# INTRODUCTION
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Birth asphyxia was defined in 1980, by Mulligan et al., as a delay of more than one minute in onset of spontaneous respiration at birth.

Birth asphyxia may take the form of failure to breath failure to expand the lungs, or both. Initial failure to breath is more common than initial failure to expand the lungs, although it is obvious that one will lead to the other.

Neontal asphyxia and intrauterine asphyxia occur when there is inadequate cellular perfusion and oxygenation. Hypoxic tissues begin anaerobic metabolism, producing metabolic acids that are initially buffered by bicarbonate. When the bicarbonate supply fails, acidosis ( ↓pH) occurs. (Golden and Peters, 1985).

The scoring system devised by the late Virginia Apgar has been widely used to quantitate the severity of birth asphyxia (Apgar, 1953). It has been shown that the

lower the score at birth the higher the neonatal mortality (Drage et al., 1964), and the higher the incidence of neurological sequelae (Drage et al., 1969) .

Severe perinatal asphyxia with failure to breathe spontaneously by 20 minutes is associated with a mortality rate greater than 50% and a risk of sevre neurological abnormality of up to 50% in survivors . (Nelson and Ellenberg, 1981).

Convulsions in these infants also correlated with adverse outcome. (Scott, 1976).

Irrespective of the severity of the initial asphyxial cerebral episode, further damage may occur as a result of cerebral oedema and intracranial hypertension (Levene and Evans, 1983).

Multiple organ systems can sustain damage secondary to the hypoxia and circulatory insufficiency of perinatal asphyxia (Wynn, 1985).

Birth asphyxia is a medical emergency, requiring immediate and proper intervention to prevent infant mortality or morbidity. Prevention, detection and treatment of fetal asphyxia is the responsibility of the obstetric team. Once diagnosed, therapeutic intervention should be coordinated between the obstetric and neonatal services to allow for a timely delivery and effective, coordinated resuscitation (Golden and Peters, 1985).

AIM :

The aim of the work is to review the current knowledge concerning the causes, diagnosis, pathophysiology, management, prognosis, sequelae and complications of Birth asphyxia.

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