Conclusion: The improvement of these indicators is attributed to the improvement of the conditions of women; following, screening and the taken in charge of high risk pregnancies. As well as the improvement of the taken in charge of the newborns in work-room.

Background: The 2010 Neonatal Resuscitation Guidelines recommend pretectual transcutaneous oxygen saturation (SpO2) monitoring at birth in preterm and/or non reactive and/or hypotonic newborns. Previous studies have assessed SpO2 showing that SpO2 immediately after birth is higher in newborns by Vaginal Delivery (VD) vs. Caesarean Section (CS). This difference has never been investigated in newborns by Emergency CS (presence of labour) vs. Elective CS (absence of labour).

Objective: To compare SpO2 in newborns by Emergency CS vs. Elective CS in the first minutes of life.

Methods: The study included healthy newborns at term by Emergency CS, Elective CS and by VD as control group. Infants receiving supplemental O2 or assisted ventilation were excluded. SpO2 was recorded for the first 10 minutes of life using a Masimo Radical-7 pulse oximeter probe (Masimo, Irvine, CA) applied to the right hand.

Results: We studied 24 newborns by Emergency CS, 57 by Elective CS and 47 by VD. The SpO2 gradually improved during the first 10 minutes of life in all groups (p < 0.0001). The SpO2 were similar in the tenth minute of life in all the 3 groups, but it was always higher in newborns by Emergency CS as well as by VD than in those by Elective CS from minute one to minute nine (p < 0.05).

Conclusions: SpO2 in newborns by Emergency CS in the first minutes of life is higher than in those born by Elective CS as well as in newborns by VD vs. Elective CS.

Background and Aim: Full term neonates represent a significant proportion of neonatal admissions. The aim of this study was to see the characteristics of this group in the largest neonatal unit in the capital and how these could be reduced to decrease the burden on the neonatal unit.

Patients and Methods: All full term neonatal admissions to the neonatal unit in Al-Bashir hospital over a period of 6 months (January 2011–June 2011) were included. A special questionnaire was filled which included the various characters of the group, sex distribution, birth weight, reason for admission, duration of hospitalisation and outcome.

Results: During this period a total of 855 FTNN were admitted representing 47.6% of total admissions, 80% were admitted on day one, 60% were normal vaginal delivery. 90% were in born, respiratory distress was the main cause of admission, 32%, IUGR 14.7%, NN11.6%, IODM 8%, ASPHYXIA 7%, 50% were hospitalised for 1–3 days, mortality rate was 5%, 62% of which were due to asphyxia, 30% were due to congenital malformations.

Conclusion: FTNN represent a significant proportion of all admissions. The main reason for admission is respiratory distress, and the main reason for mortality is asphyxia, 50% are hospitalised for 3 or less days. A good nursery with intermediate care would decrease the load on the neonatal unit.

Background and Aim: Full term neonates represent a significant proportion of neonatal admissions. The aim of this study was to see the characteristics of this group in the largest neonatal unit in the capital and how these could be reduced to decrease the burden on the neonatal unit.

Patients and Methods: All full term neonatal admissions to the neonatal unit in Al-Bashir hospital over a period of 6 months (January 2011–June 2011) were included. A special questionnaire was filled which included the various characters of the group, sex distribution, birth weight, reason for admission, duration of hospitalisation and outcome.

Results: During this period a total of 855 FTNN were admitted representing 47.6% of total admissions, 80% were admitted on day one, 60% were normal vaginal delivery. 90% were in born, respiratory distress was the main cause of admission, 32%, IUGR 14.7%, NN11.6%, IODM 8%, ASPHYXIA 7%, 50% were hospitalised for 1–3 days, mortality rate was 5%, 62% of which were due to asphyxia, 30% were due to congenital malformations.

Conclusion: FTNN represent a significant proportion of all admissions. The main reason for admission is respiratory distress, and the main reason for mortality is asphyxia, 50% are hospitalised for 3 or less days. A good nursery with intermediate care would decrease the load on the neonatal unit.