Introduction

Congenital heart defects are the most common of all congenital malformations. Critical congenital cardiovascular malformations (CCVMs) require surgical correction during the first month of life, physical examination is unable to detect more than 50% of affected infants. Approximately half of all newborns with congenital heart disease are asymptomatic in the first few days of life. Early detection of ductal dependant cardiac malformations prior to ductal closure is, however, of significant clinical importance. The treatment outcome is related to the time of diagnosis **(Payne et al., 1995).**

Neonatal screening has been universally accepted for the past 3 decades; it is currently an essential part of medical service in more than 26 countries worldwide. Initially, neonatal screening was aimed at the diagnosis of metabolic disorders, but currently it is performed for a wide variety of genetic and acquired disorders **(Saxena, 2003).**

Neonatal screening aims at the earliest possible recognition of disorders so that intervention with effective treatment can prevent their serious consequences. There is no efficient screening method for early detection of CHD. Therefore, there is a need for an effective screening program for CHD. This disorder would be ideally suited for a screening program if simple and reliable methods were available. Recently, pulse oximetry has been suggested as a screening tool for CHD in asymptomatic newborns **(Reich et al., 2003).**

We will evaluate the efficacy of combining pulse oximetry and clinical examination a screening method for CHD in asymptomatic newborns before their discharge from the nursery.