MORBIDITY AND MORTALITY IN NEONATAL INTENSIVE CARE UNIT (NICU) OF AIN SHAMS UNIVERSITY HOSPITALS

THESIS

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The candidate

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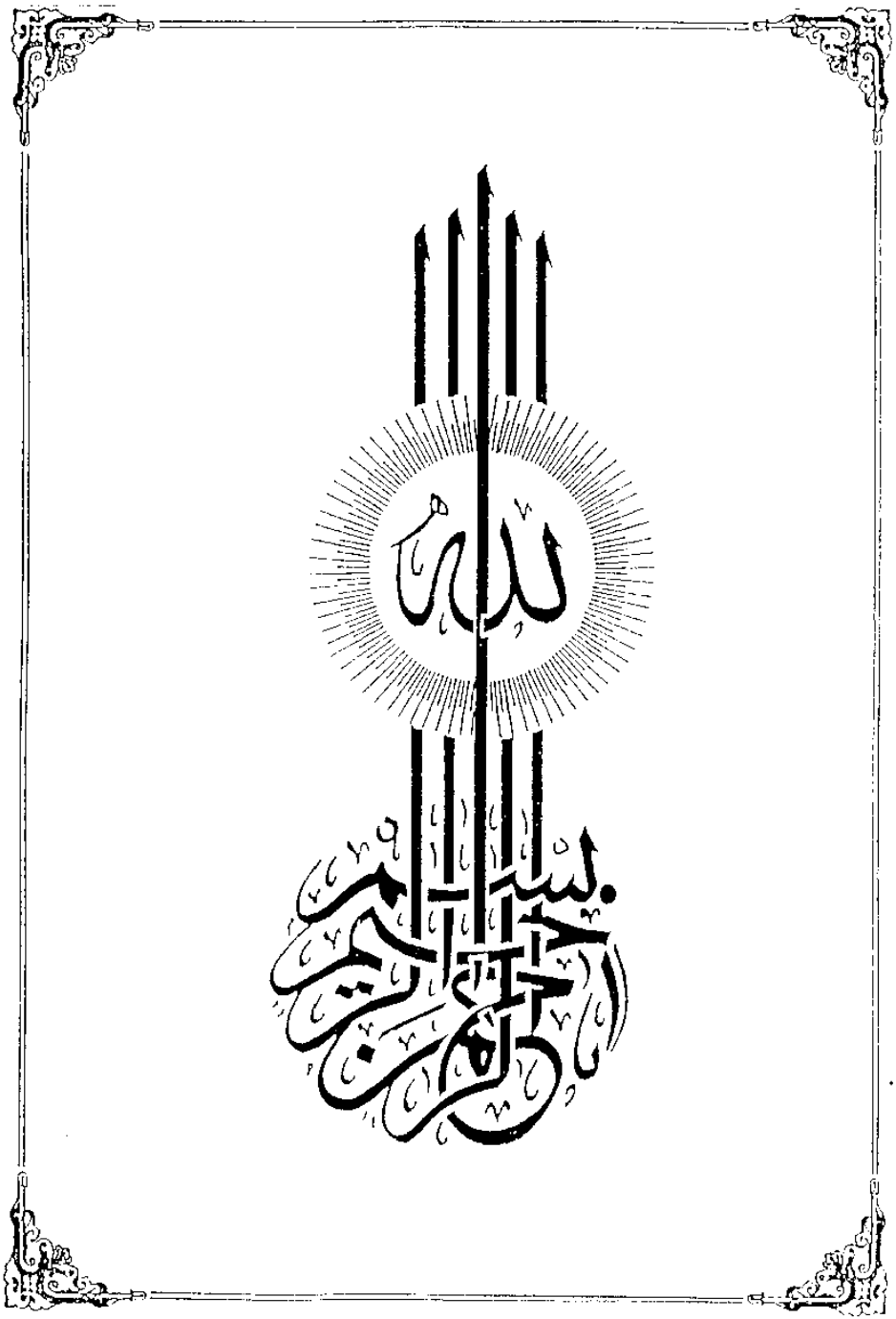

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ABBREVIATIONS

BPD	Bronchopulmonary dysplasia
CHD	Congenital heart diseases
CMV	Cytomegalovirus
Co	Carbon monoxide
DIC	Disseminated intravascular coagulopathy
FFT	Free fatty acids
GBS	Group B beta-hemolytic streptococci
Hb	Hemoglobin
HBsAg	Hepatitis B surface antigen
HIE	Hypoxic-ischemic encephalopathy
HIV	Human immunodeficiency virus
HMD	Hyaline membrane disease
IDM	Infant of diabetic mother
IUGR	Intrauterine growth retardation
L/S	Lecithin/sphingomyelin
MAS	Meconium aspiration syndrome
MLBW	Moderate low birth weight
PDA	Patent ductus arteriosus
PROM	Premature rupture of membranes
RDS	Respiratory distress syndrome
RR	Respiratory rate
TTT	Transient tachypnea of the newborn
VLBW	Very low birth weight
VSD	Ventricular septal defect

Introduction

INTRODUCTION

Neonatology is a vital subspeciality of pediatrics.

Care of the newborn and especially low birth weight infants has gone through many revolutions in the past two decades.

Recent vital statistics revealed that in most of the developed countries infant mortality has decreased reaching less than 15 per 1000 live births. The major component of this decline has been in neonatal mortality which has been brought by neonatal intensive care (*Chen et al.*, 1990).

The survival of very low birth weight (VLBW) babies has improved (45.5% to 75.8% alive) as a result of advances in neonatal intensive care (*Ho*, 1991).

Improvements in neonatal intensive care have lowered the limit for the possible survival to 26 weeks of gestational age and 700 g birth weight (*Vermeylen et al.*, 1992).

However, outcomes for extremely premature, very low birth weight infants (500 to 750 g) remain uneven (*Young, et al.*, 1990).

Several studies have shown that both mortality and long term morbidity of very low birth weight infants (less than 1500 g) are lower by approximately 50% in infants born in perinatal centers with a neonatal intensive care unit adjacent to the delivery rooms compared with outborns (*Kamp et al.,* 1991).

Aim of the Work

AIM OF THE WORK

The aim of this study is to review the morbidity and mortality in the past four years in both NICU of Ain Shams University Hospitals (i.e. Gynecology and Obstetrics Department and Department of Pediatrics).

Review of Literature

THE HIGH RISK NEWBORN

Definition

The high risk is any infant, regardless of length of gestation or birth weight, who will require, or is expected to require, special medical attention to survive. This medical attention may be required before, during or after birth (*Eubanks and Bone,* 1990).

Classification of High Risk Neonates due to:

1. Maternal conditions.
2. Fetal conditions.
3. Conditions of labour and delivery.
4. Immediate neonatal conditions.