

ORONASOPHARYNGEAL SUCTION VERSUS NO SUCTION IN NORMAL AND TERM INFANTS DELIVERED VAGINALLY IN AFZALIPOOR HOSPITAL, 2008: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL

V. Modarresnejad

Obstetrics & Gynecology, Kerman University, Kerman, Iran

Introduction: Childbirth is a natural process that over the years has become fraught with interventions that are not evidence based. One of these interventions is oronasopharyngeal suction (ONPS). ONPS has been routine practice in the initial management of normal term newborns delivered vaginally or by cesarean section. There are controversies about the routine use of ONPS in healthy infants. This study aimed to compare the effects of ONPS with those of no suction in normal, term infants delivered vaginally.

Material and methods: 170 term, healthy newborns of first and single uncomplicated pregnancies with clear amniotic fluid, vertex presentation and no sign of fetal distress that were delivered vaginally, were prospectively randomized to one of two groups according to the use of ONPS procedure. Differences of oxygen saturation levels, heart rates, respiratory rates, blood gases of umbilical cord and Apgar scores were determined.

Results: The mean SaO₂ values through the 1, 3, 5 and 10 minutes of life were similar in two groups.

The maximum time to reach SaO₂ was shorter in the no suction group than in the ONPS group (9.42 vs 11.18). The mean heart rate, RR and Apgar score were similar in two groups. The mean PO₂ of umbilical artery was lower and mean PCO₂ was higher in no suction group.

Conclusion: There is no statistical or physiological basis for ONPS as a systematic procedure in healthy, term infants delivered vaginally. Also it has negative effects on levels of SaO₂.