Introduction

Sick neonate with respiratory difficulty (Distress) frequently become predisposed to hypoxaemia and hazardous haemdynamic changes, during even the most common treatment procedures such as; tracheal suction, the drowing of blood samples, ***(Kelly & finer 1984)*** or merely cring ***(growford et al., 1987).***

Marked physiological and behavioral changes (responses) to those noxious stimuli together with hormonal and metabolic responses such as; changes in endorphin, cortisol and glucose metabolism have been found to accompany various stressful situations in neonates. ***(Baden et al., 1973 and Anand 1992).***

The endogenous opioid system is thought to play an unique role in the adaptation to hypoxaemia during the fetal and neonatal period. ***(Hindmarch et al., 1984 and lou and Davis 1989).***

Pokela 1994, reported that the use of opioids could reduce hypoxia and hemodynamic instability associated with routine treatment procedures and handling neonates with respiratory difficulties.

Aim of the work

The aim of the present study is to evaluate the physiological changes in Beta endorphin, cortisol, blood glucose & the clinical response to various neonatal respiratory distress disorders.