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بسم الله الرحمن الرحيم

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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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يجب أن

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بعض الوثائق الاصلية تالفة

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بالرسالة صفحات لم ترد بالاصل

ROLE OF PHONIATRICIAN IN NEONATAL INTENSIVE CARE UNIT

Essay

Submitted for the Partial Fulfillment of

the Master Degree in Phoniatrics

B4978

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2000

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INTRODUCTION

The neonatal period (the first 28 days of life) is a highly vulnerable time for the infant, who is completing many of the physiologic adjustments required for extrauterine existence. The high neonatal morbidity and mortality rates point to the fragility of life during this period. In the United States, of all deaths occuring in the first year, two thirds are of new born infants *(Alo et al., 1993)*.

The infant's intrauterine to extrauterine transition requires many biochemical and physiologic changes. No longer dependant on maternal circulation via the placenta, the newborn's pulmonary function is activated for self sufficient respiratory exchanges of oxygen and carbon dioxide. Many of the newborn's special problems are related to poor adaptation due to asphyxia, premature birth, life threatening congenital anomalies or adverse effects of delivery *(Catlin et al., 1986)*.

Over the past few years, several new tests for assessing and monitoring fetal well-being before and during labour have been developed. These tests help the physician to anticipate and to care for a depressed or asphyxiated newborn. Bradycardia is a cardinal sign of hypoxia, and if persistent it can lead to a fall in fetal cardiac output thus worsening fetal acidosis and distress *(Alo et al.,1993)*.

The most dramatic events in growth and development occur before birth. These changes represent somatic

transformation of a single cell into an infant.

Behavioural and psychologic developments in the fetus and the parents are also significant. The uterus,although offering a degree of protection, is permeable to social, ,psychological and environmental influences such as maternal drug use. The complex interplay between the fetus and physical transformations occuring in utero, shapes infants as they appear at birth and throughout infancy *(Needleman, 2000).*

Mortality and morbidity are highest during the perinatal period . 30% of pregnancies end in spontaneous abortion ,most often during the 1st trimester as a result of chromosomal or other abnormalities . Major congenital malformations requiring neonatal surgical intervention occuring in approximately 2% of live births . Teratogens associated with gross physical and mental abnormalities include various infectious agents (Toxoplasmosis, rubella ,syphilis),chemical agents (mercury , thalidamide, antiepileptic medications,ethanol),high temperature and radiation *(Needleman,2000)*

For any potential teratogen , the extent and nature of teratogenicity of the host as well as the dose and timing of the exposure affect the fetus . Organ systems are most vulnerable during period of maximum growth and differentiation, generally during the 1st trimester (organogenesis) *(Needleman,2000).*

Teratogenic effects may include not only gross physical