900**	**Mongolia**	**110**	**Bulgaria**	**32**	**Korea,R**	**20**
Malawi	**1.800**	**Lebanon**	**120**	**Chile**	**31**	**USA**	**17**
Angola	**1.700**	**Panama**	**160**	**Malaysia**	**41**	**France**	**17**
Niger	**1.600**	**Philippines**	**200**	**Cyprus**	**47**	**Israel**	**17**
Chad	**1.100**	**Indonesia**	**230**	**Albania**	**55**	**U Kingdom**	**13**
Kenya	**1.000**	**Guatemala**	**240**	**China**	**56**	**Germany**	**8**
Uganda	**880**	**Brazil**	**260**	**Korea ,DPR**	**67**	**Australia**	**8**
Nigeria	**800**	**Namibia**	**300**	**Iran**	**76**	**Canada**	**6**
Nepal	**740**	**Peru**	**410**	**Egypt**	**84**	**Denmark**	**5**
India	**540**	**Pakistan**	**500**	**Palestine**	**100**	**Sweden**	**2**