INTRODUCTION

Respiratory distress in newborn infants is common immediately after birth and is transient in most cases. However, when it persists, diagnostic procedures to determine the etiology and therapy are required to resolve the underlying problem ***(Kim, 2010).***

Risk factors for the development of neonatal respiratory distress include genetic susceptibility, prematurity, maternal diseases such as diabetes and delivery by caesarean section ***(Levit et al., 2009; Davis et al., 2009; Hansen et al., 2008)***.

Notably, the incidence of delivery by caesarean section (CS) has been steadily rising during the last decades. While 15.2% of all births in Germany were delivered by CS in 1991, this number has almost doubled to 28.0% in 2005 and nearly one third of all newborns is delivered by CS today ***(Heinzmann et al., 2009).***

Consequently, recognizing the complications conferred by CS to the newborns and their mothers is increasingly important,

particularly to give informed advice to couples asking about CS ***(ACOG, 2003).***

The potential benefits of CS regarding morbidity of fetus and mother should not overshadow that CS is a significant risk factor for respiratory problems of the neonate ***(Schuler Barazzoni and Roth-Kleiner, 2008).***

AIM OF WORK

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