Early perinatal outcome in cases delivered through Caesarian section following clinical diagnosis of severe foetal distress at Kenyatta National Hospital.

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Abstract:

OBJECTIVES: To determine the value of clinical foetal distress in predicting early perinatal outcome. DESIGN: Prospective cohort study. SETTING: Kenyatta National Hospital.
SUBJECTS: Fifty eight newborns delivered via Caesarian section with a diagnosis of clinical foetal distress were compared with another group of 58 newborns delivered similarly, but without clinical foetal distress. RESULTS: Newborn acidemia was found in 71% of newborns with clinical foetal distress in contrast to 17% in newborns without foetal distress. Low Apgar score at one minute was noted in about 59% of newborns with foetal distress compared with 31% in newborns without foetal distress. Similarly, 24.1% of neonates with clinical foetal distress had low Apgar score at five minutes compared with 3.4% in those without foetal distress. Thirty one percent of newborns with clinical foetal distress were admitted to newborn unit for more than 24 hours due to respiratory distress or birth asphyxia compared to 17% of those without foetal distress. The incidence of morbidity and or mortality in newborns exposed to foetal distress was twice the one of newborns without foetal distress. CONCLUSION: The results obtained in this study agreed with those who consider intrapartum passage of meconium and abnormal foetal heart rate and rhythm to signify clinical foetal distress that carries bad prognostic outcome. These two parameters should still be used to indicate foetal distress which requires immediate institution of supportive therapy and immediate delivery.