

SUMMARY AND CONCLUSIONS

Several studies have documented the high incidence of respiratory distress in infants born by cesarean delivery before the onset of spontaneous labor.

The aim of the present study was to identify the possible risk factors for neonatal respiratory distress in newborns delivered by CS in comparison with those born vaginally.

Among the 600 neonates included in the present study, 387 neonates (64.5 %) were delivered vaginally while 213 neonates (35.5 %) were delivered by CS including 141 neonates (23.5 %) delivered by intrapartum CS and 72 neonates (12.0 %) delivered by elective CS.

In the present study, low birth weight was noted in 87 neonates (14.5 %). In the present study the rate of twin pregnancy was 3.3 %. In the present study RD was diagnosed in 29 neonates out of 600 hundred births (4.8 %). There was a statistically significant higher frequency of RD in patients delivered by CS when compared with women delivered vaginally. Furthermore, patients delivered by elective CS had a statistically higher

frequency of RD when compared with those delivered by intrapartum CS.

As regards the reported causes of RD in the studied patients, it was noted that there is a significantly higher frequency of RDS among patients delivered by elective CS. While patients delivered by elective CS had a higher frequency of patients with TTN, the difference was statistically insignificant. This was also correct with persistent pulmonary hypertension (PPH).

In respect to the maternal factors, we didn't find a significant difference among the studied groups as regards maternal age, parity and weight.

Considering the neonatal risk factors, the present study found a statistically higher frequency of preterm deliveries in patients delivered by elective CS when compared with those delivered vaginally or by intrapartum CS.

Regarding the RD management interventions between patients delivered vaginally and patients delivered by CS, it has been shown that there is a higher frequency of need of advanced assisted ventilation in patients delivered by elective CS when compared with patients delivered vaginally or by intrapartum CS.