# SUMMARY

The label "high risk" is used to identify any previous or current obstetric problems, and associated medical disorders, which adversely affect fetal or maternal outcome and may lead to increase peri-natal or maternal mortality before or after delivery. About 30 to 40 percent of pregnancies qualify for the label high risk.

*(W.D.R Writer 1986)*

This essay will particularly focus on pre-eclampsia, diabetes mellitus and patients with heart diseases.

Pre-eclampsia and eclampsia are the most important cause of maternal death. Pre-eclampsia is not only common and dangerous for both mother and baby, but also unpredictable in onset and progression, and incurable except by termination of the pregnancy. Because the pathogenesis is unclear there in no specific diagnostic test, the disorder is recognized by the occurrence of pregnancy. Induced changes that regress after delivery, of which hypertension and proteinuria are the easiest to recognize and the signs by which the maternal syndrome is defined.

*(James M. Roberts 1993)*

Diabetes is the commonest medical problem encountered in pregnancy and is no longer considered a single entity, but a heterogeneous collection of over thirty diseases, all characterized by reduced glucose intolerance. Although the obstetric care and anesthetic management of diabetic mothers have advanced considerably in recent years, peri-natal mortality and morbidity still significantly exceed that of the non-diabetic mothers. *(Datta S.1985)*

The physiological changes in the cardiovascular system during pregnancy influence cardiac diseases in different way. Cardiac output increases 40%-50% and blood volume increases by about 40%. Pregnancy, labor and delivery appear to be well tolerated in gravidae with an atrial septal, ventricular defect, and patent ductus arteriosus.

Where as pregnant women, with uncorrected cyanotic congenital heart disease ( Eisenmenger's Syndrome, tetralogy of Fallot. ) constitute a high risk group because of right ventricular insufficiency and hypoxic attacks.

*(Braun V and Weyland A,1996)*