

RESPIRATORY CONDITIONS OF THE NEONATE

	Transient Tachypnea of the Newborn (TTNB)	Meconium Aspiration Syndrome (MAS)	Respiratory Distress Syndrome (RDS)	Pneumonia
Gestational Age	Varies – usually term	Term, post-term, SGA	Pre-term, IDM	Varies
Etiology	Delayed re-absorption of fetal lung fluid	Aspiration of meconium stained amniotic fluid	Surfactant deficiency	Pneumococcus Staph pneumonia Group B strep
Contributing Factors	C-Section Precipitous delivery	Intrauterine stress IUGR Postmaturity Breech delivery	Prematurity Maternal Diabetes	Prematurity MAS PROM Maternal Fever or UTI Prolonged labor
Complications	Almost none	Pneumothorax Pulmonary air leaks Hypoxic damage to vital organs (brain, kidneys, liver)	Vent complications BPD PDA ROP BPD NEC IVH	DIC Shock Hypoperfusion
Clinical Picture	Tachypnea Nasal flaring Grunting Mild cyanosis Easy to oxygenate	Tachypnea Respiratory distress Cyanosis High oxygen concentration to relieve cyanosis Barrel shaped chest	Tachypnea Retractions Grunting Nasal flaring Cyanosis High oxygen concentrations needed to relieve cyanosis	Latent period then acute onset of respiratory distress Apnea early on Increasing need for oxygenation and respiratory support
CXR	Initail – similar to RDS	Over-aeration Air trapping	Under-aeration Ground gas appearance –	Similar to RDS Patchy infiltrates
Clinical Course	Oxygen therapy Resolves within 48-72 hours No residual problems	Respiratory support Mortality high if develop severe respiratory distress	Progressive hypoxia and hypercapnea Administration of surfactant Respiratory support Possible BPD	Respiratory support Antibiotics Death depending on the organism