Neonatal Obstetric Trauma in a Hospital in the Suburbs of Dakar, Senegal

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Abstract

Introduction: Neonatal obstetric traumas remain an important cause of morbidity-mortality. The objective of this study was to study obstetric traumatic lesions of the new-born in the paediatric department of the Centre hospitalier

- e number of tetanus toxoid vaccine doses received.
- e biological assessment.
- Obstetric ultrasound.

Per-natal data:

- Place of delivery.
- e quU] cUf]on of the birth attendant.
- e term of pregnancy established from the date of the last menstruation or from the early ultrasound.
- e mode of presentation: cephalic, breech.
- Mode of delivery: vaginal, instrumental extraction, caesarean section.
- e Apgar score in the 5th minute divided into 3 groups: Apgar lower than 4, between 4 and 7 and higher than 7.
- e cry of the new born at birth.
- Birth weight assessed within one hour of birth using a scale of 10 gram precision.

Post-natal data:

- e age of the child at the time of diagnosis.
- Neonatal obstetric trauma observed.

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Variables		No. of persons	Percentage (%)
Delivery place	In born	37	61.7
	Out born	23	38,3
Qualification of birth attendant	Midwife	48	80
	Medical officer	10	16.6
	Nurse	1	1.7
	Matrone	1	1.7
Pregnancy term	At term	57	95
	Not at term	3	5
Presentation	Céphalic	58	96.7
	Breech	2	3.3
Delivery mode	Vaginal	54	90
	Vaginal assisted by instrument	4	6.7
	Caesarean	2	3.3
Perineal lesions	Tearing	14	23.3
	Episiotomy	14	23.3
	Intact perineum	32	53.4
Apgar at birth	< 4	4	6.7
	(4-7)	30	50
	>7	26	43.3
Scream at birth	Yes	48	80
	No	12	20
Birth weight	3500 grams	24	40
	>3500 grams	36	60

Table 2: Perinatal and neonatal data.

Discussion

Our aim was to study the epidemiological characteristics of newborns with obstetric traumatic lesions and those of their mothers in order to identify the risk factors and associated factors with these lesions (Table 3).