Clinical, etiological and therapeutic profile of respiratory distress in term newborns: About 250 cases

Fairouz Ayari
El Manar University of Tunis, Tunisia

Background: Respiratory distress at the full term newborn is one of the commonest cause of admission to the neonatal intensive care unit and a major factor of neonatal mortality. This study aimed to assess the prevalence, clinical features and management of neonatal respiratory distress in the term newborn.

Methods: This was a retrospective study, which concerned the full term newborns admitted for respiratory distress at the neonatology department of the maternity and neonatology center of Tunis during 2016.

Results: There were 14294 live newborns including 250 cases of respiratory distress. The incidence was 17/1000 live births. The delivery rate by caesarean section was 60.8%. Caesarean section was elective in 40% of the cases. The most common cause was transient tachypnoea of newborn (32.8%) followed by neonatal infection (28%). Hyaline membrane disease was responsible for 11.2% of respiratory distress. Congenital heart diseases were recorded in 7.2% of the cases. 71.2% of newborns were treated with probabilistic antimicrobial therapy of maternal-fetal infection. 99 cases were artificially ventilated. The use of vasoactive drugs was recorded at 46 newborns. The hospital mortality rate was 19.8%. The cause of death was mainly related to congenital heart diseases.

Conclusion: Respiratory distress at full term newborns is still an important problem in our neonatal intensive care unit, especially due to transient tachyphnoea of newborn and neonatal infection. The progress made in its management is related to a better organization of perinatal care and development of respiratory resuscitation. This requires close collaboration between obstetricians and neonatologists.

feirouz.ayari@gmail.com