Neonatal Respiratory Distress Syndrome - A Review

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Abstract

Respiratory distress syndrome (RDS) is an important cause of mortality and morbidity in preterm neonates. With the increasing number of preterm deliveries globally according to the World Health Organization, it is imperative to consider a safe place for delivery and a good obstetric care to start with. Antenatal steroids are helpful not only in reducing the risk of RDS but also reducing necrotizing enterocolitis (NEC) and Intraventricular hemorrhage which further improves the outcome of a preterm delivery. Delayed cord clamping is recommended as it reduces mortality in preterm newborns. Use of optimal oxygen and getting CPAP into the delivery room has improved the outcome and reduced the need of mechanical ventilation thus reducing the risk of Chronic Lung Disease (CLD). Timing the administration of surfactant is important to avoid mechanical ventilation. The increasing use of non-invasive ventilation has reduced ventilator induced lung injury and CLD. Many have embraced Heated Humidified High Flow Nasal Oxygen (HHHFNC) as an alternative to CPAP and its use has increased in view of its ease of use and lesser trauma. Caffeine facilitates early extubation in intubated preterms on ventilators and improves neurodevelopmental outcome. Adequate nutrition and proper temperature control starting from the point of delivery cannot be emphasized enough for this group of population.

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