DO ALL BABIES BORN WITH ELECTIVE SEZERIAN SECTIO NEED PEDIATRICIAN ATTENDANCE?

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Although attendance of a doctor in all neonatal births is gold standard, this attendance can not be provided because of lesser number of skilled health personnel. Nevertheless, in our institution a paediatrician assistant accompanies all sezerian sections (C/S).

In this study, 313 neonates of ≥ 35 GW, accepted as healthy who were born with elective sezerian section between June 2010-February 2011 were included.

1. Min Apgar score and 5.minute Apgar score were 8.1 ± 0.8 (5-9) and 9.3 ± 0.6 (5-10) respectively. 184 (58.8%) neonates were born due to repetitive C/S, 44 (14.1%) neonates were born with C/S due to head-pelvic incompatibility and 75 (23.9%) neonates were born with C/S due to different other causes. 55.6% of mothers had spinal, 33.3 % had general and 9.8% had epidural anaesthesia .

251 (77.5%) neonates need starting procedures of NRP, 130 (40.1%) neonates need free oxygen and 23 (7.1%) neonates need positive pressure ventilation . 10 (3,2%) neonates were hospitalized in NICU due to transient Tacypnea of neonate. Due to need of starting procedures ($p < 0.001$), free oxygen ($p=0.22$) and positive pressure ventilation, the least risk group were born after spinal anaesthesia. The need for resuscitation was not different between neonates were born in 35-37 week and neonates were born ≥ 38 week.

As a result in hospitals in which one can reach a health personnel skilled in advanced resuscitation, a staff who had NRP certificate can attend the births that had no risk antenatal and is more than 35 gestational week.