Clinical definitions - Parity groups were defined as follows: multipara (2-5 deliveries) and grand-multipara (6 or more deliveries). Hypertension was defined in the presence of blood pressure ≥ 140/90 mmHg recorded in two separate measurements, at least 4 hours apart. Mild hypertension was defined as a diastolic blood pressure ≥ 90 mmHg and <110 mmHg and/or systolic blood pressure ≥ 140 mmHg and < 160 mmHg. Severe hypertension was defined as the presence of diastolic blood pressure ≥110 and/or systolic blood pressure ≥ 160 mmHg. Gestational hypertension was defined as the presence of hypertension developed after 20 weeks of gestation without evidence of proteinuria. Preeclampsia was diagnosed in the presence of elevated blood pressure and proteinuria of at least +1 in dipstick; its severity was defined according to the severity of hypertension and/or one of the following: +3 proteinuria by dipstick, thrombocytopenia ≤ 100,000, elevated liver enzymes, persistent headache and/or blurred vision[1]. Gestational diabetes was diagnosed according to oral glucose tolerance test and classified according to White's classification[2]. Maternal anemia was diagnosed below 10mg/dl of hemoglobin concentration. Hydramnios was defined as amniotic fluid index (AFI)>25 cm or a measurement of a maximal vertical pocket of at least 8 cm or as a subjective estimation of increased amniotic fluid volume. Oligohydramnios was defined as AFI < 5 cm; a real time scanner equipped with a 3.5/5 MHz transducer of appropriate focal length estimated amniotic fluid volume. Preterm delivery was defined as delivery before complete 37 weeks of gestation, late preterm birth was any delivery between 34 weeks and 36 6/7 weeks. Medically indicated preterm birth included induction of labor or cesarean section due to maternal or neonatal complications (Preeclampsia/eclampsia, placental abruption, placental previa, intrauterine growth restriction, non-reassuring fetal heart rate). Spontaneous late preterm deliveries were

defined as deliveries of patients who were admitted during the process of labor with intact membranes or with preterm prelabor rupture of membranes (preterm PROM). PROM was defined as any rupture of the chorioamniotic membranes before the onset of labor. Chorioamnionitis was defined according to Gibbs criteria[3], while patients with fever not fulfilling other criteria were defined as fever during delivery. Composite neonatal morbidity score was obtained using low Apgar score at 5', seizures, asphyxia, and acidosis. Uterine rupture was defined as a complete tear of the uterine wall including the visceral peritoneum, with establishment of a direct communication between the uterine and abdominal cavities. Dehiscence was defines as an opening of a previous cesarean scar with intact visceral peritoneum and no direct communication between the uterine and abdominal cavities. Post-partum fever was defines as maternal temperature $\geq$ 38°C that developed at least 24 hours after delivery, recorded by two different measurements at least four hours apart or one measurement of maternal temperature of $\geq$ 38.5°C regardless the time after delivery. Endometritis was defines as postpartum maternal fever with clinical signs of tenderness over the uterine fundus or during cervical manipulation, foul vaginal discharge and positive endometrial culture. Wound infection was defined according to either clinical signs of infection or positive wound culture. Wound dehiscence was defines as spontaneous opening of cesarean section wound including the abdominal fascia.

1. ACOG practice bulletin. Diagnosis and management of preeclampsia and eclampsia. Number 33, January 2002. Obstet Gynecol 2002;99:159-67.
2. WHITE P. Pregnancy complicating diabetes. Am J Med 1949;7:609-16.
3. GIBBS RS, DUFF P. Progress in pathogenesis and management of clinical intraamniotic infection. Am J Obstet Gynecol 1991;164:1317-26.