Questionnaire

Questionnaire No ……

Date ……....

1- Age of mother :……

2- Number of delivery : ……

3- Route of delivery :a) Spontaneous Vaginal delivery b) caesarean section delivery

4- History of any disease ……..

5- History of Miscarriage : a) Yes b) No

6- Time of Miscarriage: a) First trimester b) Second trimester c) Third trimester

7- Repetition of Miscarriage :…….

8- History of Urinary tract infection during pregnancy a) Yes b) No

If Yes, Used any Antibiotics : a) Yes b) No

9- Prolong rupture of membrane before delivery: : a) Yes b) No

10- Any complication during delivery :a) Yes b) No