SUMMARY AND CONCLUSION
The present study was conducted to know the lipoprotein profile changes during the process of labour and 24 hours of postpartum period and also to know the changes in lipoprotein pattern in relation to mode of delivery (i.e., normal vaginal delivery without any intervention, induced delivery and caesarean section (elective or emergency) parity and diet etc various variable.

52 cases including 11 primigravidae, and 41 multigravidae in age group of 18-35 years and mean weight of 54±07 kg were studied during intrapartum and post partum phase. All cases were categorised according to mode of delivery into five groups.

Group I comprised the cases of spontaneous vaginal delivery and served as control group. Group II comprised the cases in those artificial rupture of memberane was done to induce labour. Group III included the cases in those A.R.M. and oxytocin infusion both were used to augment labour. Group IV included the cases in those elective caesarean section was done, and cases of due to obstructed labour emergency caesarean section were put in group V.

All the five groups of cases were studied during various stages of labour and 24 hours postpartum to detect whether there is any significance of diet on lipoprotein profile changes or not and also was there any difference in values of liprotien fractions in between primi and multigravidae.
Umbilical cord blood from placental side was withdrawn for the study of various lipoprotein fractions in all the five groups i.e. to study the changes in lipoprotein fractions of umbilical cord blood according to mode of delivery. After the whole study, in summary, it can be said that lipoprotein profile changes during intrapartum and within 24 hours of postpartum periods showed following pattern.

The STC values decreases during intrapartum period from one to another stage of labour in patients of normal and induced vaginal deliveries while in cases of emergency caesarean section due to obstructed labour there was an increase in values of STC, during intrapartum period. This change of increasing values in cases of groups V was significant while decrease in values of STC during intrapartum period in rest of the groups were insignificant.

During post partum period there was significant fall irrespective of mode of delivery in all five groups. LDL values followed the same pattern as that of STC.
STG levels were decreased during intrapartum period from one to another stage of labour in all the five groups, during post partum period. There was further fall in values of STC when compared with that of intrapartum values and are significant statistically. HDL and VLDL values showed the same pattern as that of STG. On comparing the various lipoprotein fractions in the umbilical cord blood of newborns borned by different modes of delivery. There was no any significant difference according to the mode of delivery of mother i.e., lipoprotein fractions values of umbilical cord blood of newborn does not depends on their mode of expulsion.

To note the effect of parity on lipoprotein profile the cases were divided into two groups i.e., primigravidae (11 cases) and multigravida (41 cases). The lipoprotein changes showed the similar changes in either groups during intrapartum and post partum periods, the intergroup difference was statistically insignificant.

To detect the effect of diet on lipoprotein profile the cases were divided into vegetarian and non-vegetarian categories. There were 27 vegetarian and 25 nonvegetarian cases in present study. Effect of diet on cord blood lipoprotein fractions in various groups of cases was also studied. It was found that there was similar trend in lipoprotein fractional values in both vegetarian and nonvegetarian cases i.e., no any significant
difference was found between the two categories of cases irrespective of mode of delivery. Similarly there was not significant difference in umbilical cord values of lipoprotein in vegetarian and nonvegetarian cases.

To conclude, there was a statistically insignificant fall in STC, LDL values during intrapartum period in cases of spontaneous delivery of induced and elective caesarean section. In cases of emergency caesarean section due to obstructed labour there was significant increase in these values during intrapartum phase. During post partum phase there was insignificant fall in all five groups of cases.

In case of STG, HDL and VLDL there was fall in intrapartum values during various stages in all the groups but the fall was insignificant while there was a significant fall during postpartum period.

The values of lipoprotein fractions were not affected by diet, parity and mode of delivery etc. Umbilical cord blood lipoprotein values also did not show any significant relation with mode of delivery, diet etc. Thus, it can be said that the changes observed were normal physiological phenomenon.