Introduction

Resuscitation of the newly born infant presents a different set of challenges than resuscitation of the adult or even the older infant or child. The transition from placental gas exchange in a liquid-filed intrauterine environment to spontaneous breathing of air requires dramatic physiological changes in the infant within the first minutes to hours after birth ***(Neonatal Resuscitation Textbook, 2005).***

Approximately 5% to 10% of the newly born populations require some degree of active resuscitation at birth (e.g. stimulation to breath) ***(Saugstad, 2002),*** and approximately 1% to 10% born in the hospital are reported to require assisted ventilation ***(Palme-Kilander, 2002).***

More than 5 million neonatal deaths occur worldwide each year. It has been estimated that birth asphyxia accounts for 19% of these deaths, suggesting that the outcome might be improved for more than 1 million infants per year through implementation of simple resuscitative techniques ***(WHO, 2005).***

Although the need for resuscitation of the newly born infant often can be predicted, such circumstances may arise suddenly and may occur in facilities that do not routinely provide neonatal intensive care. Thus, it is essential that the knowledge and skills required for resuscitation be taught to all providers of neonatal care. With adequate anticipating, it is possible to optimize the delivery setting with appropriately prepared equipment and trained personnel who are capable of functioning as a team during neonatal resuscitation ***(Neonatal Resuscitation Textbook, 2005).***

At least 1 person skilled in initiating neonatal resuscitation should be present at every delivery. An additional skilled person capable of performing a complete resuscitation should be immediately available ***(Neonatal Resuscitation Textbook, 2005).***

Aim of work:

Evaluation of neonatal resuscitation measures in obstetric department Banha University Hospital.