

Abstract

Neonatal Respiratory Morbidity and Timing of Delivery at Term: Influence of Timing of Elective Caesarean Section

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Objective:

To establish whether timing of delivery after 39 weeks gestation influenced neonatal respiratory outcomes.

Methods:

This retrospective cohort study was conducted in Obstetrics and Gynaecology, UKM Medical Centre over a period of one year, from January 2011 till December 2011. All patients requiring elective caesarean section from July 2011 till December 2011 for various reasons were scheduled to undergo the surgery at 39 to 40 weeks. These patients were subsequently counselled and recruited. A retrospective data were collected from womens underwent elective caesarean section at 37 to 38 weeks from January 2011 till June 2011. The following neonatal outcomes were studied: death, adverse respiratory outcomes (respiratory distress syndrome (RDS) or transient tachypnea of the newborn (TTN), hypoglycemia, newborn sepsis, confirmed seizures, necrotizing enterocolitis, hypoxic ischemicencephalopathy, cardiopulmonary resuscitation or ventilator support within 24 hours after birth, umbilical-cord-blood arterial pH below 7.0, a 5-minute Apgar score of 3 or below, admission to the neonatal intensive care unit (ICU), and prolonged hospitalization (5 days or longer).

Results:

The number of infants with TTN associated with elective caesarean section after 37 to 38 weeks is 4/142 (2.8%) and 1/142 (0.7%) after 39 weeks. There were no neonatal morbidities like sepsis, hypoglycemia, required CPR or any form of ventilation or hospitalization more than 5 days.

Conclusion:

The number of infants with TTN associated with elective caesarean section after 37 to 38 weeks is 4/142 (2.8%) and 1/142 (0.7%) after 39 weeks.