

INTRODUCTION

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The neonatal period is highly vulnerable time for the infant, and the high morbidity and mortality rates attest to the fragility of life during this period (Behrman et al., 1992).

So the quality of intrapartum care (e.g. intravenous maternal therapy during labour) and immediate neonatal care determine whether the infant will survive or suffer from extensive morbidity (Rayburn and Lavin, 1984).

Also Singhi et al., 1985 claimed that any fluid and electrolyte disturbance in maternal blood is transplacentally transmitted to her newborn infant who may suffer illness due to this disturbance.

In modern obstetrics, oxytocin in glucose 5% is frequently used for induction or augmentation of labour, but this use is not always safe for the mother nor her newborn as proven that many cases of maternal water intoxication (hyponatremia and water retention) were reported as a complication of oxytocin infusion in glucose 5% for induction or augmentation of labour, and which resulted in severe hyponatremia, coma and convulsion in the newborn infants (Schwartz and Jones, 1978).