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## Neonatal morbidity and mortality for repeated cesarean section vs. normal vaginal delivery to uncomplicated term pregnancies at Srinagarind Hospital.

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### ABSTRACT

To evaluate the morbidities and mortality of neonates delivered by elective repeated cesarean section vs. normal vaginal delivery among women with uncomplicated term pregnancies.

A retrospective descriptive study was done between January 2009 and December 2011 to determine the morbidities and mortality among uncomplicated term pregnancies at Srinagarind Hospital. Three hundred seventy two neonates delivered by elective repeated cesarean section vs. 1,581 by normal vaginal delivery.

A significantly greater number of neonates in the elective repeated cesarean section group required oxygen for neonatal resuscitation compared to neonates in the normal vaginal delivery group (37.6% vs. 20.9%,  $p < 0.001$ ). Neonates delivered by elective repeated cesarean section were more frequently admitted to the neonatal intensive care unit (1.1% vs. 0%,  $p < 0.001$ ) and had longer hospital stays (4.56 +/- 2.45 vs. 4.07 +/- 1.44 days,  $p < 0.001$ ). The latter not only had a higher rate of respiratory distress syndrome (0.8% vs. 0%,  $p < 0.001$ ) and transient tachypnea of the newborn (3.2% vs. 0.3%,  $p < 0.001$ ), which required more respiratory support, they also had a higher rate of infection (2.4% vs. 0.8%,  $p < 0.05$ ) than neonates delivered by normal vaginal delivery. Neonates born by normal vaginal delivery, however had more birth trauma and hyperbilirubinemia than neonates born by elective repeated cesarean section (8.8% vs. 2.4%,  $p < 0.001$  and 31.8% vs. 22.6%,  $p < 0.05$ , respectively). There was no difference in the mortality rate between the groups.

Even among uncomplicated term pregnancies, cesarean section is associated with more neonatal respiratory morbidity and sepsis while those delivered by normal vaginal delivery tend to have a higher rate of birth trauma and hyperbilirubinemia. Clinicians should therefore be concerned about the route of delivery and the probability of

negative neonatal outcomes.

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