

**“A STUDY OF RESPIRATORY DISTRESS IN TERM NEONATES
IN EARLY NEONATAL PERIOD”**

Dissertation submitted to

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

In partial fulfillment for the award of the degree of

DOCTOR OF MEDICINE

IN

PAEDIATRICS

BRANCH VII



GOVERNMENT THENI MEDICAL COLLEGE AND HOSPITAL

THENI

APRIL 2017

CERTIFICATE

This is to certify that the dissertation entitled “**A STUDY OF RESPIRATORY DISTRESS IN TERM NEONATES IN EARLY NEONATAL PERIOD**” submitted by **Dr.P.NIROSHA** to the Faculty of Paediatrics, The Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfillment of the requirement for the award of M.D. Degree Branch VII (Paediatrics) is a bonafide research work carried out by her under our direct supervision and guidance.

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DECLARATION

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ACKNOWLEDGEMENT

It is with immense pleasure and privilege that I express my heartfelt gratitude, admiration and sincere thanks to my guide **Prof. Dr.NANDINI KUPPUSAMY**, Professor and Head of the Department of Pediatrics, for her guidance and support during this study.

I express my sincere thanks and gratitude to **Prof. Dr.M.BALASUBRAMANIAN** for his support and for his guidance, supervision, constant encouragement and support throughout this study.

I would like to profoundly thank, **Associate Prof. Dr.D.SIVAKUMARAN** for his timely and able guidance and encouragement while undertaking this study.

I also thank all the members of the Dissertation Committee for their valuable suggestions.

I gratefully acknowledge the help and guidance received from **Asst. Professors Dr.S.SANGEETH, Dr.P.REGUPATHY, Dr.R.ILANGO VAN, Dr.A.VIDHYA DEVI, Dr.P.PERIYASAMY, Dr.M.KRITHIKA, Dr.VASANTHAMALAR and Dr.R.JEGADHESH** for their constant support and suggestions during this study.

I thank the Dean and the members of Ethical Committee, Government Theni Medical College and Hospital, Theni for permitting me to perform this study.

I thank all the parents and children who have ungrudgingly lent themselves to undergo this study without whom this study would not have seen the light of the day.

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Word count: 10,935
Character count: 61,845
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Submission ID: 710211480

INTRODUCTION

Respiratory distress is one of the most common cause of admission(30- 40%) in Neonatal Intensive Care Unit and accounts for 20% of neonatal mortality in India(1). Incidence of respiratory distress varies from 0.7 % to 8.3% of live born babies in India(2). Babies with respiratory distress are 2-4 times more likely to die than those without respiratory distress. It results from a variety of disorders of respiratory and non-respiratory etiology. Among them, transient tachypnoea of newborn, respiratory distress syndrome and perinatal asphyxia are commonest causes. Although respiratory distress may represent a benign, self limited process, it may also be the first sign of sepsis or serious cardiopulmonary disease. The overall incidence of respiratory distress in term babies is (4.2%). Early diagnosis and management can reduce the morbidity and mortality in the neonatal period.

Identification of the cause of respiratory distress is important for planning and provision of facilities for these babies and thereby achieving reduction in neonatal mortality. In India only very few studies on cause of respiratory distress in term babies are available. Results of such studies are also variable in different centres.

In this juncture, this study will help us to identify the causes of respiratory distress in our centre and determine the strategies to improve the outcomes in these babies.

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No Service Currently Active

ABBREVIATIONS

aEEG- Amplitude Integrated EEG.

ANC- Absolute Neutrophil Count

BA-Birth Asphyxia

CCHD- Cyanotic Congenital Heart Disease

CDH- Congenital Diaphragmatic Hernia

CHD- Congenital Heart Disease

COA- Coarctation of Aorta

CPAP-Continuous Positive Airway Pressure

CXR-Chest X Ray

DTR- Deep Tendon Reflex

ECMO- Extra Corporeal Membrane Oxygenation

ELBW-Extreme Low Birth Weight

EOS- Early Onset Sepsis

GA-Gestational Age

HFJV-High Frequency Jet Ventilation

HFOV-High Frequency Oscillatory Ventilation

HIE- Hypoxic Ischemic Encephalopathy

HLHS- Hypoplastic Left Heart Syndrome

HMD- Hyaline Membrane Disease

ICR- Intercostal Retractions

iNO- Inhaled Nitric Oxide

IUGR-Intra Uterine Growth Retardation

IVH-Intraventricular Hemorrhage

LOS-Late Onset Sepsis

MAS-Meconium Aspiration Syndrome

MODS- Multiple Organ Dysfunction Syndrome

MV- Mechanical Ventilation

NICU- Neonatal Intensive Care Unit

NPO- Nil per Oral

PDA- Patent Ductus Arteriosus

PFO-Patent Foramen Ovale

PGE1- Prostaglandin E1

PPHN- Persistent Pulmonary Hypertension of Newborn

PROM-Prolonged rupture of Membranes

PS- Pulmonary Stenosis

PVR-Pulmonary Vascular Resistance

RDS-Respiratory Distress Syndrome

SCR- Sub Costal Retractions

SP B –Surfactant Protein B

SP C- Surfactant Protein C

SSRI- Selective Serotonin Reuptake Inhibitor

TAPVC- Total Anomalous Pulmonary Venous Connection

TGA- Transposition of Great Arteries

TR- Tricuspid Regurgitation

TTN-Transient Tachypnea of newborn.

V/Q- Ventilation Perfusion

VLBW-Very Low Birth Weight

CONTENTS

S. NO.	CONTENTS	PAGE NO.
1	INTRODUCTION	1
2	REVIEW OF LITERATURE	2
3	TITLE OF THE STUDY	35
4	AIM OF THE STUDY	35
5	MATERIALS AND METHODS	36
6	RESULTS AND OBSERVATION	39
7	DISCUSSION	73
8	CONCLUSION	84
9	LIMITATIONS	86
10	FUTURE IMPLICATIONS	86
11	ANNEXURES	
	➤ Bibliography	
	➤ Proforma	
	➤ Master Chart	

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Identification of the cause of respiratory distress is important for planning and provision of facilities for these babies and thereby achieving reduction in neonatal mortality. In India only very few studies on cause of respiratory distress in term babies are available. Results of such studies are also variable in different centers.

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REVIEW OF LITERATURE

In a study at Birdem titled “**Etiology of Respiratory Distress in Newborn – Experience in BIRDEM**” conducted by Haquea et al(3), out of 562 admitted cases 192 developed respiratory distress(34%). There was a male predominance with 64% of cases being males. Mortality rate in this study was 16.7%. Sepsis (40.6%) was the leading cause of death followed by Birth asphyxia(37.3%). The cause of respiratory distress was found to be TTN in 83 babies(43.2%), RDS in 58 babies(30.2%), Perinatal asphyxia in 48 babies(25%), septicemia in 31 babies (16.1%), congenital pneumonia in 23 babies(11.9%), CHD in 20 babies(10.4%), MAS in 3 babies(1.5%) and surgical causes in 4 babies(2.0%).

In a study by Sirageldin MK Abderlrahman et al(4) at Sudan “**Neonatal respiratory distress in Omdurman Maternity Hospital**” incidence of respiratory distress was 4.83% which constituted 56.5% of the NICU admissions. In this study also TTN was the commonest cause of respiratory distress(28%), followed by Sepsis(24%), HMD(15%), CHD(9%), MAS(6%), Other causes (18%). In this study also males were affected more contributing to 54% of the cases. Overall Mortality rate was 36% with HMD(13%) as the leading cause of death followed by Sepsis(8%) and congenital heart disease(5%).

In a study at Basrah by Assel Mohammed Wadi et al(5) titled “**Respiratory Distress in Full Term Neonates in the First Week of Life in Basrah Maternity**

and Children Hospital” out of 167 cases, it was found that 75 (44.9%) cases were due to Transient tachypnea of the newborn followed by birth asphyxia in 22(13.2%) cases; Meconium Aspiration syndrome was found in 16(9.6%) of cases, early sepsis in 14(8.4%), and Pneumonia in 13(7.8%). Congenital heart diseases was responsible for 3(7.8%) of cases, while Anemia was found in 7(4.2%) of total cases, pneumothorax in 5(3%) and Respiratory Distress Syndrome in only 2 (1.2%). Out of 167 cases , 103 (61%) were male babies and 64(39%) were females. Mortality rate in this study was 9%(15 cases). Sepsis(33%) and Birth asphyxia(33%) were the most common causes .

In **“A Clinical Study of Respiratory Distress In Newborn and its Outcome”** study by Santhosh et al(6) at Bangalore out of 553 total admissions 76 were due to respiratory distress (13.7%). The etiology being TTN in 35 cases(46%), RDS in 24 cases(31.5%), Birth asphyxia in 19 cases(25%), pneumonia and sepsis in 19 cases(25%), MAS in 6 cases(7.8%) , pneumothorax in 2 cases (2.6%) , CHD in 1 case (1.3%) and laryngomalacia in 1 case(1.3%). Out of 76 study cases, 6 (7.8%) expired.

In Keerti Swarnakar et al(7) study of **“Neonatal respiratory distress in early neonatal period and its outcome”** out of 855 NICU admissions, 140(16.3%) were due to respiratory distress. The commonest causes of respiratory distress in this study were transient tachypnea of newborn (TTN) 57 (40.7%), respiratory distress syndrome (RDS) 24 cases (17.2%), birth asphyxia 16 cases (11.4%) and Meconium aspiration syndrome (MAS) 13 cases (9.3%). Cesarean section was the most common

predisposing factor associated with the development of TTN and RDS (the most 2 common causes of respiratory distress in this study). The overall mortality rate of cases of respiratory distress in this study was 22.86%.

In Abhijit Dutta et al(8) study titled “**Spectrum of Respiratory Distress in Newborn: A Study from a Tertiary Care Hospital in Kolkata**” 152 NICU admissions were due to respiratory distress comprising 6.4% of all inborn admissions and 14.15% of sick newborns. Transient tachypnea of the newborn (TTN) was the commonest (32.23%) cause of respiratory distress followed by Pneumonia (24.35%), MAS (13.15%), Birth asphyxia (12.5%), RDS (7.9%), Cardiovascular (3.3%) and surgical causes (2.63%).

In a study titled **Clinical profile of neonates with respiratory distress** by Mamta Bajad et al(9) Hyaline membrane Disease was found to be the commonest cause of respiratory distress followed by Birth asphyxia, Pneumonia, Meconium aspiration syndrome, Tracheo-oesophageal fistula, Transient tachypnea of newborn, Congenital heart disease and others. Among these Mortality was highest in Hyaline membrane disease 93 (35.49%) followed by Birth asphyxia 54 (22.44%), Pneumonia 44 (18.03%), Congenital heart disease 7 (15.90%), Meconium aspiration syndrome 10 (13.69%), Tracheo-oesophageal fistula 10 (18.50).

In a Descriptive Study of Cases of Respiratory Distress in NICU in Ahmed Maher Teaching Hospital by Mohd. Zaazou et al(10) the following observations were made. The commonest causes of respiratory distress in the study were Transient tachypnea

of newborn (TTN) 78 cases (37.9%), Respiratory distress syndrome (RDS) 64 cases (31%), Meconium aspiration syndrome (MAS) 21 cases (10.2%), and Perinatal asphyxia 15 cases (7.3%). The study also showed Cesarean section was the most common predisposing factor associated with the development of TTN and RDS . The overall mortality rate of cases of respiratory distress in the study was 18.9% and Cases with Perinatal asphyxia were associated with the highest mortality rate (40%) followed by RDS (39%), and MAS (19%).

In a study conducted by Manas Ranjan Sahoo et al(11) **Clinicoetiological profile and risk assessment of newborn with respiratory distress in a tertiary care centre in South India** , Out of 100 newborns admitted with respiratory distress, 90% were of respiratory origin. In that, the most common cause was TTN (32%) but severe distress was contributed maximum by HMD (44.82% of severe distress).

In a study of **Respiratory distress of the term newborn infant** by Edwards et al(12) showed the increasing number of term infants delivered by elective cesarean section has increased the incidence of respiratory distress in neonates. Additionally the risk decreases with each advancing week of gestation. At 37 weeks, the chances are three times greater than at 39-40 weeks gestation.

In a study by Kim et al(13) in term neonates titled **Early Neonatal Respiratory Morbidities in Term Neonates** , A total of 260 term neonates with respiratory distress were enrolled in the study. The average gestational age was 38 ± 1.3 weeks, while the birth weight was $3,233.7\pm 462.0$ g. The most common respiratory disease

encountered in term neonates was TTN (n=98, 37.7%), followed by MAS (n=76, 29.2%), Spontaneous Pneumothorax (n=27, 10.4%), PPHN (n=24, 9.2%), Neonatal Pneumonia (n=19, 7.3%), and RDS (n=16, 6.2%). Incidence of TTN and RDS was higher in neonates aged <39 weeks than in those aged ≥39 weeks. Higher incidence of spontaneous pneumothorax and RDS was observed in neonates delivered before the onset of labor. The incidences of TTN, spontaneous pneumothorax, and RDS were higher in the elective cesarean section group before 39 weeks of gestation.

In a study titled **Transient tachypnea of the newborn: predictive factor for prolonged tachypnea** by kasap et al(14) found that Male gender, prematurity and delivery by cesarean section were the major risk factors for TTN. Parenteral furosemide had no effect on the clinical course of the disease.

In a study by Ersch J et al(15) **Increasing incidence of respiratory distress in neonates**. In the 30 years studied, the proportion of infants hospitalized with Respiratory distress increased from 1.9% to 3.8% of the whole neonatal population and from 30% to 53% of all infants admitted to a neonatal unit. The use of Mechanical ventilation decreased from 31% to 16%, nasal CPAP increased from almost 0% to 26% and surfactant administration increased from 0% to 53% in infants with hyaline membrane disease. Overall mortality decreased in infants with Respiratory distress from 15.5% to 3.5%. The incidence of Respiratory distress in infants admitted to neonatal units doubled over the last 30 years in a geographically defined neonatal population. This rise can predominantly be ascribed to infants with

birth weight >2500 g and may reflect the corresponding increase in the rate of caesarean section.

In a study of **Neonatal respiratory distress in a reference neonatology unit in Cameroon: a retrospective analysis of prevalence, predictors, etiologies and outcomes** by Tochie et al(16), Out of the 703 newborns included in the study 47.5 % of them had Respiratory distress . Acute fetal distress, elective caesarean delivery, APGAR score < 7 at the 1st minute, prematurity, male gender and macrosomia were independent predictors of Neonatal Respiratory distress. The major causes were neonatal infections (31%) and Transient tachypnea of the newborn (25%). Its neonatal mortality rate was 24.5%, mainly associated with neonatal sepsis and hyaline membrane disease.

In a study by Chandrasekar et al(17) titled **Clinical study of respiratory distress in newborn**, Transient tachypnoea of newborn (60%) was the commonest cause of newborn respiratory distress. Development of severe distress was more when onset is at 6 hours after birth (77%), duration persists more than 24 hours (65.5%) Oxygen requirement in number of days increases depending on diagnosis TTN 100% for <1 day, MAS 95.4% for 2 days and RDS 100% for 3 days. Ventilation was done in 3 cases and there was no mortality.

RESPIRATORY DISTRESS IN NEONATES

Respiratory distress is a common manifestation in neonates requiring admission. Its significance ranges from a self limiting process due to a delayed adaptation to the post natal environment to potentially lethal conditions. The underlying etiology for distress may be due to respiratory problem or non respiratory pathologies like neurologic, cardiovascular, metabolic, hematologic, or neuromuscular disorders, as well as reflection of sepsis, drug withdrawal, and other conditions such as severe anemia. A good history to identify the possible risk factors, clinical assessment of the newborn with supporting evidence from investigations helps in tailoring the management according to the etiology. While general supportive measures, including provision of supplemental oxygen, thermal support and provision of adequate fluid and calories are common to all newborns with respiratory distress. Specific intervention depends on accurate diagnosis. In the majority of infants, the respiratory illness will be self limited with full recovery, but management and outcome depend heavily on the underlying cause.

TRANSIENT TACHYPNEA OF NEWBORN

Transient tachypnea of the newborn (TTN) is the commonest cause of respiratory distress in term newborn. It is usually benign, resolving within 24 to 72 hours. Most of the affected newborns are born at late preterm or term. It occurs due to delay in the clearance of fetal lung fluid(18). The affected newborn presents with tachypnea,

minimal or no retractions, and occasionally cyanosis. The distress and decrease in oxygen saturation gets alleviated by supplying oxygen with $F_{iO_2} < 40\%$.

EPIDEMIOLOGY:

The following are risk factors for TTN:

- a) Cesarean section with or without labor
- b) Precipitous labour
- c) Preterm birth (including late preterm), at earlier gestations other comorbidities like Respiratory distress syndrome (RDS) also occur.
- d) Male gender(19)
- e) Macrosomia
- f) Maternal diabetes
- g) Family history of asthma
- h) Multiple gestations

CLINICAL PRESENTATION:

Onset of distress is within 6 hrs of birth , presenting as increased rate (tachypnea) , minimal to no retractions, grunting, nasal flaring and occasionally cyanosis . The distress is usually mild to moderate getting alleviated with supplemental oxygen at $F_{iO_2} < 40\%$. Hyperinflation due to airway obstruction and air trapping results in barrel

shaped chest. On auscultation bilateral air entry is adequate, crackles may be present. Distress starts improving and completely resolved within 12 to 24 hours in mild cases and lasts upto 72 hrs in severe cases.

CHEST X RAY:

Chest radiography in TTN shows retention of lung fluid especially in the perihilar region (sunburst pattern) due to dilated lymphatics, coarse, fluffy densities indicating alveolar edema, Hyperinflation with widening of intercostal spaces, fluid collections at interlobar fissure, occasionally mild cardiomegaly and mild pleural effusions may also occur. The radiological clearance in TTN starts by 12 to 18 hours and complete resolution occurs by 48 to 72 hours. This differentiates TTN from meconium aspiration and pneumonia. CXR also helps in excluding other etiologies like Lung malformations, respiratory distress syndrome and pneumothorax.

TREATMENT:

Management is essentially supportive by providing supplemental oxygen(20), as per the requirement. Severe cases may show response to continuous positive airway pressure (CPAP). If distress persists nasogastric feeds or intravenous fluids may be needed. Use of Diuretics is not beneficial(21). Although TTN is usually benign, supplemental oxygen therapy may result in complications. CPAP is associated with increased risk of air leak. TTN is a benign process with no risk of recurrence and excellent prognosis.

BIRTH ASPHYXIA

Perinatal asphyxia is one of the commonest cause for neonatal admission and contributes to major morbidity and mortality in newborns(22). It is a global problem affecting mainly the developing countries. Of the live born babies around 10 % require resuscitative efforts and extensive resuscitative efforts are needed only in <1% newborns. Following hypoxia the neuronal injury occurs in two phases, a primary phase followed by a transient period of recovery with possible therapeutic interventions and secondary phase(23). Reperfusion following a period of hypoxia also results in reperfusion injury due to free radical generation.

With improvement in resuscitative measures the proportion of asphyxia leading onto Hypoxic ischemic encephalopathy is on decline. Still, 5 to 10 / 1000 live born babies suffer from severe HIE and about one fourth of them are left with permanent neurological sequelae.

CLINICAL MANIFESTATIONS:

Antenatally IUGR with increased vascular resistance and absent or reversal of end diastolic flow on Doppler is the earliest indicator for fetal hypoxia.

In the intrapartum period, presence of fetal bradycardia and loss of beat-to-beat variability occurs in fetal cardiotocograph, Continuous fetal heart monitoring also shows variable or late decelerations. Especially in near term babies, these are indications for oxygen supplementation to the mother to reduce fetal hypoxia and

termination of pregnancy to decrease fetal neurological damage and death. Meconium staining of amniotic fluid is an indicator of fetal distress.

Postnatally, the affected newborn is depressed with a poor tone, absent or weak cry and absence of respiratory efforts. In the initial hours this hypotonia continues subsequently changing to hypertonia or normal tone. Pallor, cyanosis, apnea, bradycardia, and unresponsiveness to stimulation are also signs of HIE. Cerebral edema occurs in the the next 24 hours leading onto severe central nervous system depression. This results in seizures, which may be difficult to control with the conventional anticonvulsants. Although encephalopathy associated with the hypoxia is a main reason for seizures in these babies yet hypoglycaemia, hypocalcemia and infection should also be considered.

Other than central nervous system, hypoxia also leads to hypoxic injury of other vital organs resulting in multi organ dysfunction. Kidney is the most common organ to be involved resulting in acute kidney injury, followed by cardiac failure and cardiogenic shock, persistent pulmonary hypertension and gastrointestinal perforation.

DIAGNOSIS :

Imaging and electroencephalography are the principal investigations. MRI is preferred to CT to delineate the extent of injury(24). Amplitude-integrated electroencephalography (aEEG) are useful in predicting the long term outcome(25).

This procedure provides useful data in the therapeutic window period hence helpful in guiding therapy and prognosis.

TREATMENT:

Whole body (systemic) or selective cerebral therapeutic hypothermia reduces mortality or major neurodevelopmental impairment in term and near-term infants with HIE(26). Systemic hypothermia may result in more uniform cooling of the brain and deeper CNS structures, hence reduces neurological damage. But it is associated with various complications. Phenobarbitone is the first line antiepileptic for seizures. Phenytoin or lorazepam is used in refractory seizures. Status epilepticus, multifocal seizures and multiple anticonvulsant medications during therapeutic hypothermia, is associated with a poor prognosis.

Managing the multiorgan dysfunction associated with the condition is important. Hyperthermia leads to adverse neurological outcome hence should be avoided. Other supportive measures like adequate ventilation, BP, pH should also be ensured. Use of antibiotics to control infections is also needed.

PROGNOSIS:

The outcome of HIE, varies from complete recovery in milder cases to severe neurological damage and death in severe cases. The result of investigations like MRI and EEG are also useful in predicting prognosis. All survivors of moderate to severe HIE should be followed up for neurodevelopmental problems.

MECONIUM ASPIRATION SYNDROME

The passage of meconium in utero occurs in the setting of acute or chronic hypoxia and/or infection. This can result in aspiration of meconium in the intrapartum or postpartum period, by the gasping fetus or newborn respectively(27). Meconium-stained amniotic fluid is found in 10-15% of births and usually occurs in term or postterm infants. Meconium aspiration syndrome (MAS) develops in 5% of such infants(28); 30% require mechanical ventilation and 3-5% die. Meconium causes lung injury by stimulation of cytokines and release of inflammatory mediators(29). Aspirated meconium also causes inhibition of surfactant function(30). The infants are meconium stained and may be depressed and require resuscitation at birth.

CLINICAL MANIFESTATIONS:

Respiratory distress within the first few hours of birth, which manifests as increased respiratory rate, retractions, grunting, and cyanosis in severely affected newborns. Partial obstruction of airways causes air trapping by ball valve mechanism which may result in air leak syndromes. Hyperinflation of certain areas of the lung may lead to overdistended barrel shaped chest. Mild to moderate cases improves within 72 hrs, but when the disease is severe requiring mechanical ventilation, it carries a high risk for mortality. Tachypnea may persist for several days or even weeks.

CHEST RADIOGRAPH:

The classic roentgenographic findings are Diffuse, asymmetric patchy infiltrates, areas of consolidation, often worse on the right, Hyperinflation and Flattening of the diaphragm. A normal chest radiograph in a newborn with severe hypoxia with no cardiac anomaly should arouse the suspicion of pulmonary hypertension.

PREVENTION OF MAS:

Risk factors for meconium aspiration include:

1. Pre-eclampsia
2. Chronic diseases affecting cardiovascular or respiratory system.
3. Small for gestational age
4. Post term pregnancy.

Monitoring of all high risk mothers for fetal well being is essential for early identification of meconium passage. The risk of meconium aspiration may be decreased by rapid identification of fetal distress and initiation of prompt delivery.

TREATMENT OF MAS:

Treatment of the MAS includes supportive care and oxygen therapy for respiratory distress.

Oxygen Supplementation: Free flow oxygen given in mild cases

CPAP: When the requirement of FiO₂ exceeds beyond 40%, CPAP should be considered. CPAP is useful in reducing the distress, but the pressures must be tailored for each baby as CPAP may aggravate air trapping increasing the risk of air leak syndromes.

Mechanical ventilation: Babies with severe disease often require mechanical ventilation. While ventilating a baby with MAS high Peak inspiratory pressures are needed. PEEP should be minimum and expiratory time must be adequate to decrease the air trapping.

Extracorporeal membrane oxygenation (ECMO) may be needed for babies with refractory respiratory failure.

Surfactant: Meconium inhibits surfactant activity. Surfactant instillation may improve oxygenation and reduce pulmonary complications and the need for ECMO(31). But routine use of surfactant to treat MAS is not advised. However, it may be helpful in babies deteriorating inspite of standard therapy.

COMPLICATIONS:

Air leak syndromes (Pneumothorax or pneumomediastinum) complicate around 15% to 30% of babies with Meconium aspiration syndrome. Chances of air leak are increased by CPAP and Mechanical ventilation. Persistent pulmonary hypertension of

newborn complicates around 30% cases and increases the mortality associated with MAS.

PERSISTANT PULMONARY HYPERTENTION OF NEWBORN

Persistent pulmonary hypertension of the newborn (PPHN) is a condition that occurs due to defect in the transition from fetal circulation to neonatal circulation resulting in increased pulmonary resistance with right to left shunt across foramen ovale or ductus arteriosus(32). This persistence of fetal circulation results in decrease in blood flow to lungs and thereby decreases oxygenation at the pulmonary vascular bed resulting in systemic hypoxia.

EPIDEMIOLOGY:

Term and post term babies are at risk of developing Persistent pulmonary hypertension of the newborn (PPHN). The incidence ranges from 1/500 to 1,500 live birth. Risk factors are Perinatal asphyxia, Meconium aspiration, EOS, Respiratory distress syndrome, hypoglycemia, polycythemia, use of drugs like NSAIDS(33), SSRIs in third trimester leading to constriction of the ductus arteriosus , and pulmonary hypoplasia associated with anomalies like CDH, Potters sequence etc. PPHN is mostly idiopathic. But few may have decrease in levels of arginine and nitric oxide with a likely etiology of defect in the synthesis of nitric oxide(34).

CLINICAL MANIFESTATIONS:

In PPHN, onset of distress is usually immediately following birth or within the first 12 hours of life. Depending on the likely etiology the newborn may have severe cyanosis and increased respiratory rate with minimal retractions as in the case of polycythemia, hypothermia, hypoglycemia or marked distress in the form of grunting, nasal flaring, retractions and shock in cases of MAS, CDH, Hypoplasia of lung. The resultant myocardial dysfunction may culminate in cardiogenic shock. Hypoxia is usually more severe than expected.

DIAGNOSIS:

PPHN must be a differential diagnosis whenever a cyanotic baby is investigated.

A. The other possible differentials of a cyanotic newborn include Congenital heart disease, Parenchymal lung disease and Sepsis.

B. The affected newborn usually presents with respiratory distress and cyanosis. Some may show difference in extent of cyanosis in the preductal and postductal regions. Precordial pulsations, systolic murmur of TR, accentuated S2 are other findings in PPHN.

C. A PaO₂ or SpO₂ gradient of 10% or more between preductal (right upper limb) and postductal (lower extremity) indicates right to left shunt. Ruling out structural lesions in such a situation points to likelihood of PPHN.

D. CXR is either normal or reveals the associated anomalies like pulmonary hypoplasia.

E. An echo is mandatory to demonstrate right to left shunting and rule out structural anomaly.

TREATMENT

PPHN is an emergency needing urgent measures to correct hypoxia and improve perfusion to lungs. Failure to achieve this results in multiorgan dysfunction. Providing supportive measures helps in transition from the fetal circulation to neonatal circulation.

Supplemental oxygen: Oxygen supplementation forms the mainstay of therapy to decrease the pulmonary vascular resistance. Maintaining saturation between 90 to 98% provides adequate oxygenation avoiding the ill effects of hyperoxia.

Intubation and mechanical ventilation: Indications for mechanical ventilation in PPHN are: Persistent hypoxia inspite of maximum oxygen supplementation, Respiratory failure as evidenced by increased Paco₂ and decreased pH. Since the disease course is labile and outcome is variable, careful tapering of oxygen support is essential. The ventilator settings are adjusted, based on the underlying pathology leading to PPHN. In diseases involving the lung parenchyma, High-frequency oscillatory ventilation (HFOV) or high-frequency jet ventilation (HFJV) is preferred

especially in MAS. Also HFO plays a useful role in giving nitric oxide therapy in such cases(35).

Inhaled nitric oxide: Nitric oxide is synthesized by the vascular endothelium. Inhaled nitric oxide exerts its effect at the pulmonary vasculature causing its dilation with minimal or no systemic effect, thereby decreasing pulmonary vascular resistance selectively. It is also useful in reducing the need for extracorporeal membrane oxygenation. Methemoglobinemia is a serious toxicity at higher doses. Another serious complication observed is rebound hypoxia which occurs in case of sudden discontinuation of nitric oxide rather than tapering and stopping the drug after ensuring adequate oxygenation with minimal dose of iNO and $F_{iO_2} < 50\%$ (36).

ECMO: Its is a life saving treatment in around 75 to 85% cases carrying good prognosis even in cases failed to improve with inhaled nitric oxide therapy.

PROGNOSIS:

Survival depends on the pathology underlying the development of persistent pulmonary hypertension on newborn, associated conditions and the need for ECMO.

CONGENITAL HEART DISEASE

Congenital heart disease (CHD) is one of the commonest reason for admission to NICU with incidence upto 8 /1,000 live births(37) and leads to morbidity and mortality in the newborn. About 15% of these lesions are lethal in the newborn period itself.

Congenital heart diseases are classified into:

1. Acyanotic Congenital heart diseases and
2. Cyanotic congenital heart diseases (CCHD)

CCHD are further subdivided into diseases with:

- a. Normal to increased blood flow to the lung flow with intracardiac mixing (complete or incomplete) and
- b. Decreased pulmonary blood flow with intra cardiac right to- left shunt

CLINICAL EVALUATION:

Onset of symptoms varies in different cardiac lesions, being influenced by the changes occurring in the circulation after birth. Some lesions may not be evident before discharge. Hence identifying these conditions early is a difficult task. Many findings of cardiac disease like hypotension, hypoxia etc may also occur as a complication of various newborn conditions, making the diagnosis even more difficult especially in preterm babies.

Few symptoms pointing to cardiac illness include: Respiratory distress in the form of increased rate, retractions, difficulty in feeding in the form of suck rest suck cycle, forehead sweating, and lethargy. Cyanosis is evident in cyanotic heart diseases, pallor may also be present in certain conditions. Weight gain is poor in these babies. These

symptoms are non specific and are not pathognomonic of cardiac lesions alone, and in three fourth of the newborns, these symptoms doesn't occur.

Cyanosis is an important finding of cyanotic heart disease but is difficult to appreciate in first 2 days of life as well as in darkly pigmented newborns. Pulse oximetry is useful in such cases, with a post ductal oxygen saturation <95% indicating the possibility of CHD.

Respiratory disorders also result in central cyanosis making the distinction of these two conditions difficult. The hyperoxia test(38) is valuable in ruling out pulmonary disorders and establishing an underlying cardiac disorder. Decreased respiratory drive from CNS due to diseases like Hypoxic ischemic encephalopathy may also result in cyanosis due to hypoxemia.

MANAGEMENT:

Establishing the diagnosis early is vital for provision of immediate measures like PGE1 which increases the likely hood of survival(39). Diagnosis is based on clinical suspicion, Chest Radiograph, Electrocardiography and Echocardiography. Treatment is essentially guided by the underlying cardiac pathology. Supportive measures, supplemental oxygen, antifailure measures if needed and planning for surgery are the treatment options for cardiac disease.

NEONATAL SEPSIS

Sepsis complicates almost all disease process affecting the newborn and is a major cause for neonatal morbidity and mortality.

TYPES:

Based on the onset it is categorised into

- I. Early onset Sepsis (EOS) - onset within 72 hours (some studies upto 7 days) of life.
- II. Late Onset Sepsis.(LOS) - after 4th or 8th day of life.

This is important to suspect the possible risk factor and thereby the organisms leading to sepsis and helps in choosing the appropriate antibiotic regimen.

EOS is mostly due to maternal vaginal flora and the perinatal risk factors, whereas LOS is mostly due to environmental factors leading to infection by hospital or community acquired organism(40). Hence the pathogens leading to sepsis varies with time. Till few years ago, Strep. pneumoniae and Group A streptococcus were the most common organisms causing sepsis. This has changed and Group B streptococcus and E.coli are the common pathogens at present(41). These are the likely organisms in most of the developed countries, data regarding developing countries are lacking but Group B streptococcus is less common whereas Klebsiella species and Staphylococcus aureus are the more likely pathogens in developing world.

CLINICAL MANIFESTATIONS:

There is no typical feature for sepsis. The manifestations are nonspecific:

- i. Fever or Hypothermia
- ii. Poor feeding / Lethargy
- iii. Irritable / Inconsolable cry
- iv. Respiratory distress and apnea
- v. Vomiting and Jaundice

These features may also be present in encephalopathy and inborn errors of metabolism also making the exact diagnosis of sepsis difficult in regions with poor lab facilities. Definition of sepsis is by presence of bacteremia in blood culture. Other infectious foci like pneumonia, meningitis and UTI may also be present.

Presence of risk factors and symptoms suggesting of sepsis point towards the diagnosis. Maternal fever, chorioamnionitis, PROM, maternal UTI suggest EOS. Premature and low birth weight babies succumb to sepsis more often.

DIAGNOSIS:

Blood culture showing bacteremia is the gold standard. But it lacks sensitivity. Additional lab investigations for sepsis are: C reactive protein, ESR, leucocyte count, ANC, platelet count, band ratio etc.

TREATMENT:

On identifying the risk factors, Empiric treatment is initiated, sepsis screen investigations are sent and antibiotics are continued till the results turn out to be negative. The most common antibiotic regimen for empirical treatment includes Ampicillin and an Aminoglycoside which provides effective coverage against both Gram-positive and Gram-negative organisms, hence showing good response for the common etiological agents. Empirical antibiotic regimen should be decided according to the common agents prevalent in the particular region. Antibiotics are changed according to the sensitivity pattern once the culture reports are available. Strategies should be applied at the antepartum, intra partum and postnatal levels for effective control of infection(42).

NEONATAL PNEUMONIA

Pneumonia is a killer disease and contributes to majority of the neonatal mortality globally(43). It may also result in stillbirth. The causative agent primarily differs based on the time of acquisition of infection. In the early neonatal period Gram positive organisms are the most common cause for pneumonia mainly Group B streptococci, whereas in the late neonatal period by Gram negative organisms like E.coli, klebsiella pneumoniae(44).

The severity of pneumonia is related to the time of acquisition and birth weight. Pneumonia with onset in early neonatal period and those occurring in low birth weight babies are more severe with high mortality rates(45).

EPIDEMIOLOGY OF NEONATAL PNEUMONIA:

Based on the time of onset pneumonia is categorised into

- I. Early onset pneumonia (<7 days) and
- II. Late onset pneumonia (>7 days)

Maternal infection spreads across the placenta to the fetus or the organisms present in the amniotic fluid enters the lungs as the fetus aspirates the fluid during delivery. TORCH infections, TB, Retrovirus and Listeria can also spread from the mother to the fetus. Thus the organisms which gained entry into the lungs, colonize, replicate and establish infection leading onto Pneumonia.

ETIOLOGY:

Early onset neonatal pneumonia: Pneumonia occurring in the first week of life is usually a result of maternal infection like chorioamnionitis or aspiration of amniotic fluid containing the infectious agent leading to invasion of the lungs by the infectious organisms resulting in pneumonia. Hence organisms in maternal genitourinary tract like Group B Streptococcus, Staph aureus and S. pneumoniae are the most common organisms causing early onset pneumonia.

DIAGNOSIS:

Respiratory distress with onset in early neonatal period manifesting as increased respiratory rate, SCR, ICR, expiratory grunt , chest indrawing and dyspnea with features suggesting sepsis like refusal of feeds, lethargy, diminished DTR , sluggish neonatal reflexes, temperature instability should arouse the likelihood of infectious etiology for the respiratory distress possibly pneumonia. CXR findings suggesting pneumonia include consolidation of a lobe or segment of the lung, patchy infiltrates, air bronchogram and haziness of lung. Some of the findings may also occur in TTN, RDS etc, but the persistence of these findings and no radiological clearance within 48 hrs, suggest pneumonia.

TREATMENT:

Empirical antibiotics must be initiated till the culture sensitivity reports are available.

Antibiotics: A combination of penicillin (Ampicillin- 50mg/kg bd) and aminoglycoside (gentamicin- 5mg/kg od).

Oxygen : Oxygen supplementation is essential when there is hypoxemia(46). Fio2 should be titrated based on saturation to avoid hypoxic as well as hyperoxic injury.

Fluid: Since the affected newborns may be sick and direct feeding may be difficult, intravenous fluids and gavage feeding are needed till stabilisation.

Mechanical ventilation and CPAP: Severe cases may not respond to supplemental oxygen and require Continuous positive airway pressure or Mechanical ventilation.

RESPIRATORY DISTRESS SYNDROME

Respiratory distress syndrome is a condition mostly affecting preterm babies. Gestational age is the major risk factor, lesser the gestational age more the risk and vice versa. Next important determinant is birth weight, which also bears an inverse relation with ELBW and VLBW babies being more susceptible.

The risk percentage for gestational age is as follows:

- I. <28 wk - 60 to 80%
- II. 32-36wk - 15 to 30%
- III. >37 wk - rare.

Other risk factors are: Gestational diabetes, multiple pregnancy, LSCS, perinatal asphyxia, precipitous delivery, cold stress, and history of sibling previously affected.

Respiratory distress syndrome occurs due to deficiency of surfactant in the lung. Surfactant is the substance which lowers the surface tension at alveoli and prevents collapse of the lung. Out of the 4 Surfactant-associated proteins (A to D), B (SP-B) and to a minimal extent (SP-C) are vital for adequate surfactant function. Rarely mutations affecting these surfactant proteins(B and C)(47) and ATP-binding cassette transporter A3 (ABCA3) genes result in lethal form of Respiratory Distress Syndrome in term infants.

CLINICAL MANIFESTATIONS:

Onset is within 6 hrs of life or sometimes later and presents as Increased respiratory rate, SCR and / or ICR, Nasal flaring, Grunting, Cyanosis in preterm newborns. The distress worsens in the initial 24 hours followed by stabilization and recovery within 72 to 96 hours, which is heralded by spontaneous diuresis(48). Therapeutic intervention modifies this natural course.

DIAGNOSIS:

Diagnosis is established by clinical manifestations, typical chest radiograph picture and ABG. Typical chest radiograph findings include;

1. Reticulo nodular pattern.
2. Air bronchogram
3. Ground glass appearance / white out lung.

Initial hypoxia is followed by hypercarbia and variable metabolic acidosis.

PREVENTION:

- i. Avoiding early term and near term elective section.
- ii. Suspecting lung immaturity and administration of therapies to improve the lung maturity.

iii. Antenatal corticosteroids should be administered to pregnant mothers with < 34 week gestational age to decrease the incidence of RDS and death associated with the condition(49).

TREATMENT:

Treatment is based on the severity of the disease.

Mild cases : Supportive therapy and oxygen supplementation.

Moderate to severe cases : CPAP and Surfactant therapy.

Continuous positive airway pressure (CPAP) delivers constant pressure and thereby maintains the functional residual capacity of the lung. This decreases the chance of occurrence of atelectasis and also reverses microatelectasis.

Surfactant therapy is indicated for babies with severe distress who require mechanical ventilation and for extremely preterm babies (GA < 28 wks), Surfactant is given by INSURE technique. Term babies may also require surfactant as in case of infant of diabetic mother and meconium aspiration syndrome in which surfactant function is deficient. Recent studies support the administration of CPAP alone without surfactant instillation for the treatment of RDS. The results are comparable to those receiving mechanical ventilation and surfactant. Hence role of CPAP is promising in resource poor settings.

PROGNOSIS:

Prognosis is determined by various factors.

- I. Gestational age: More the gestational age better the outcome.
- II. Occurrence of other comorbid conditions leading to RDS like: Gestational diabetes, perinatal asphyxia, MAS etc.
- III. Other complications of preterm infants like hypoglycaemia, hypocalcemia, sepsis etc.
- IV. Mortality as a result of Respiratory Distress Syndrome is relatively low, most of the times, death occurs due to other complications affecting the preterm babies like sepsis, IVH or pulmonary hemorrhage.

CONGENITAL DIAPHRAGMATIC HERNIA

CDH is a condition characterised by herniation of abdominal contents through a defect in the diaphragm into the chest and associated hypoplasia of the lung.

This is due to defect in embryogenesis when the structures forming diaphragm are not formed adequately or fail to fuse resulting in defect in diaphragm. Since the abdominal viscera herniated into the chest, development of lung is disturbed due to the mechanical effect of the intestines, resulting in hypoplasia of the lung which is the major reason for the morbidity and mortality associated with the condition.

EPIDEMIOLOGY:

Incidence is around 1 per 2500 to 3000 live births. It also carries chances of recurrence into the subsequent pregnancies. Left side (80 to 90%) is affected more than the right side. Male and female are equally affected but right side defect found to be more common in males(50).

Types of diaphragmatic hernias:

- i. The posterior Bochdalek hernia (95%)
- ii. The anterior Morgagni hernia (5%)

CLINICAL MANIFESTATIONS:

Onset of distress is usually immediately following birth. On auscultation there is decreased air entry on the affected side with shifting of mediastinal contents to opposite side. At times bowel sound may be heard on the affected side which is specific for the condition. As the abdominal contents herniated into the thorax, abdomen appears scaphoid.

DIAGNOSIS:

Diagnosis is established by the clinical findings and xray findings. Chest Xray shows bowel in the chest but if air hasn't entered the bowel, a water density mass with mediastinal shift is seen.

TREATMENT:

Providing oxygen by endotracheal intubation and mechanical ventilation is essential. Bag and mask ventilation and CPAP must be avoided as air entering the intestines during the procedure worsens the condition. A naso- or oro-gastric tube is rapidly placed for gastric decompression.

CDH is no longer considered a surgical emergency, as the basic reason for morbidity and mortality is hypoplasia of the lung which is not reversed by surgery. Attempting surgery immediately after birth when the newborn is not even hemodynamically stable, increases the chances of death. Hence recently, Surgery is advised after 3 to 7 days after stabilising the newborns general condition for a better outcome(51,52).

EXTRAPULMONARY AIR LEAKS

Airleak syndromes include pneumothorax, pneumopericardium, pneumoperitoneum and pneumomediastinum. Of these symptomatic pneumothorax, usually unilateral is more common with an incidence of 1 to 2 % which further increases with MAS, RDS and mechanical ventilation (53).

CLINICAL MANIFESTATIONS

Clinical manifestations are sudden onset respiratory distress, with diminished breath sounds and hyper resonance on the affected side. The heart is displaced toward

the unaffected side, leading to shifting of apical impulse. Transillumination is a useful bedside test for diagnosing the condition.

DIAGNOSIS

In suspected newborns diagnosis is confirmed by chest Xray, with the edge of the collapsed lung standing out in relief against the pneumothorax; pneumomediastinum is signified by hyperlucency around the heart border and between the sternum and the heart border.

TREATMENT

Mild, asymptomatic cases can be managed conservatively. In severe cases causing respiratory or cardiovascular compromise, emergency aspiration using a soft small catheter introduced with a needle is indicated (53). Either immediately or after catheter aspiration, intercostal tube insertion should be done or air drained into the underwater seal.

A pneumopericardium requires urgent evacuation of entrapped air. Severe localized interstitial emphysema may respond to selective bronchial intubation. Judicious use of sedation in an infant fighting a ventilator may reduce the risk of pneumothorax (54).

STUDY

TITLE:

**A STUDY OF RESPIRATORY DISTRESS IN TERM NEONATES IN EARLY
NEONATAL PERIOD**

AIMS AND OBJECTIVES:

OBJECTIVE: To identify the etiological factors of respiratory distress in early neonatal period and its immediate outcome.

DESIGN: A Descriptive study.

MATERIALS AND METHODS:

STUDY AREA:

Sick NeoNatal Ward, Department of Neonatology, Govt Theni Medical College Hospital

STUDY POPULATION:

Inclusion Criteria:

1. Full term neonates with respiratory distress GA(>37 wks)
2. Both Inborn and Outborn

Exclusion Criteria:

Age at admission >7 days

STUDY DURATION:

August 2015 to July 2016

METHODOLOGY:

Full Term (Gestational Age 37 weeks and above) Neonates (both inborn and outborn) admitted in SNN Ward of GOVERNMENT THENI MEDICAL COLLEGE HOSPITAL, within the above specified period, with respiratory distress, will be consecutively recruited into the study after getting informed consent from the parents.

Respiratory distress is defined as presence of any two of the following features:

1. Respiratory Rate >60/min.

2. Subcostal /intercostal retractions.

3. Expiratory grunt.

Severity is assessed using Downe's scoring:

SCORE	0	1	2
Respiratory rate	<60	60-80	>80/apneic episode
Cyanosis	None	In room air	In 40% oxygen
Retractions	None	Mild	Moderate to severe
Grunting	None	Audible with Stethoscope	Audible without Stethoscope
Air entry	Clear	Decreased	Barely audible

At birth, weight is recorded and a detailed physical examination is performed to detect congenital anomalies.

A **special questionnaire** is designed for the purpose of the study. The following information will be taken: name, age at admission, sex, date of admission and date of discharge or death.

Neonatal data includes: body weight, gestational age according to the date of last menstrual period of the mother antenatal ultrasound or New Ballards score.

Factors related to labor and delivery assessed includes: Mode of delivery (vaginal or LSCS or assisted), place of delivery (Inborn or Outborn), complications (prolonged rupture of membranes >18 hr, prolonged labor>18hrs, meconium staining of liquor, antepartum hemorrhage and others)

Maternal information recorded includes: age (high risk group ≤ 18 yr or ≥ 35 yr and low risk group 19-34 yr), parity (which is divided into risk group = P0 or >P4 and normal group = P1-4), any medical disease complicating pregnancy. This information will be reviewed retrospectively from the clinical records.

The final diagnosis of clinical conditions producing respiratory distress will be based mainly on careful scrutiny of the history, clinical and radiological findings.

INVESTIGATIONS:

Chest X ray is done in all cases. Complete blood counts, CRP, Blood-Culture and Sensitivity and Echo in relevant cases.

RESULTS AND OBSERVATION

TABLE 1 : INCIDENCE

VARIABLE	NUMBER
TOTAL NO. OF ADMISSION	2152
RESPIRATORY DISTRESS IN TERM	655
INCIDENCE	30.4%

Out of 2152 cases admitted during the study period, 655 term newborns were admitted with respiratory distress. The incidence is 30.4%.

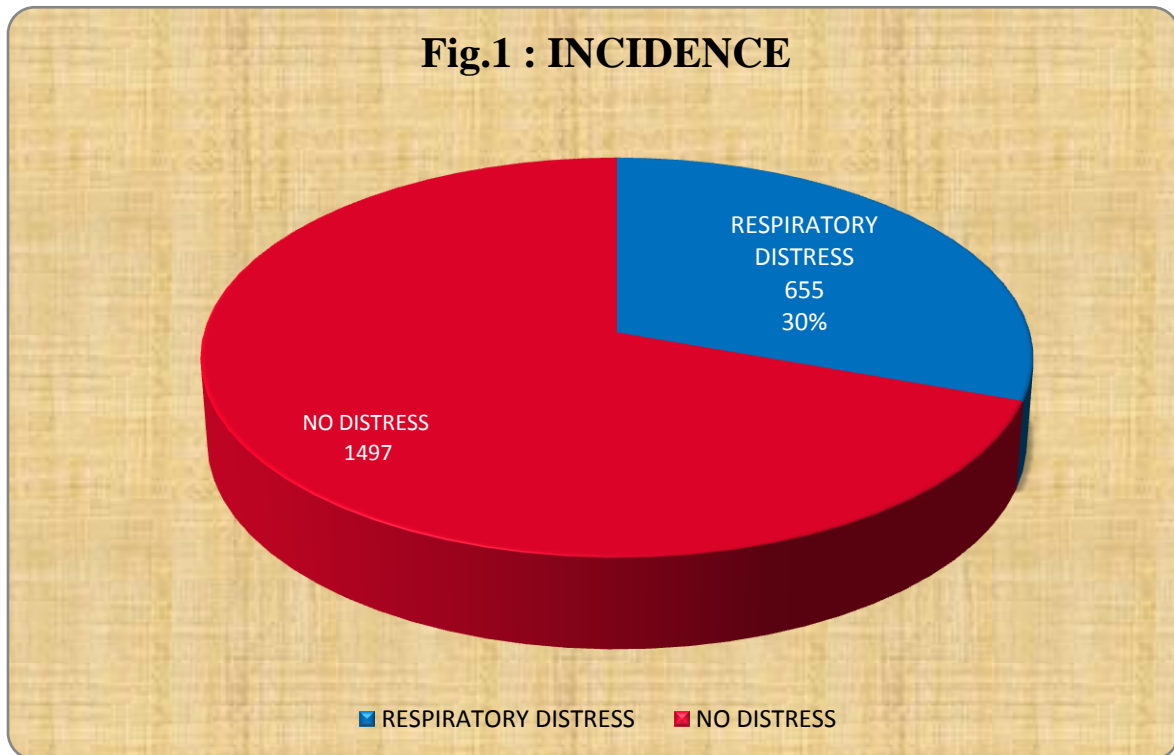


TABLE 2: ETIOLOGY OF RESPIRATORY DISTRESS (n=655)

ETIOLOGY	NUMBER	PERCENTAGE
TTN	242	36.95
BIRTH ASPHYXIA	144	21.98
MAS	93	14.20
CHD	78	11.91
SEPSIS&PN	73	11.14
RDS	1	0.16
SURGICAL	7	1.07
OTHERS	24	2.59
TOTAL	655	100

In the total 655 cases, TTN was the commonest cause of respiratory distress found in 242 cases(36.95%), Birth asphyxia was the second common cause found in 144 cases(21.98%), followed by MAS in 93 cases(14.2%), CHD in 78 cases(11.91%), Sepsis and Pneumonia in 73 cases (11.14%), RDS in 1 case(0.16%), 7(1.07%) were due to surgical causes and other causes were found in 17 cases(2.59%).

Fig.2 : ETIOLOGY OF RESP. DISTRESS

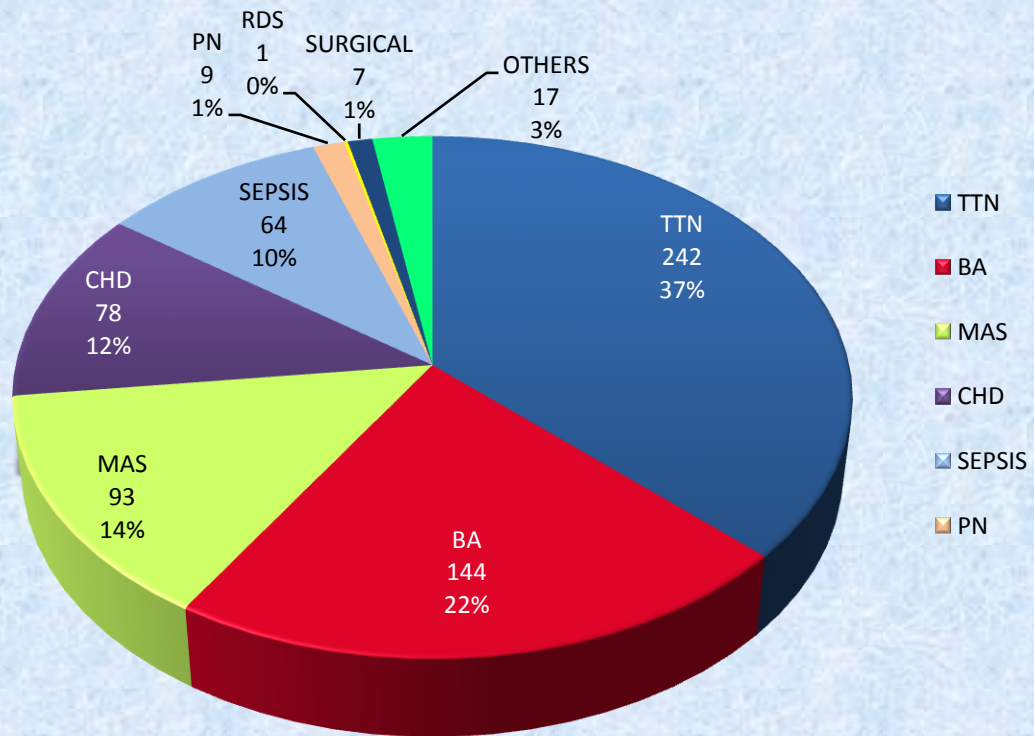


TABLE 3: DISTRIBUTION OF CONGENITAL HEART DISEASES

CAUSE	NUMBER	PERCENTAGE
ASD	21	26.92
VSD	8	10.26
PDA	37	47.44
CYANOTIC	12	15.38
TOTAL	78	100

Out of the 78 babies with Congenital heart disease, PDA was the commonest cause found in 37 babies (47.44%), ASD was found in 21 babies (26.92%), VSD was found in 8 babies (10.26%) and Cyanotic heart diseases were found in 12 cases (15.38%).

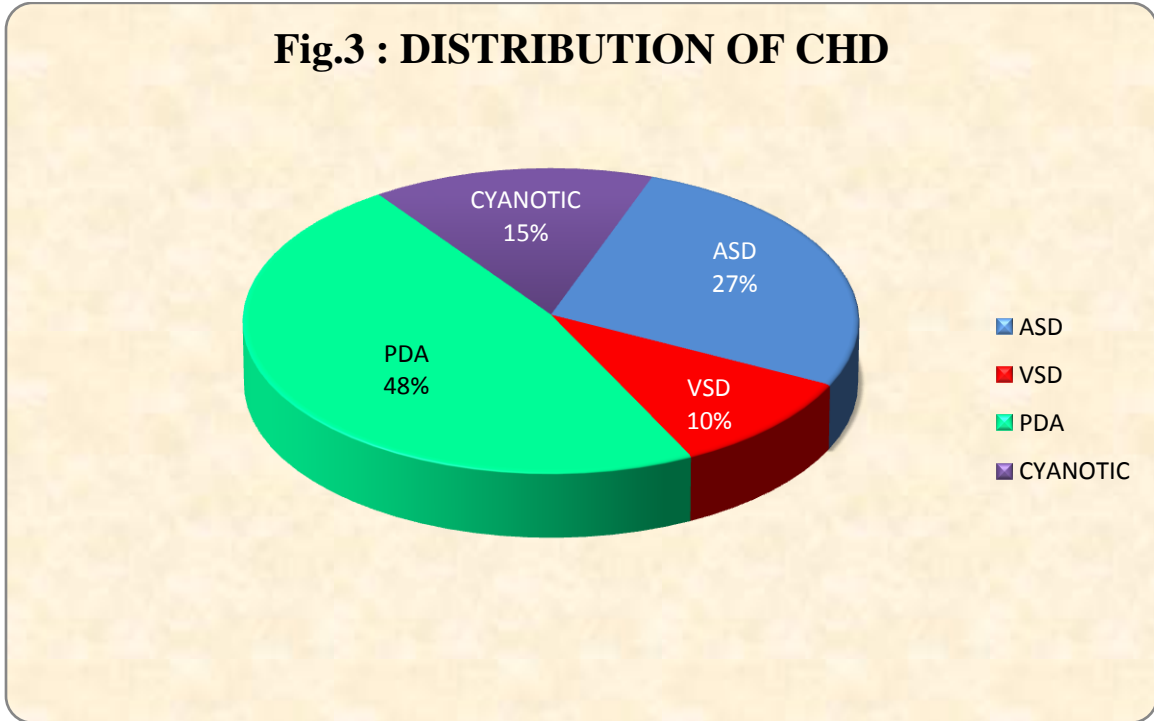


TABLE 4: DISTRIBUTION OF SURGICAL CAUSES

CAUSE	NUMBER	PERCENTAGE
CDH	1	14.29
CL&CP	3	42.85
TEF	1	14.29
CHOANAL ATRESIA	2	28.57

Out of the 7 surgical causes, 1 was CDH, 3 were Cleft lip and cleft palate, 1 was Tracheo-esophageal fistula and 2 were Choanal Atresia.

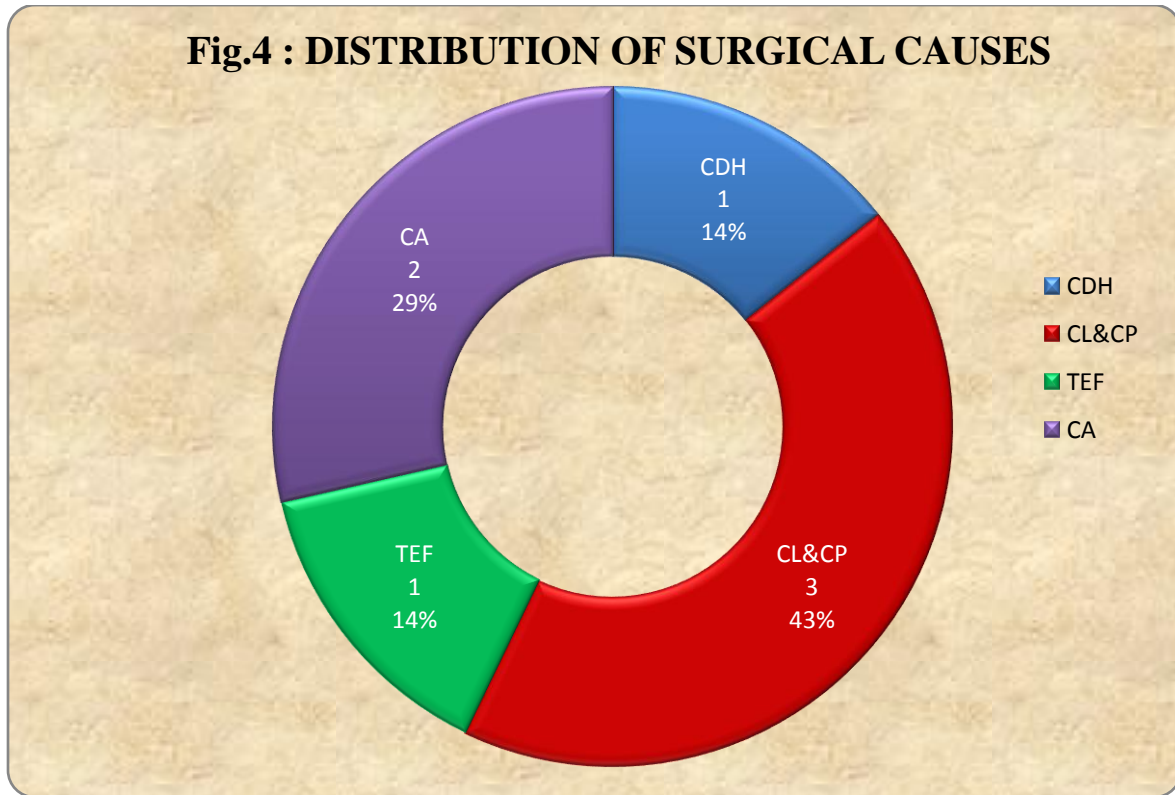


TABLE 5: DISTRIBUTION OF OUTCOME (n=655)

OUTCOME	NUMBER	PERCENTAGE
DISCHARGE	596	90.99 %
DEATH	59	9.01
TOTAL	655	100%

Out of 655 term newborns with respiratory distress 596 were discharged, 59 died. Mortality being 9.09%.

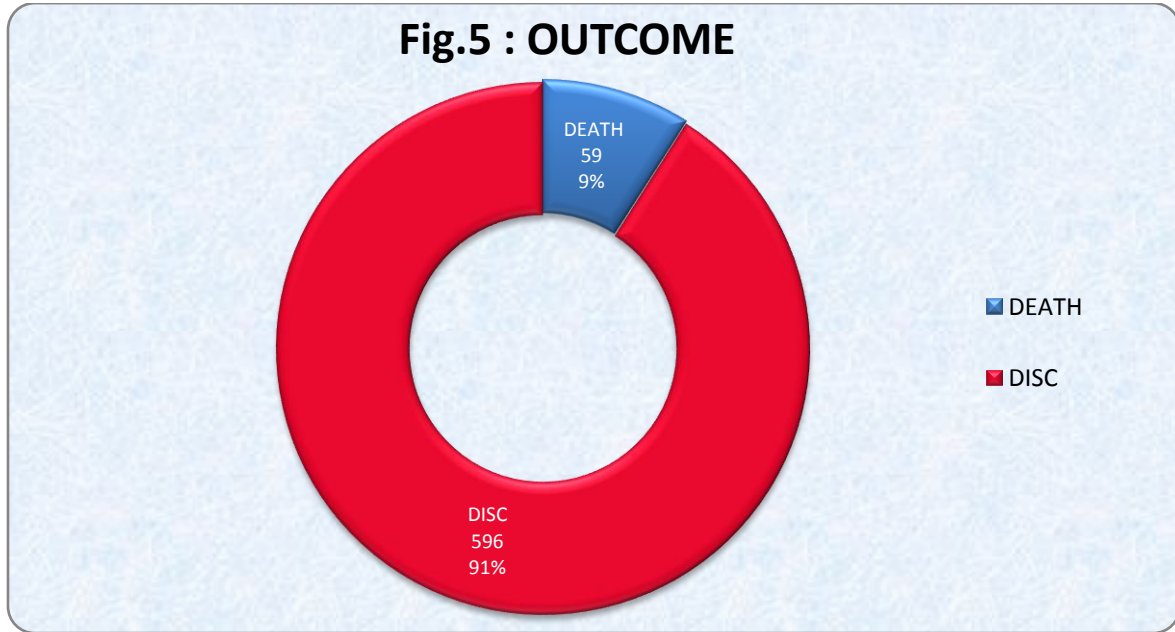


TABLE 6: ETIOLOGYWISE DISTRIBUTION OF DISCHARGE: (n=596)

ETIOLOGY	TOTAL	DISCHARGED	PERCENTAGE
TTN	242	242	100
BIRTH	144	114	79.17
MAS	93	76	81.72
CHD	78	74	94.87
SEPSIS&PN	73	70	95.89
RDS	1	1	100
SURGICAL	7	6	85.71
OTHERS	17	13	76.47
TOTAL	655	596	90.99

Out of the total 655 cases admitted, 596 were discharged. All the 242 cases of TTN were discharged, 114 out of 144 Birth asphyxia cases, 76 out of 93 MAS cases, 74 out 78 CHD cases, 70 out of 73 Sepsis and pneumonia cases, 1 RDS case, 6 out of 7 cases due to surgical causes and 13 out of 17 cases due to Other cases were discharged.

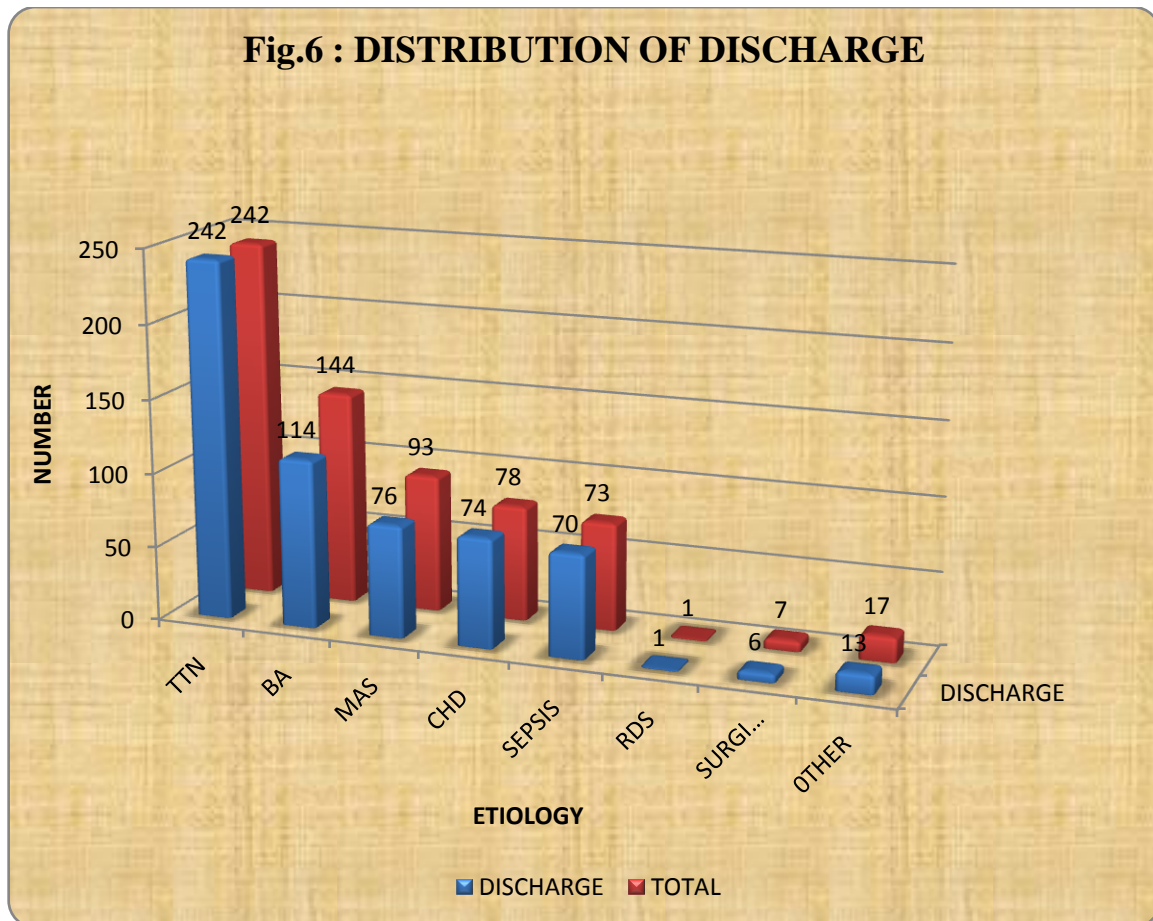


TABLE 7: ETIOLOGY WISE DISTRIBUTION OF DEATH (n=59)

ETIOLOGY	DEATH	PERCENTAGE
TTN	0	0
BIRTH ASPHYXIA	30	50.85
MAS	17	28.81
CHD	4	6.78
SEPSIS & PN	3	5.08
RDS	0	0
SURGICAL	1	1.69
OTHERS	4	6.79
TOTAL	59	100

Out of total 655 cases included in the study, 59 died with a mortality rate of 9.09 %. Birth asphyxia was the main cause for mortality contributing to 50 % deaths. MAS was the second common cause for mortality found in 28% cases. CHD was the cause of death in 6.7%cases, Sepsis and Pneumonia were found as the cause of death in around 5% cases, surgical causes in 1.6% and other causes were found in 6.79% cases.

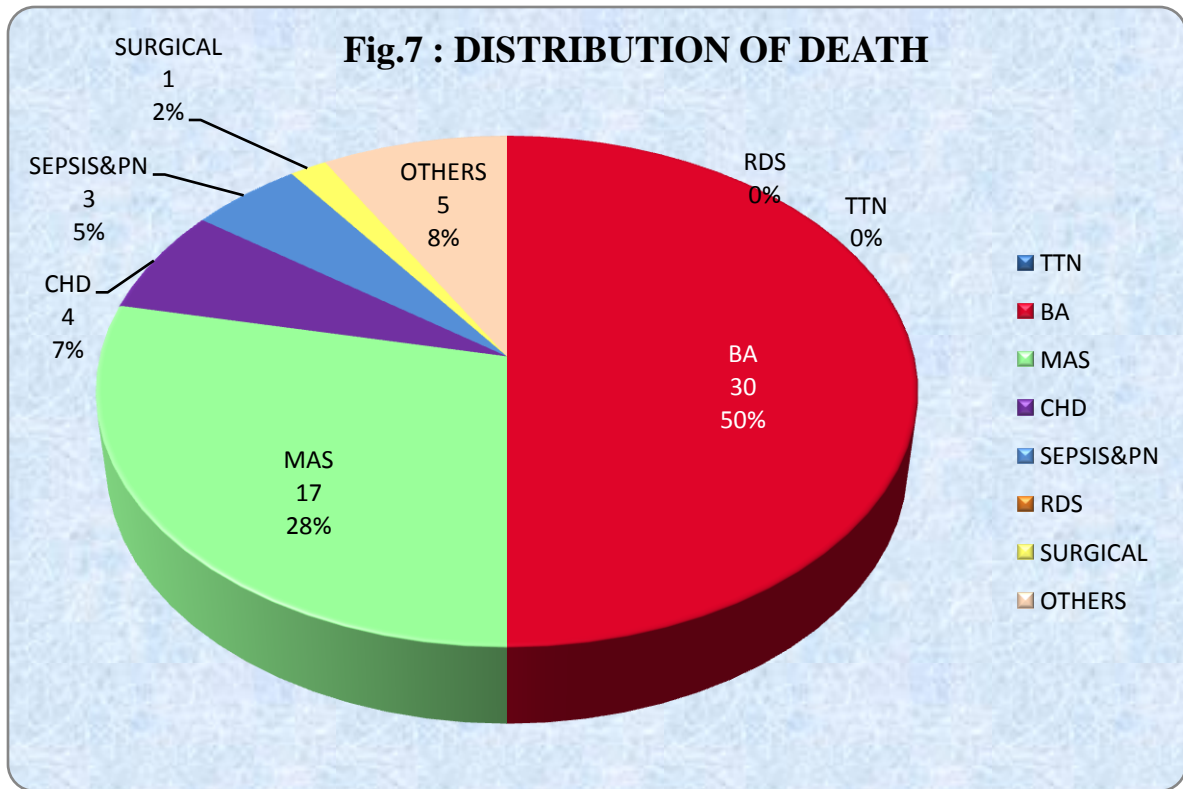


TABLE 8: CASE FATALITY RATE

ETIOLOGY	TOTAL	DEATH	CFR
TTN	242	0	0
BIRTH	144	30	20.83
MAS	93	17	18.28
CHD	78	4	5.13
SEPSIS&PN	73	3	4.10
RDS	1	0	0
SURGICAL	7	1	14.28
OTHERS	17	4	23.52
TOTAL	655	59	9.09

Out of 242 TTN cases admitted, all the cases were discharged and no death was found, with CFR of 0%. Highest Case fatality rates were associated with Birth asphyxia (20.83%), Pneumonia(22.22%) , Surgical causes(14.28%) and other causes(23.52%). Case fatality rate in MAS was 18.28% and CHD was 5.13%.

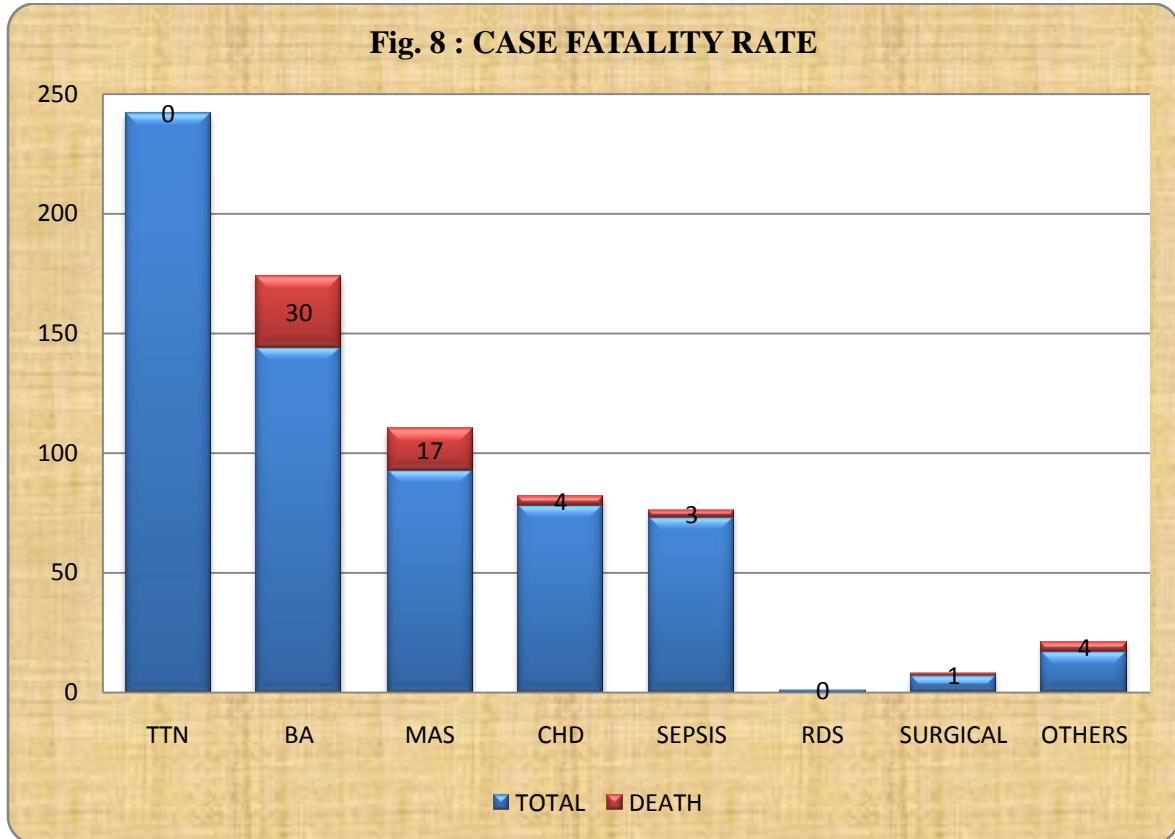


TABLE 9: GENDER DISTRIBUTION OF NEONATES(n=655)

GENDER	NUMBER	PERCENTAGE
Male	416	63.53
Female	239	36.47
Total	655	100

Out of 655 term newborns with respiratory distress 416 were male, 239 were female. There is a male preponderance.

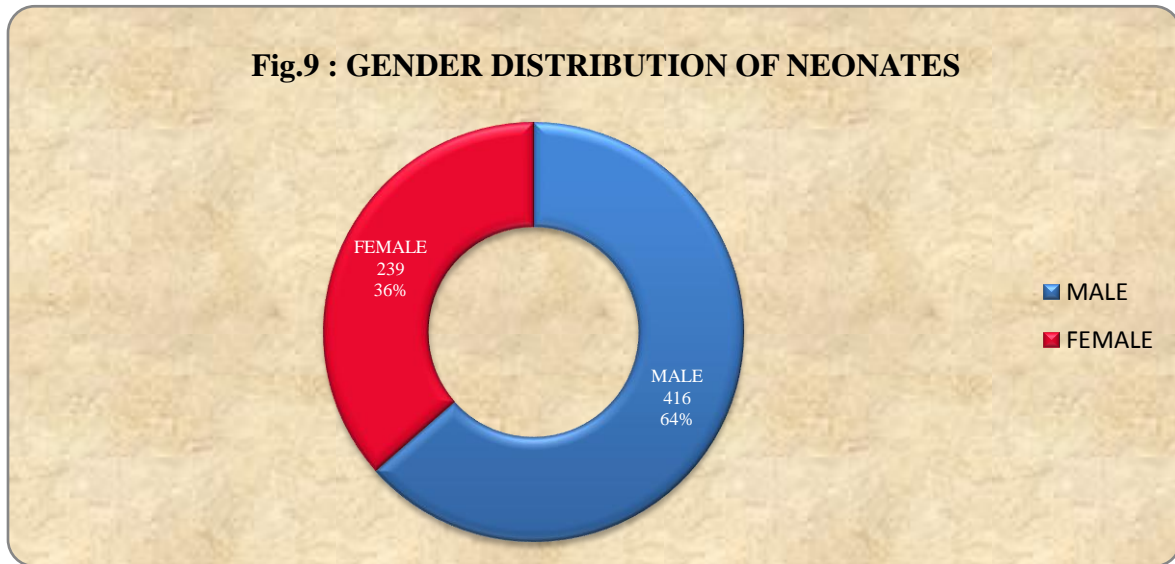


Table 10 :ETIOLOGY WISE GENDER DISTRIBUTION(n=655)

ETIOLOGY	MALE	FEMALE
TTN	153	89
BA	86	58
MAS	64	29
CHD	50	28
SEPSIS&PN	48	25
RDS	1	0
SURGICAL	5	2
OTHERS	9	8
TOTAL	416	239

Out of the 242 TTN cases 153 were males 89 were females with a male preponderance. In Birth asphyxia 86 were males, 58 were females. In MAS 64 were males, 29 were females. In CHD 50 were males 28 were females. In Sepsis and Pneumonia 48 were males and 25 were females, 5 were males and 2 were females in surgical causes. In RDS 1 was male. Other causes for distress were found in 9 males and 8 females.

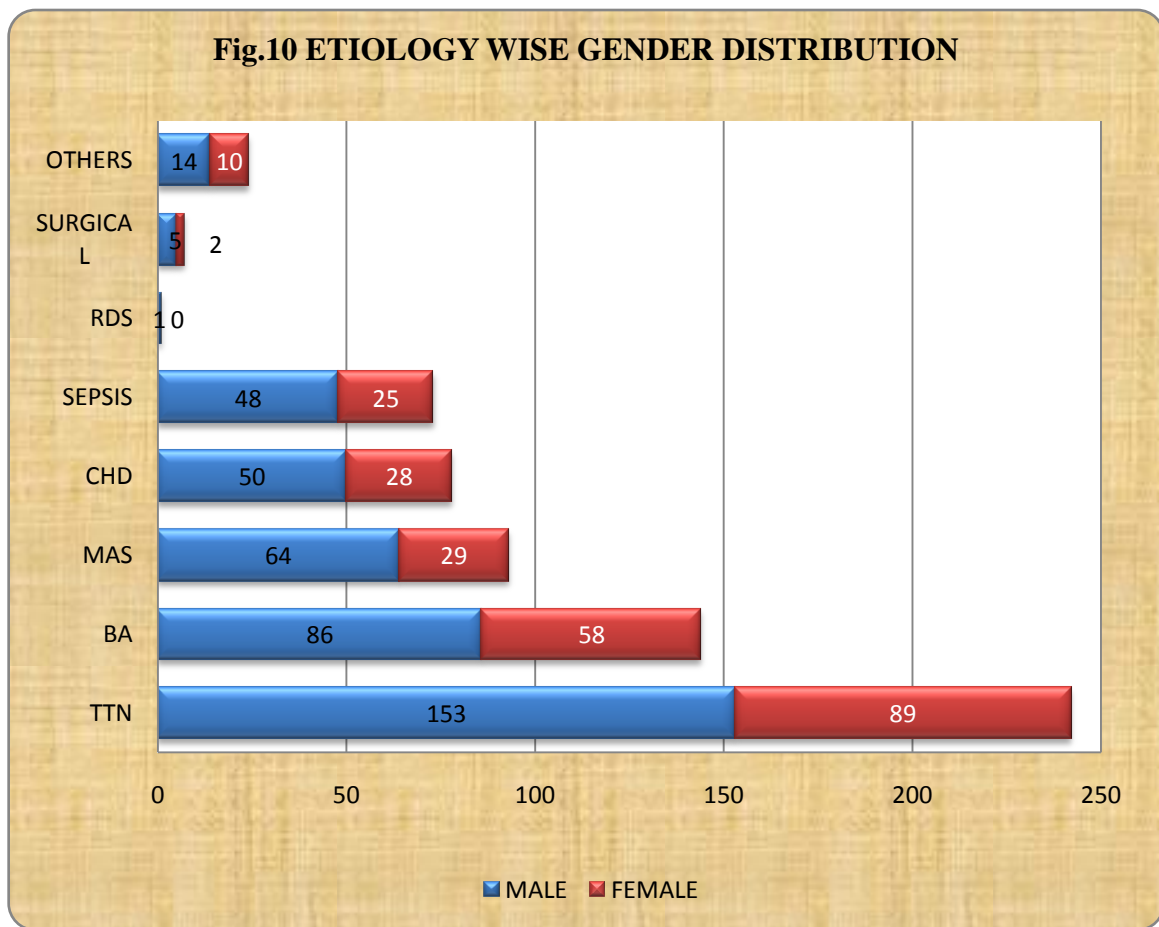


TABLE 11: DISTRIBUTION OF RESPIRATORY DISTRESS BY GESTATIONAL AGE (n=655)

GESTATIONAL AGE	No.	PERCENTAGE
37-38 wks(ET)	346	52.94
≥39 wks(LT)	309	47.06
Total	655	100

Out of the 655 term cases, 346 were early term and 309 were late term with more cases of respiratory distress in early term.

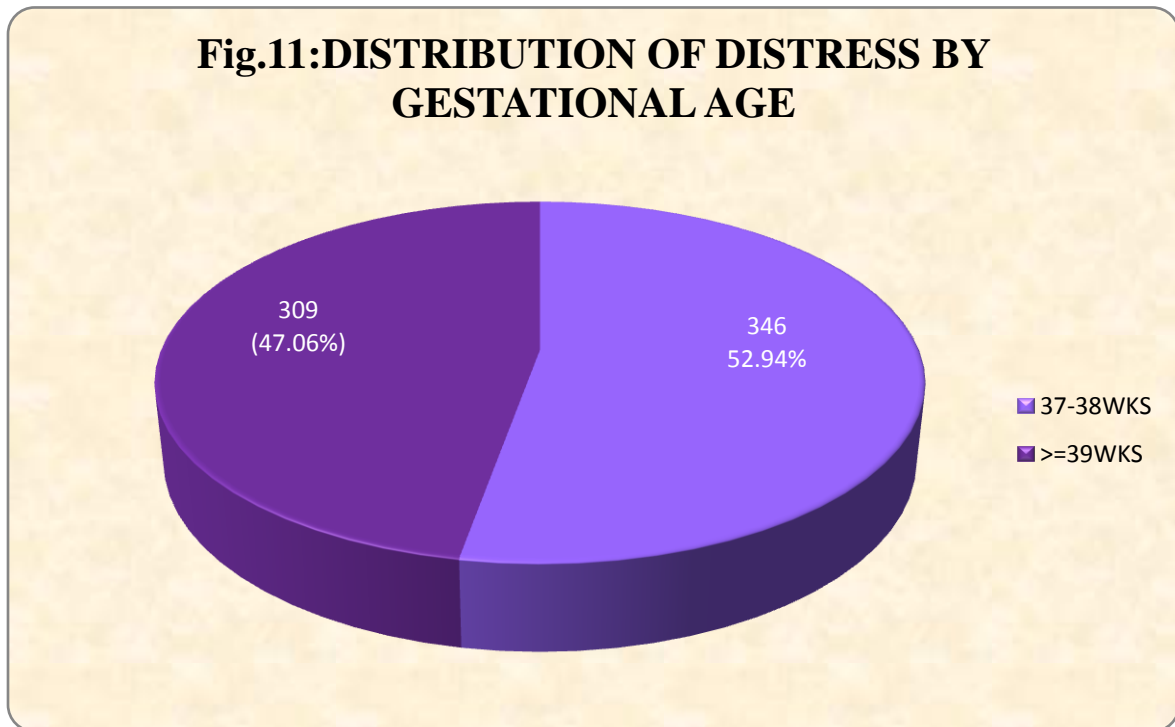


TABLE 12: ETIOLOGY WISE DISTRIBUTION OF RESPIRATORY DISTRESS BY GESTATIONAL AGE (n=655)

ETIOLOGY	EARLY TERM	LATE TERM
TTN(242)	133	109
BIRTH	68	76
MAS(93)	33	60
CHD(78)	53	25
SEPSIS&PN(73)	42	31
RDS(1)	1	0
SURGICAL(7)	4	3
OTHERS(17)	12	5
TOTAL(655)	346	309

Out of the 242 TTN cases, 133 were early term and 109 were late term, out of 144 birth asphyxia cases, 68 were early term and 76 were late term, out of 78 CHD cases, 53 were early term and 25 were late term, out of 73 sepsis and pneumonia cases 42 were early term and 31 were late term, out of 7 cases due to surgical causes 4 were early term and 3 were late term, In RDS 1 case was early term, out of 14 cases due to other causes 12 were early term and 5 were late term. Thus TTN, CHD, SEPSIS and surgical causes were common in early term. BA and MAS were common in late term.

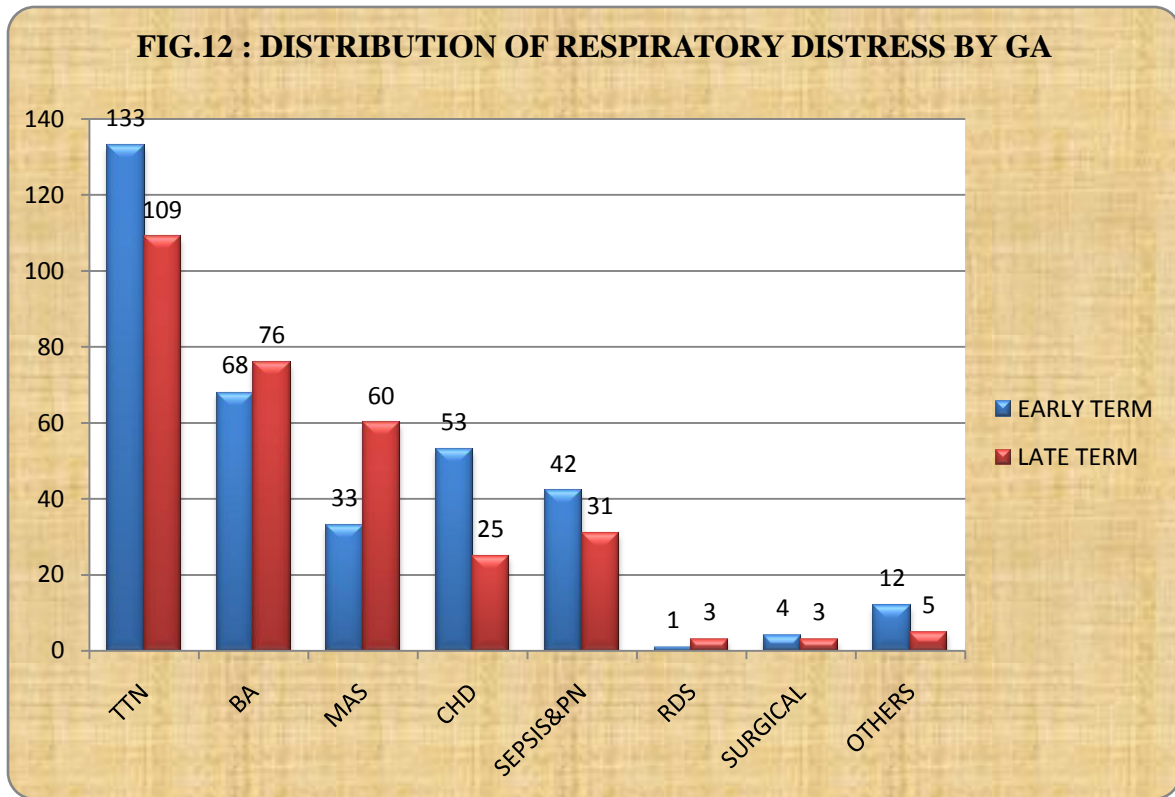


TABLE 13: WEIGHT DISTRIBUTION OF NEONATES (n=655)

BIRTH WEIGHT	No.	PERCENTAGE
<2.5 or >4 KG	135	20.67
2.5 – 4 KG	520	79.33
TOTAL	655	100

Out of the total 655 cases, 135 babies (20.67%) had a birth weight < 2.5 kg or > 4 kg. 520 babies (79.3%) had birth weight between 2.5 to 4 kg.

Fig.13 : BIRTH WEIGHT

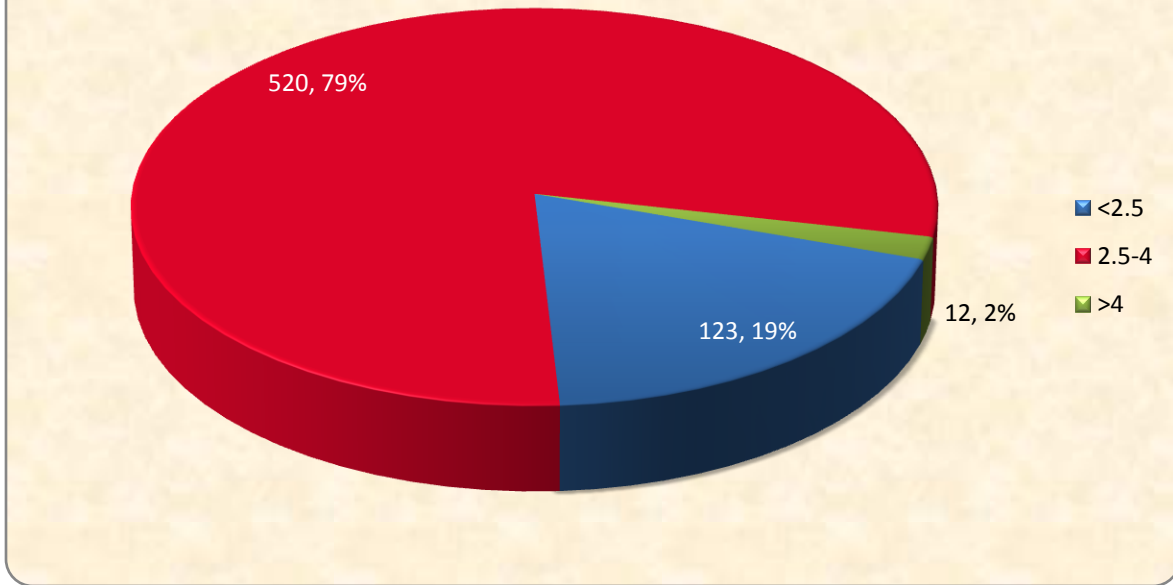


TABLE 14: MODE OF DELIVERY

MODE	NO.	PERCENTAGE
LSCS	341	52.06
VAGINAL (LN+FORCEPS)	314	47.94
TOTAL	655	100

Out of the total 655 cases, 341 were delivered by LSCS (52.06%) and 314 cases were delivered by vaginal delivery (47.94%), with more LSCS cases.

Fig.14 : MODE OF DELIVERY

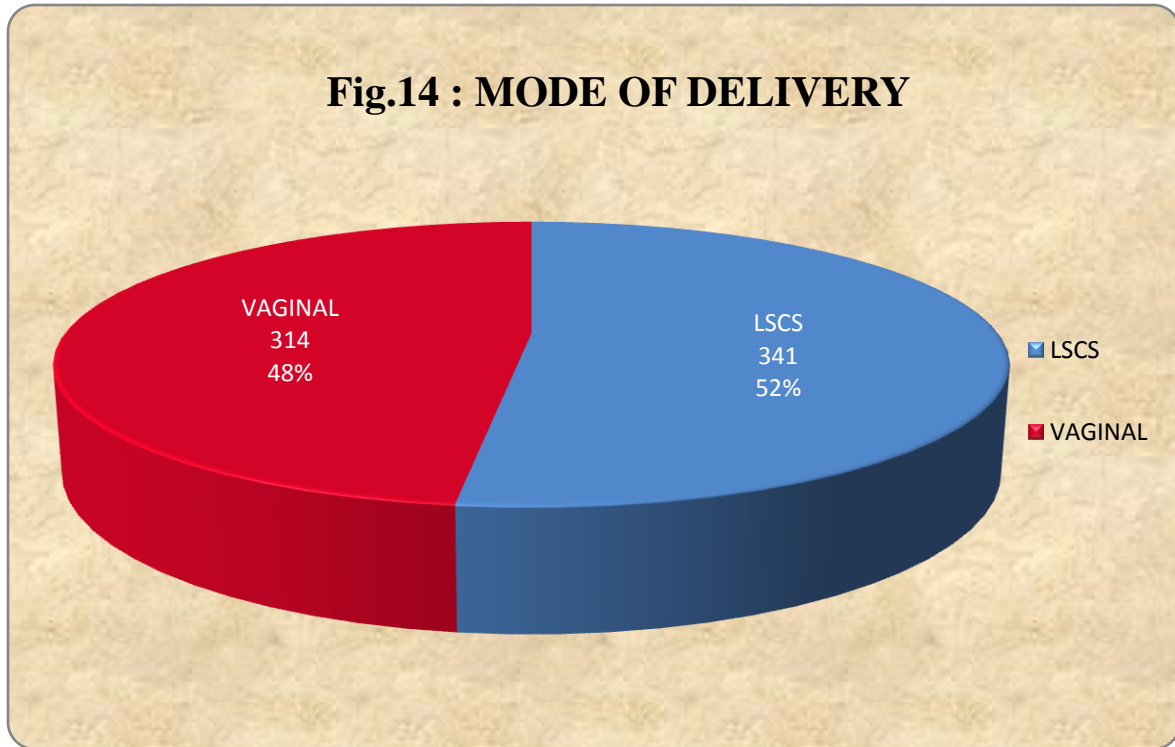


TABLE 15: ETIOLOGYWISE DISTRIBUTION OF MOD (n=655)

ETIOLOGY	LSCS	VAGINAL
TTN(242)	145(59.91%)	97(40.09%)
BA(144)	48(33.33%)	96(66.67%)
MAS(93)	53(56.99%)	40(43.01%)
CHD(78)	48(61.54%)	30(38.46%)
SEP & PN(73)	33(45.2%)	40(54.8%)
RDS(1)	0(0%)	1(100%)
SURGICAL(7)	5(71.4%)	2(28.6%)
OTHERS(17)	9(52.94%)	8(47.06%)
TOTAL(655)	341	314

Out of the total 242 TTN cases 145 were delivered by LSCS and 97 were delivered by vaginal delivery with more cases delivered by LSCS. In Birth asphyxia more cases were delivered by vaginal route (96) than LSCS (48 cases). 53 cases of MAS were delivered by LSCS and 40 cases were delivered by vaginal route. In CHD 48 were delivered by LSCS and 30 were delivered by vaginal route. In sepsis and pneumonia 33 were delivered by LSCS and 40 were delivered by vaginal route with more cases delivered by vaginal route .In RDS 1 case was delivered by vaginal delivery .In Surgical causes 5 were delivered by LSCS and 2 were delivered vaginally. In other causes 9 were delivered by LSCS and 8 were delivered by vaginal delivery. Thus TTN, MAS, CHD and other causes were common in cases delivered by LSCS, whereas Birth asphyxia, Sepsis, Pneumonia and RDS were common in cases delivered by vaginal route.

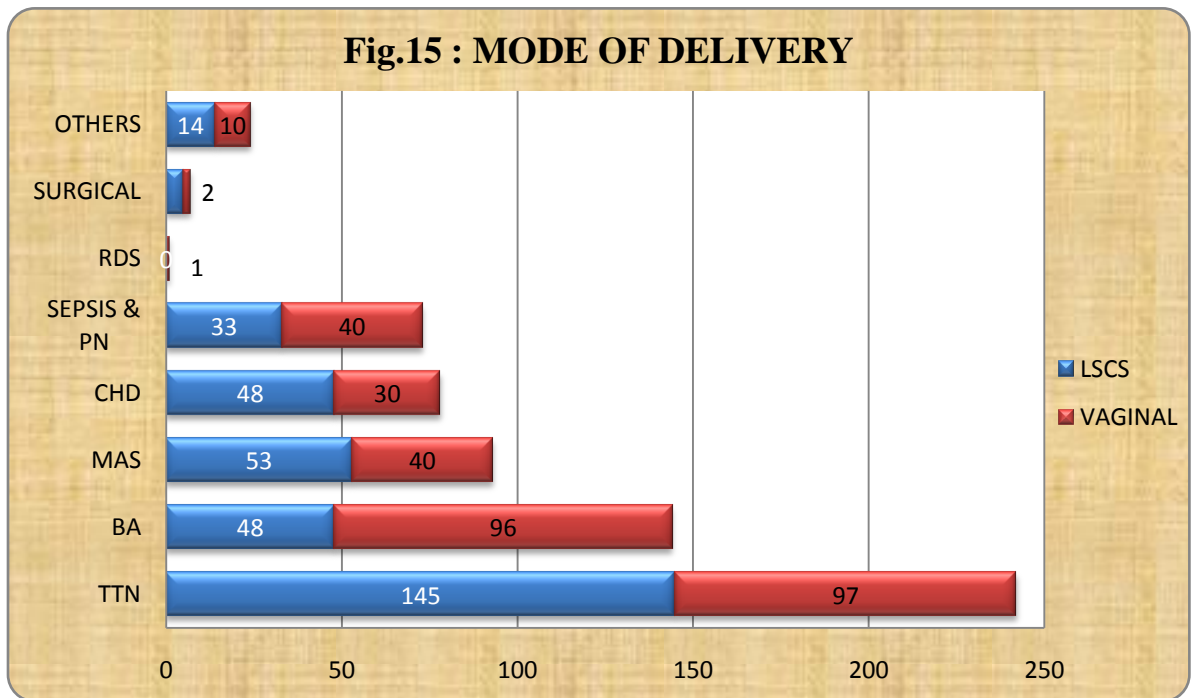


TABLE 16: PLACE OF DELIVERY (n=655)

PLACE	No.	PERCENTAGE
INBORN	489	74.66
OUTBORN	166	25.34
TOTAL	655	100

Out of the 655 newborns, 489 were inborn, 166 were out born with 74.66 % inborn cases and 25.34% out born cases.

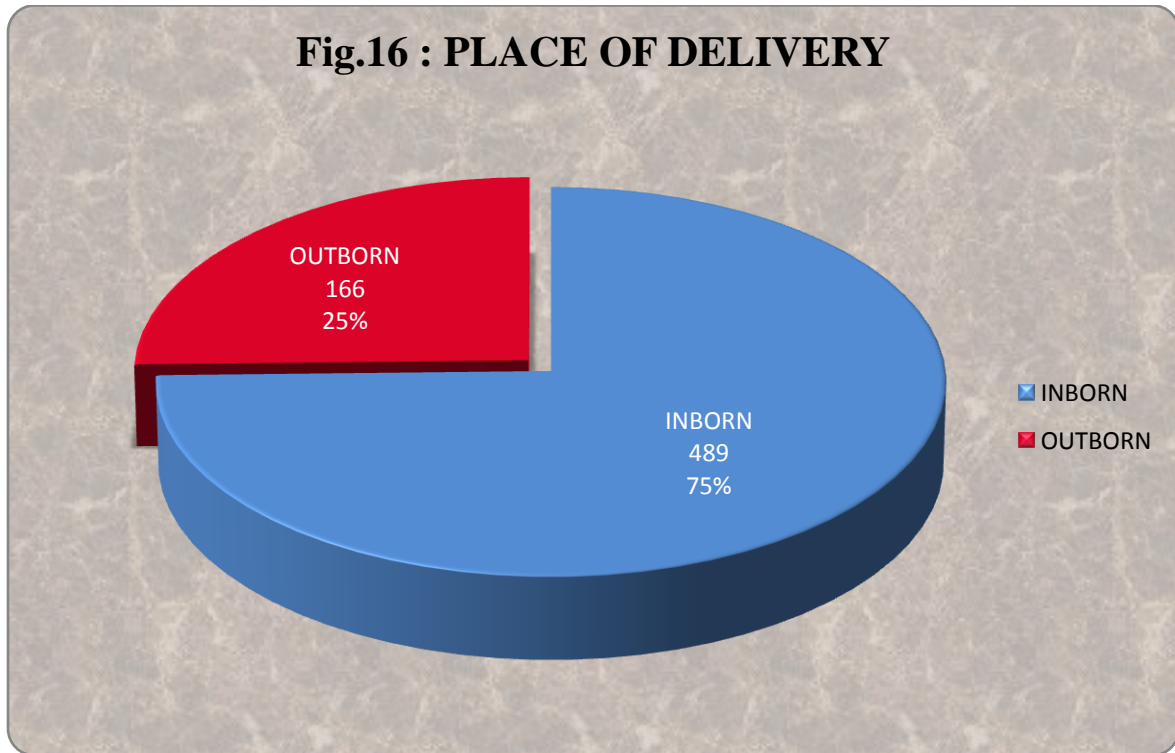


TABLE 17: NEED FOR RESUSCITATION (n=655)

NFR	No.	PERCENTAGE
YES	202	30.84
NO	453	69.16
TOTAL	655	100

Resuscitation was required in 202 cases (30.84%) and 453 cases did not need resuscitation (69.16%).

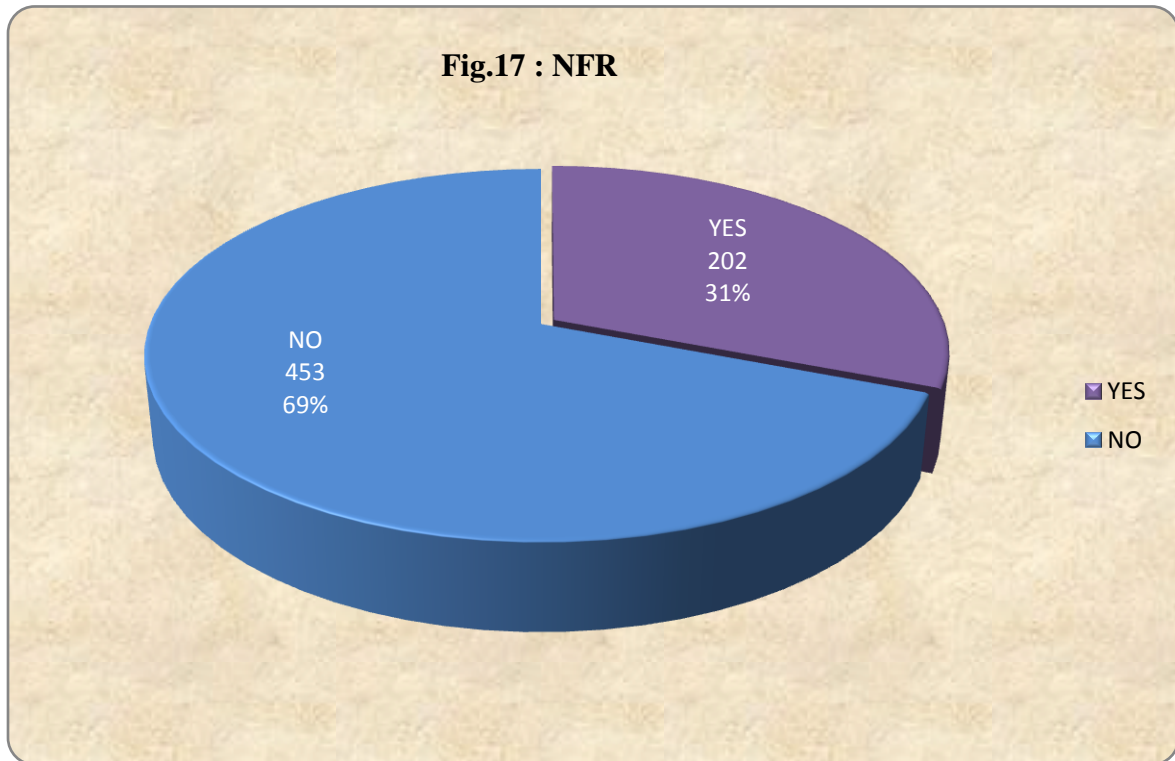


TABLE 18: ETIOLOGY WISE DISTRIBUTION OF NFR (n=655)

ETIOLOGY	YES	NO
TTN(242)	9	233
BA(144)	141	3
MAS(93)	26	67
CHD(78)	7	71
SEP & PN(73)	17	56
RDS(1)	0	1
SURGICAL(7)	0	7
OTHERS(17)	2	15
TOTAL(655)	202	453

Resuscitation was required most commonly for birth asphyxia cases(141). 9 cases of TTN, 26 cases of MAS, 7 cases of CHD, 17 cases of sepsis and pneumonia, 2 cases with other causes required resuscitative measures.

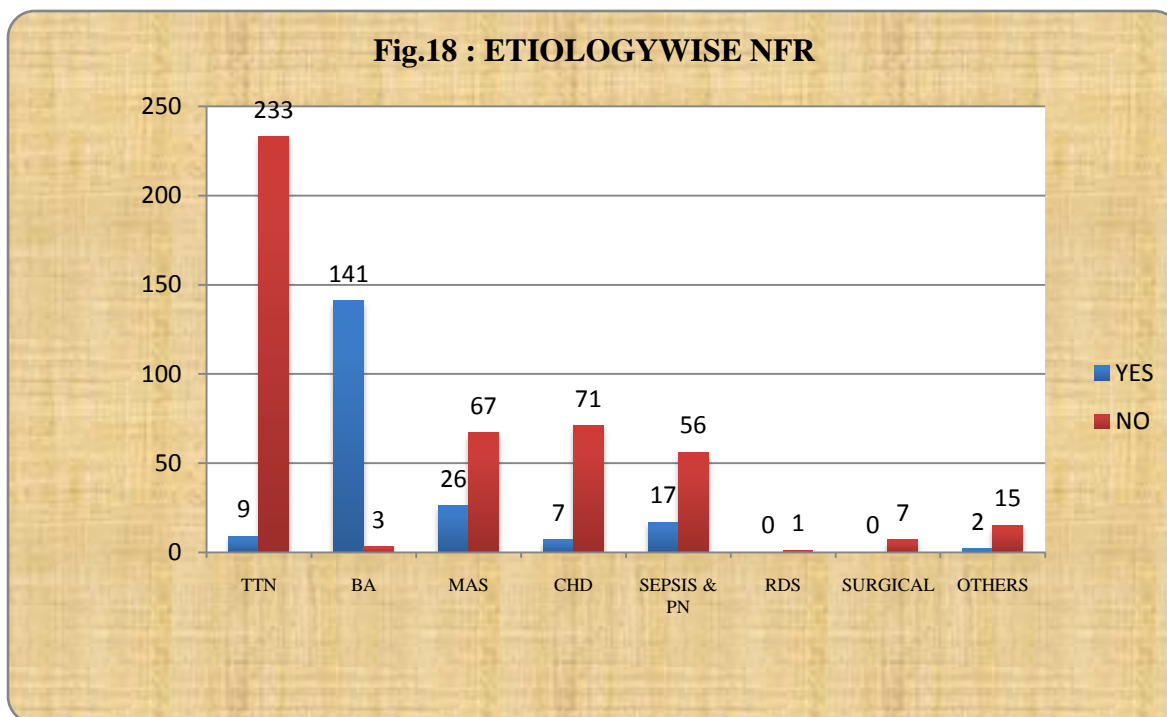


TABLE 19: MODE OF OXYGENATION

MODE OF OXYGENATION	NUMBER	PERCENTAGE
NASAL O2	372	56.79
CPAP	217	33.13
MV	66	10.08
TOTAL	655	100

Out of the 655 newborns, 372 required Oxygen supplementation by nasal oxygen, 217 cases required CPAP and Mechanical ventilator was needed by 66 cases.

Fig.19 : MODE OF OXYGENATION

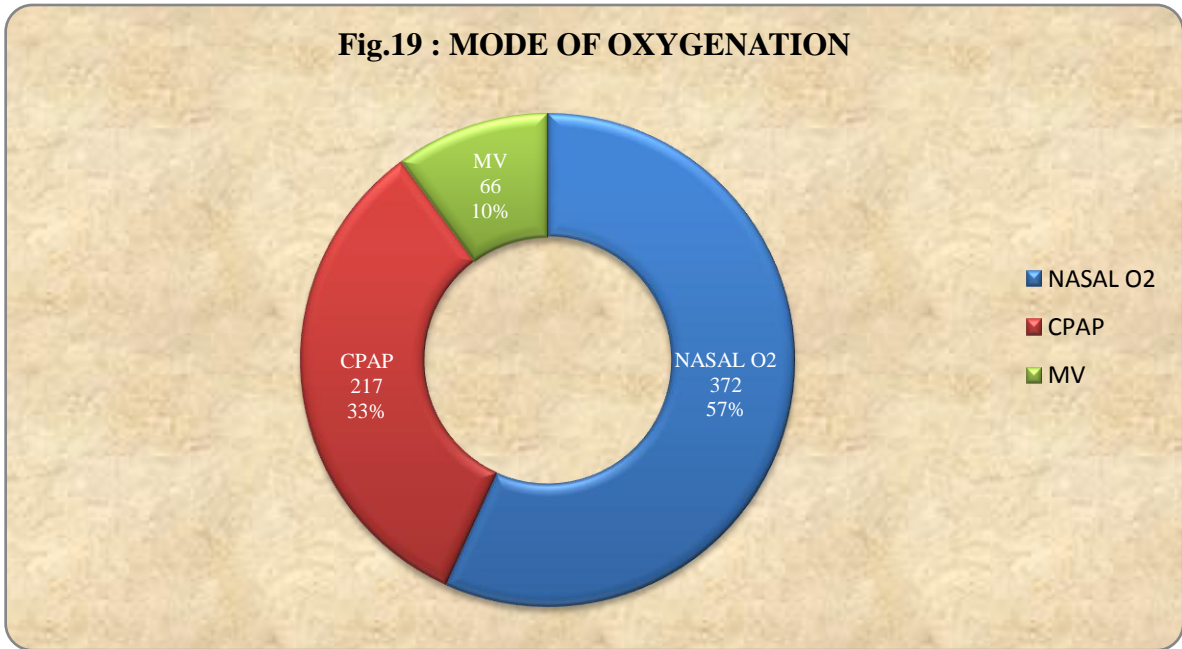


TABLE 20: ETIOLOGYWISE O2 REQUIREMENT

ETIOLOGY	NASAL O2	CPAP	MV
TTN(242)	220	22	0
BA(144)	36	73	35
MAS(93)	16	58	19
CHD(78)	45	30	3
SEPSIS&PN(73)	39	31	3
RDS(1)	0	1	0
SURGICAL(7)	5	1	1
OTHER(17)	11	1	5
TOTAL(655)	372	217	66

Out of total 242 TTN cases 220 required nasal O₂, 22 required CPAP and no cases required mechanical ventilation. In birth asphyxia 36 required nasal o₂, 73 needed CPAP and 35 required mechanical ventilation. In MAS 16 cases required nasal O₂, 58 needed CPAP and 19 cases were mechanically ventilated. In CHD 45 required nasal O₂, 30 required CPAP and 3 needed mechanical ventilators. 39 cases of sepsis and pneumonia required nasal O₂, 25 required CPAP and 1 case was mechanically ventilated. In RDS 1 case required CPAP. In respiratory distress due to surgical causes 5 required nasal O₂, 1 required CPAP and 1 required mechanical ventilation. In other causes 16 required nasal O₂, 2 required CPAP and 6 cases required mechanical ventilation. Most of the TTN cases were managed with hood. CPAP is commonly needed for BA, MAS and pneumonia cases. Mechanical ventilation is commonly needed for Birth asphyxia and MAS cases.

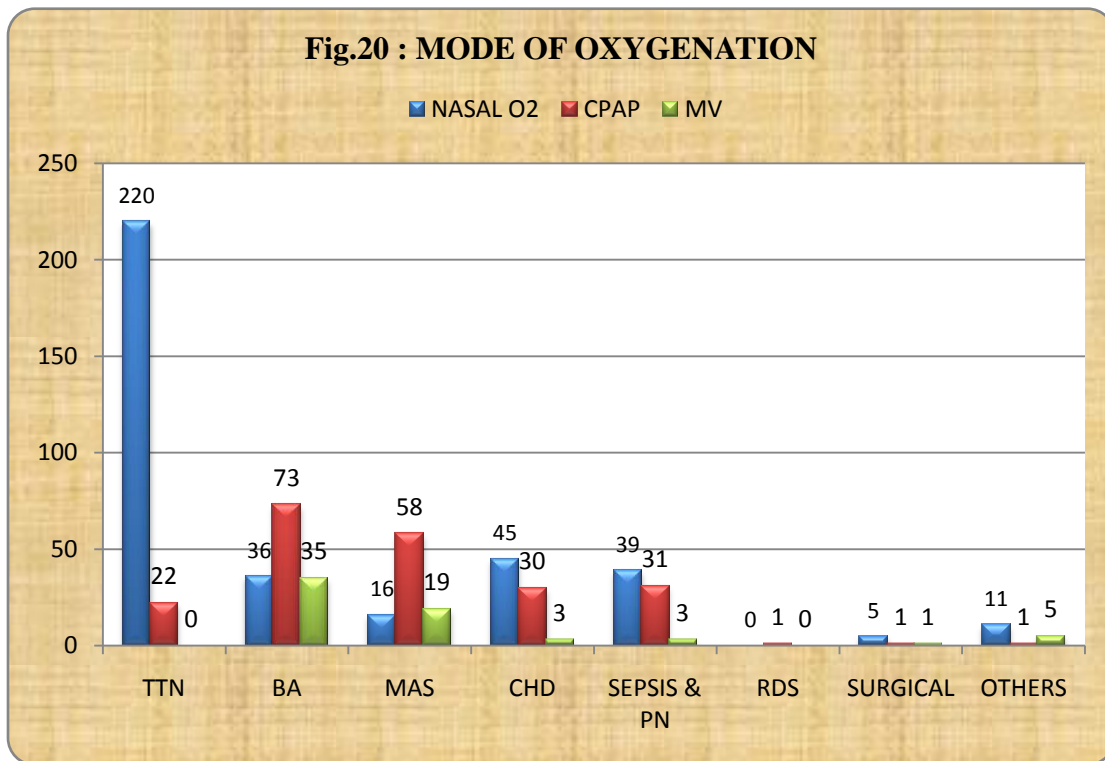


TABLE 21: CHEST X RAY (n=655)

ETIOLOGY	ABNORMAL	NORMAL
TTN	37	205
BA	11	133
MAS	88	5
CHD	28	50
SEPSIS&PN	24	49
RDS	1	0
SURGICAL	2	5
OTHERS	6	11
TOTAL(655)	197	458

Out of the 655 cases 197 cases had abnormal chest x ray findings. 37 cases of TTN, 11 cases of birth asphyxia, 88 cases of MAS, 28 cases of CHD, 24 cases of sepsis and pneumonia , 1 RDS case, 2 cases due to surgical causes and 6 cases due to other respiratory causes had abnormal chest x ray findings. Most of the cases of MAS and Pneumonia had findings in radiograph.

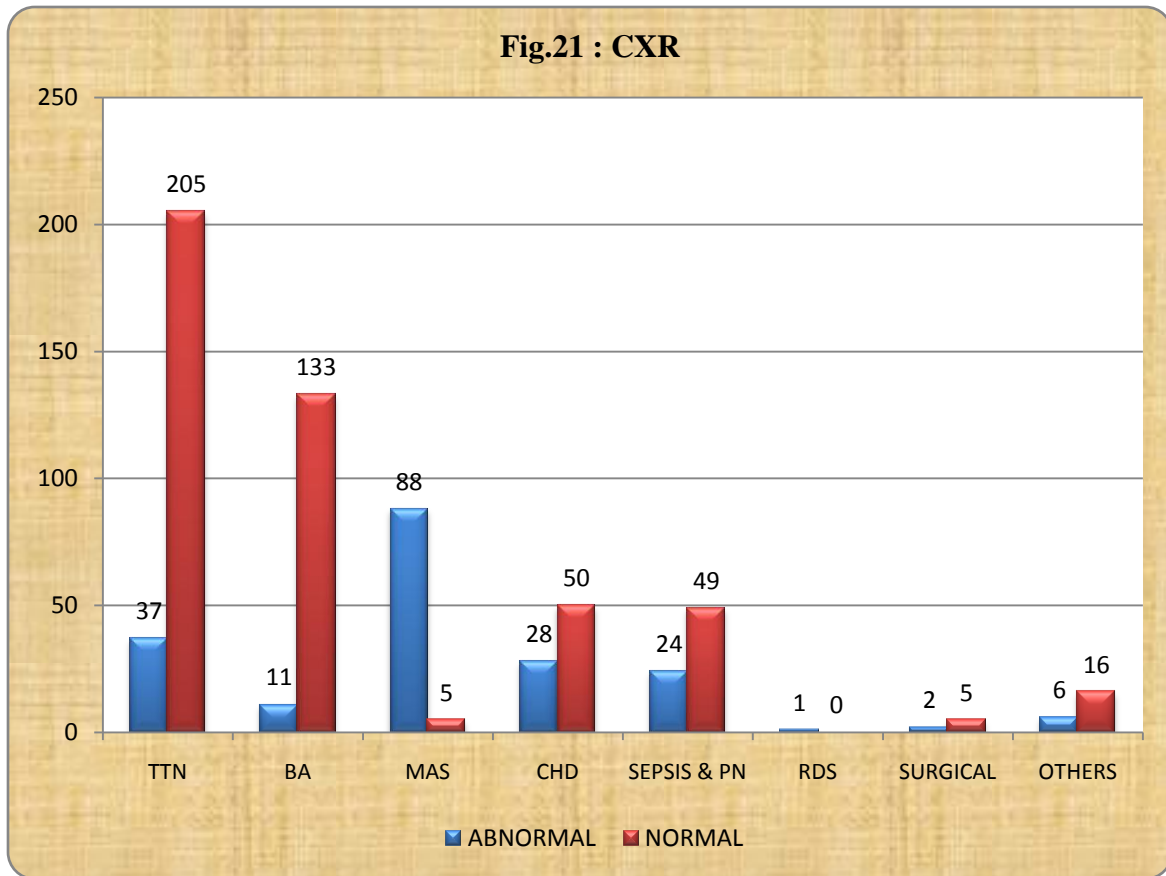


TABLE 22: DAYS OF HOSPITALISATION (n=655)

DAYS OF HOSP.	No.	PERCENTAGE
≤3 DAYS	213	32.52
>3 DAYS	442	67.48
TOTAL	655	100

Out of the 655 newborns 213(32.52%) were either discharged or died within 3 days and 442 cases were either discharged or died after 3 days.

Fig.22 : DAYS OF HOSPITALISATION

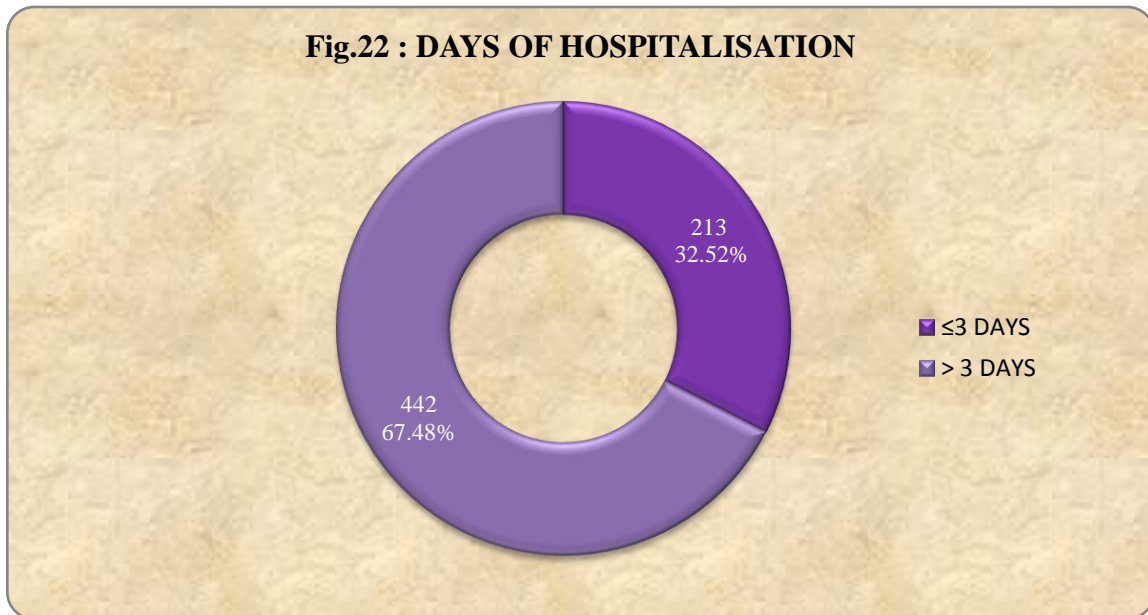


TABLE 23: DAYS OF HOSPITALISATION (n=655)

ETIOLOGY	≤3 DAYS	>3 DAYS
TTN(242)	134	108
BA(144)	30	114
MAS(93)	22	71
CHD(78)	18	60
SEP & PN(73)	2	71
RDS(1)	0	1
SURGICAL(7)	2	5
OTHERS(17)	5	12
TOTAL(655)	213	442

Out of the 242 TTN cases admitted during the study duration of stay was ≤ 3 days in 134 cases and > 3 days in 108 cases, 30 cases of Birth asphyxia stayed for ≤ 3 days,

whereas 114 cases stayed for >3 days. In MAS, duration of stay was ≤ 3 days in 22 cases and >3 days in 71 cases.

In CHD duration of stay was ≤ 3 days in 18 cases and > 3 days in 60 cases. In sepsis and pneumonia duration of stay was ≤ 3 days in 2 cases and > 3 days in 71 cases. In RDS duration of stay was > 3 days in 1 case. 2 cases of surgical causes and 5 cases of distress due to other causes stayed for ≤ 3 days and 5 cases of surgical causes and 12 cases due to other causes stayed for > 3 days. Duration of stay was ≤ 3 days in most of the TTN cases whereas duration of stay > 3 days was mostly due to Birth asphyxia cases and MAS cases.

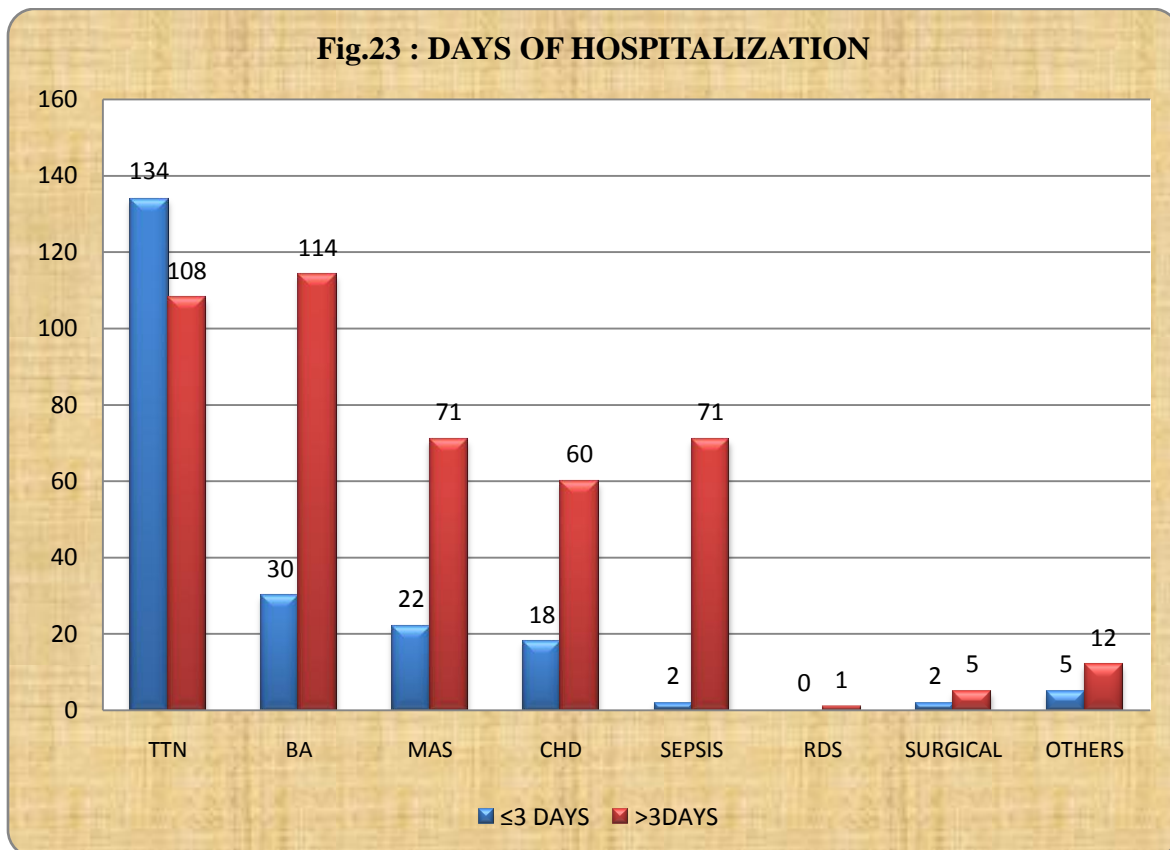


TABLE 24: MATERNAL AGE (n=655)

MATERNAL AGE	NUMBER	PERCENTAGE
≤18 or ≥35	63	9.62
19-34	592	90.38
TOTAL	655	100

Maternal age was ≤ 18 or ≥ 35 in 63 cases and 19 – 34 in 592 cases, 9.62 % of mothers were in extreme age group

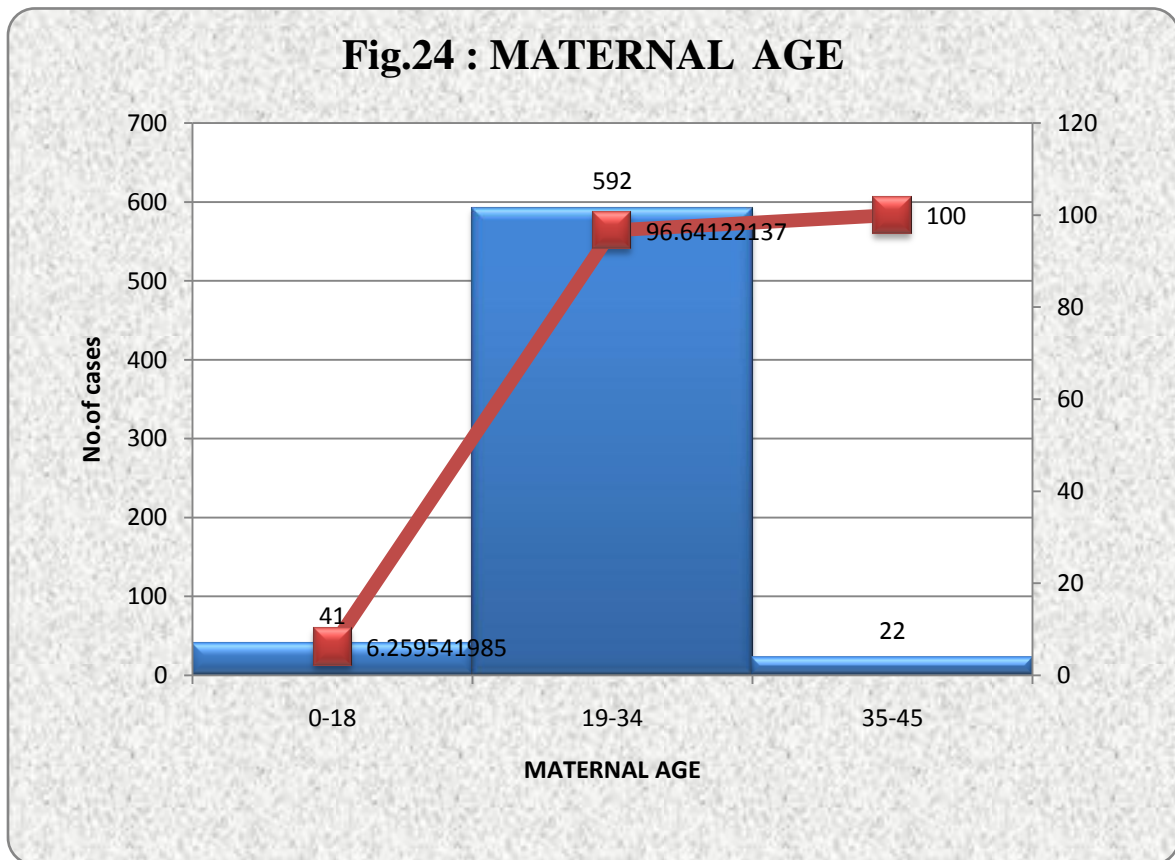


TABLE 25: PARITY: (n=655)

PARITY	NUMBER	PERCENTAGE
PRIMI	328	50.08
2-4	286	43.66
>4	41	6.26
TOTAL	655	100

Out of the 655 newborns with respiratory distress, 328 were born to primi mothers, 286 newborns were born to G 2 to G4 mothers and 41 newborns were born to grand multipara mothers (G>4).

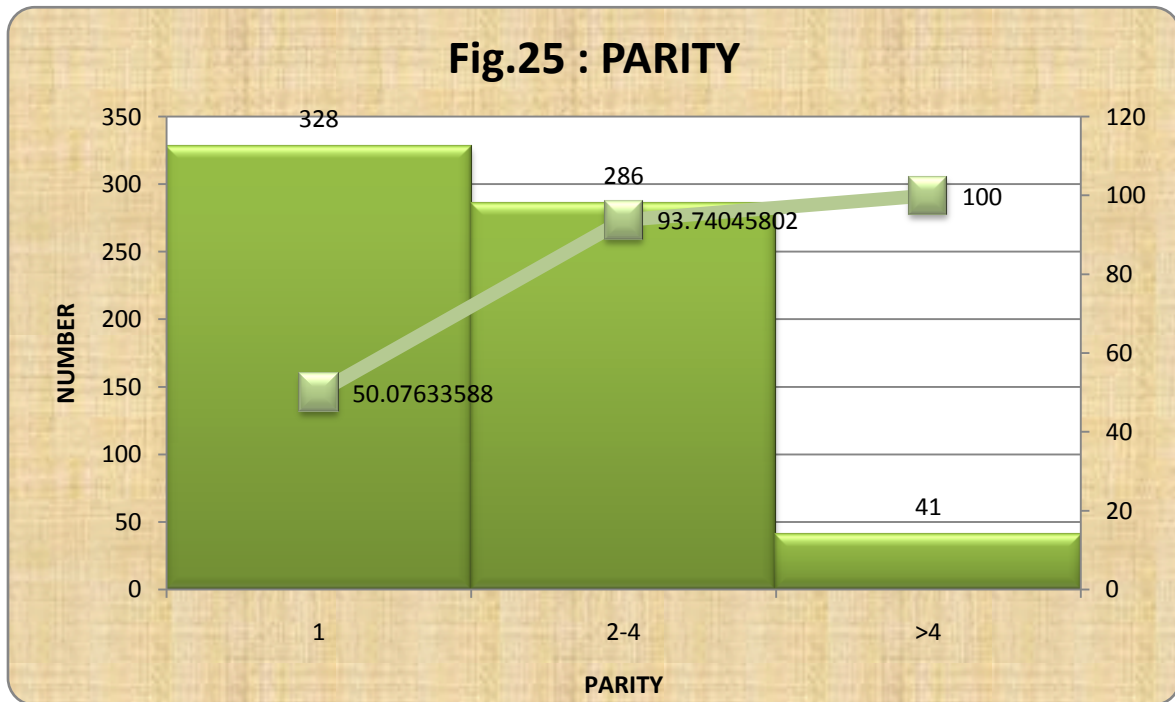


TABLE 26: MATERNAL ILLNESS (n=655)

MATERNAL ILLNESS	NUMBER	PERCENTAGE
YES	197	30.08
NO	458	69.92
TOTAL	655	100

Maternal illness like GDM, PIH , Anemia were present in 197 mothers(30.08%) of babies with respiratory distress and absent in 458 mothers of babies with respiratory distress(69.92%).

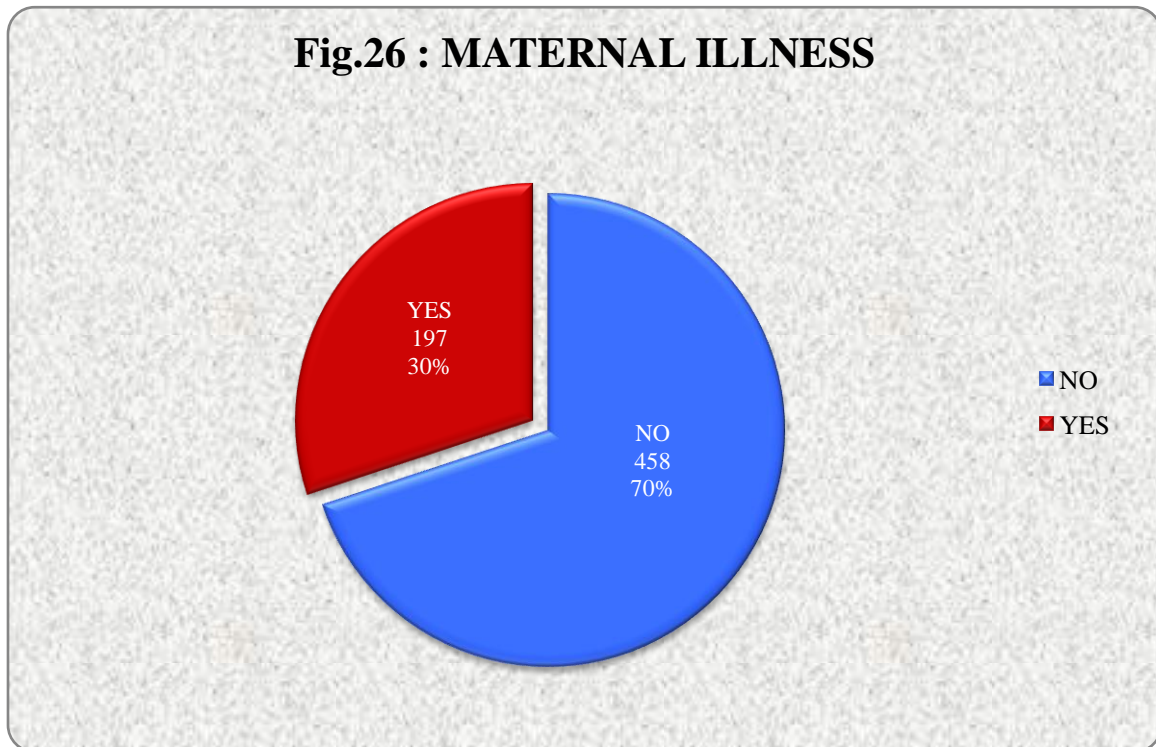


TABLE 27: PROLONGED LABOUR (n=655)

PROLONGED LABOUR	NUMBER	PERCENTAGE
YES	107	16.34
NO	548	83.66
TOTAL	655	100

Out of 655 newborns admitted for respiratory distress, Prolonged labour was present in 107 deliveries (16.34%) and absent in 548 deliveries (83.66%).

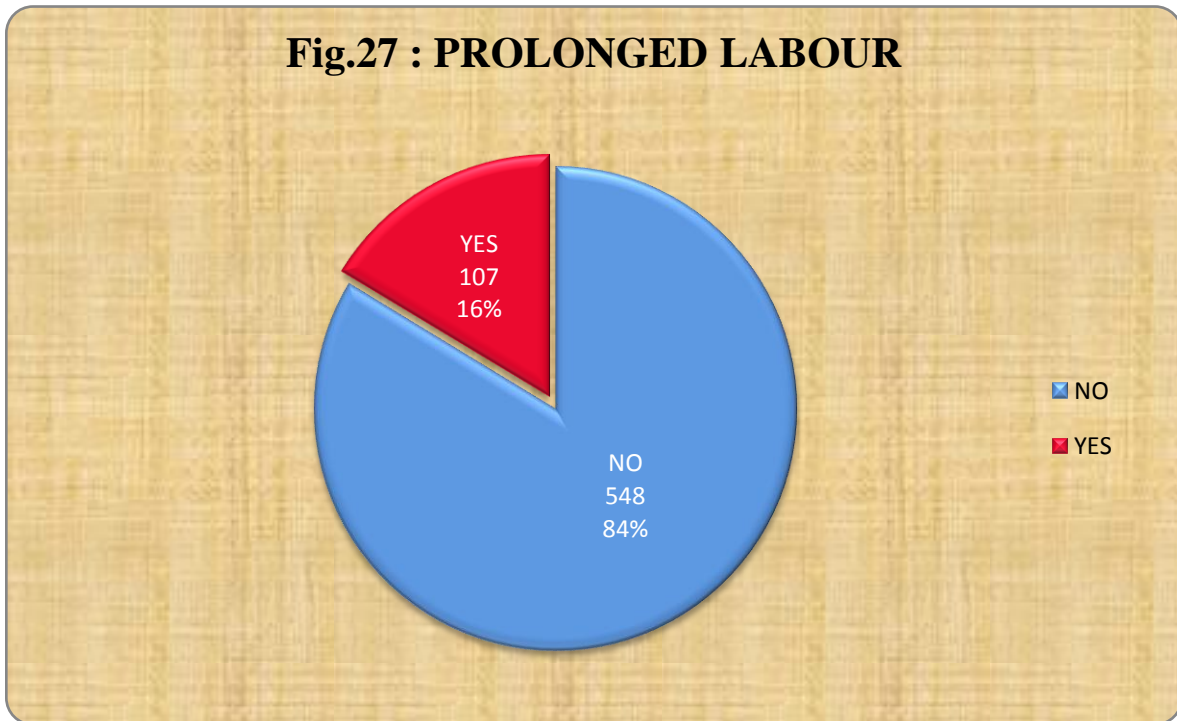


TABLE 28: PROLONGED RUPTURE OF MEMBRANES (n=655)

PROM	NUMBER	PERCENTAGE
YES	89	13.59
NO	566	86.41
TOTAL	655	100

Out of 655 newborns admitted for respiratory distress, Prolonged rupture of membranes was present in 89 deliveries (13.59%) and absent in 566 deliveries (86.41%) .

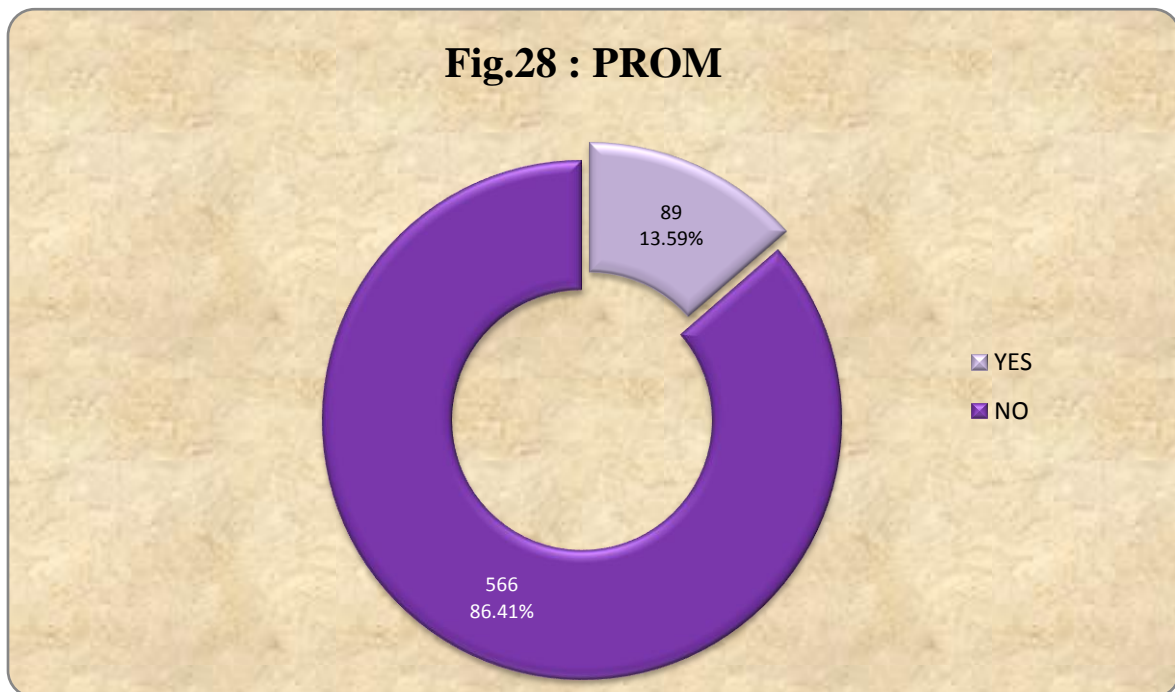
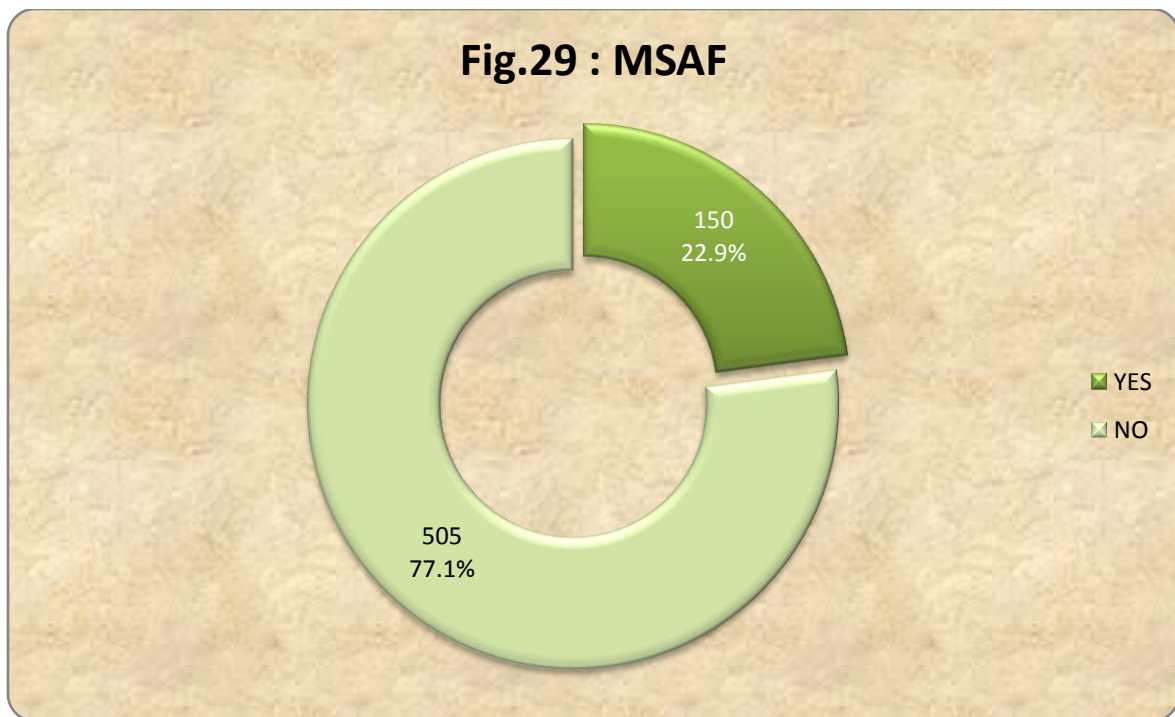


TABLE 29: MECONIUM STAINED AMNIOTIC FLUID

MSAF	NUMBER	PERCENTAGE
YES	150	22.90
NO	505	77.10
TOTAL	655	100

Out of 655 newborns admitted for respiratory distress, Meconium stained amniotic fluid was present in 150 deliveries (22.9%) and absent in 505 deliveries (77.10%).



DISCUSSION

Respiratory distress is a major contributor to newborn admission in NICU. It also contributes to significant morbidity and mortality. Respiratory distress is not a disease per se, but a common manifestation of varying disorders of both respiratory and non respiratory etiology. These disorders may have onset immediately following birth or few hours after birth depending on the underlying condition and gestational age of the baby. Various factors both antenatal and postnatal influence the occurrence of distress. Many such conditions have overlapping clinical manifestations and radiological findings making the diagnosis of each condition difficult. Since it is a major cause of neonatal morbidity and mortality, knowledge about its cause is essential in planning the guidelines for management. Any attempt to decrease the incidence and mortality associated with the condition needs understanding of the varying causes leading to the occurrence of respiratory distress. Many maternal co morbid conditions, factors related to delivery and neonatal factors like gestational age and birth weight influence the incidence of distress. Varying studies have been conducted in different parts of the world and across our nation to find the incidence of conditions leading to respiratory distress in newborn period. Many such studies include the preterm babies also where the major cause of distress is Respiratory distress syndrome. Studies finding the etiological profile of respiratory distress in term babies are less, that too in South India are even more less. In this situation this study is planned to study the clinical profile of respiratory distress in term infants in

the early neonatal period and evaluate its immediate outcome. The maternal factors, factors related to delivery and neonatal factors associated with the condition are also studied. Therapeutic interventions influencing the outcome are also studied. Thus this study will help in identifying the causes of respiratory distress in the early neonatal period and the factors influencing its outcome, henceforth help in planning measures to decrease the morbidity and mortality associated with respiratory distress.

During the study period a total of 2152 newborns were admitted in our SNN , of which a total of 655 term newborns were admitted with onset of respiratory distress in early neonatal period . These 655 babies were included in the study and the clinical profile of respiratory distress and its immediate outcome are analysed.

NEONATAL CHARACTERISTICS:

TABLE 30: INCIDENCE OF RESPIRATORY DISTRESS

STUDY	INCIDENCE
Haquea et al(3)	34%
Sirageldin MK Abderlrahman et al(4)	56.5%
Assel Mohammed Wadi et al(8)	50 %
Santhosh et al(6)	13.7%
Keerti Swarnakar et al(7)	16.3%
Present Study	30.43%

The incidence in our study is similar to other studies.

TABLE 31: ETIOLOGY OF RESPIRATORY DISTRESS

STUDY	TTN %	BA %	MAS %	SEP + PN %	CHD %	RDS %	Others %
Haqea et al(3)	43.2	25	1.5	28	10.4	30.2	2
SirageldinMK Abderlrahman et al(4)	28		6	24	9	15	18
Assel Mohammed Wadi et al(5)	44.9	13.2	9.6	16.2	7.8	1.2	7.2
Santhosh et al(6)	46	25	7.8	25	1.3	31.5	3.9
Keerti Swarnakar et al(7)	40.7	11.4	9.3	7.9	3.5	17.1	10
Abhijit et al(8)	32.3	12.5	13.15	24.3	3.3	7.9	3.94
Present study	36.95	21.98	14.2	11.14	11.91	0.16	3.66

In our study also TTN is the most common cause of respiratory distress which is comparable to previous studies, Birth asphyxia is the second most common cause of respiratory distress which is also similar to previous studies. MAS followed by CHD

are the other common causes for respiratory distress in our study which is comparable to previous studies. Sepsis and Pneumonia as a cause of Respiratory distress is less when compared to previous studies. Other causes constitute a minor cause of respiratory distress as in other studies.

TABLE 32: DISTRIBUTION OF OUTCOME

STUDY	DEATH%	DISCHARGE%
Haquea et al(3)	16.7	83.3
SirageldinMKAbderlrahman et al(4)	36	64
Assel Mohammed Wadi et al(5)	9	91
Santhosh et al(6)	7.8	92.2
Keerti Swarnakar et al(7)	22.86	77.14
Present study	9.01	90.99

In our study mortality rate is 9.01% which is comparable to previous studies.

TABLE 33: CASE FATALITY RATE

STUDY	TTN	BA	MAS	CHD	SEP & PN	RDS	Others
SirageldinMKAbderlrahman et al (4)	0		33.3	55.6	33.3	86.7	44.44
AsselMohammedWadietal(5)	0	33.33	0	13.33	33.33	0	13.33
Keerti Swarnakar et al(7)	0	31.25	30.8	60	36.4	33.3	14.3
Present study	0	20.83	18.28	5.13	23.78	0	20.83

In our study CFR for TTN is similar to previous studies, CFR for BA is comparable to previous studies, CFR for MAS is less than the previous studies, CFR for CHD is much less than the previous studies, CFR for sepsis and pneumonia is comparable to previous studies, CFR for other causes is comparable to previous studies.

TABLE 34: GENDER DISTRIBUTION OF NEONATES

STUDY	MALE%	FEMALE%
Haquea et al(3)	64	36
Sirageldin MK Abderlrahman et al(4)	54	46
Assel Mohammed Wadi et al(5)	61.68	38.32
Present study	63.53	36.47

In our study results are similar to other studies.

TABLE 35: PLACE OF DELIVERY

STUDY	INBORN%	OUTBORN%
Haquea et al(3)	66.67	33.33
Present study	74.66	25.34

In this study also it is comparable to the previous study.

TABLE 36: MODE OF DELIVERY

STUDY	LSCS%	VAGINAL%
Haquea et al(3)	84	16
Assel Mohammed Wadi et al(5)	50.3	49.7
Keerti Swarnakar et al(7)	67.6	32.4
Present study	52.06	47.94

In our study cases delivered by LSCS is more than the cases delivered by vaginal delivery and is similar to previous studies.

TABLE 37: NEED FOR RESUSCITATION

STUDY	YES%	NO%
Assel Mohammed Wadi et al(5)	24.6	75.4
Present study	30.84	69.16

In this study also results are similar to previous studies

TABLE 38: CHEST X RAY FINDINGS

STUDY	ABNORMAL	NORMAL
Temesgen Tadasse et al	44	66
Santhosh et al(6)	75	25
Present study	69.9	30.1

In this study abnormal chest x ray findings are comparable to previous studies.

TABLE 39: NEED FOR MECHANICAL VENTILATION

STUDY	YES%	NO%
Haqea et al(3)	25	75
Santhosh et al(6)	21	79
Present study	9.93	91.07

In our study requirement for mechanical ventilation is less than the previous studies.

TABLE 40: NEED FOR CPAP

STUDY	YES%	NO%
Haqea et al(3)	4.1	95.9
Present study	33.13	66.87

In our study CPAP was needed for more babies.

TABLE 41: DAYS OF HOSPITALIZATION

STUDY	<3 days %	≥3days %
Assel Mohammed Wadi et al(5)	45.5	54.5
Present study	32.52	67.48

In this study more babies required hospital stay of > 3 days compared to the previous study.

MATERNAL AND LABOUR CHARACTERISTICS:

TABLE 42: MATERNAL ILLNESS

STUDY	YES %	NO %
Assel Mohammed Wadi et al(5)	19.2	80.8
Keerti Swarnakar et al(7)	12.14	87.86
Present study	30.08	69.92

In our study maternal illness is present in more mothers than the previous studies.

TABLE 43: MATERNAL AGE

STUDY	≤18yr & ≥35 yrs %	19-34 yrs %
Assel Mohammed Wadi et al(5)	23.4	76.6
Temesgen Tadasse et al	11	89
Present study	9.62	90.38

In our study, result is similar to previous studies.

TABLE 44: PARITY

STUDY	PRIMI & >4 (%)	2 to 4 (%)
Assel Mohammed Wadi et al(5)	41.9	58.1
Temesgen Tadasse et al	56	44
Present study	56.34	43.66

In our study, results are comparable to previous studies.

TABLE 45: PROLONGED RUPTURE OF MEMBRANES

STUDY	YES %	NO %
Assel Mohammed Wadi et al(5)	11.4	88.6
Keerti Swarnakar et al(7)	12.14	87.86
Present study	13.59	86.41

In our study, results are similar to previous studies.

TABLE 46: MECONIUM STAINED AMNIOTIC FLUID

STUDY	YES%	NO%
Assel Mohammed Wadi et al(5)	19.8	80.2
Keerti Swarnakar et al(7)	11.43	88.57
Present study	22.90	77.10

In our study also results are comparable to previous studies.

CONCLUSION

Respiratory distress is a common cause of newborn admission in NICU. TTN is the most common cause of respiratory distress in term newborns, followed by Perinatal asphyxia, Meconium aspiration and Congenital heart diseases. Sepsis and pneumonia varies in different centres. A small proportion of respiratory distress is due to other causes like congenital diaphragmatic hernia, anemia, congenital lobar emphysema, congenital anomalies etc.

Though TTN is the most common cause of distress, it is usually self limited and carries good prognosis. The main causes for death are Perinatal asphyxia, MAS, Sepsis and Pneumonia. Hence, any measure to reduce the morbidity and mortality associated with respiratory distress should be aimed at effective management of these conditions.

Incidence of respiratory distress is more in males compared to females.

Incidence is more in cases delivered by caesarean section than those delivered by vaginal delivery. Hence, judicious indications should be available for caesarean deliveries.

Incidence is more in babies delivered at early term (37-38wks) than those delivered at late term (39-40wks). Thus elective caesarean sections should be planned after the completion of early term gestation.

A significant proportion of babies require resuscitative measures. Hence, adequate skill in effective resuscitation is a must for appropriate management of these babies.

Chest Radiographic findings are abnormal only in one third of babies, hence undue importance to imaging should be avoided and high index of clinical suspicion is essential.

Use of Continuous positive airway pressure decreases the need for mechanical ventilation in babies with respiratory distress.

The occurrence of respiratory distress is more in mothers with underlying illness, hence early identification of maternal illness and its effective management is essential to decrease the incidence of respiratory distress.

Primi and grand multipara mothers are at more risk of delivering babies with respiratory distress.

Mothers ≤ 18 yrs and ≥ 35 yrs have increased chance of delivering babies with respiratory distress.

Presence of labour complications like prolonged rupture of membranes and Meconium stained amniotic fluid increase the incidence of respiratory distress. Hence timely management of these conditions is needed.

LIMITATIONS

Long term complications and outcome was not followed up since it does not come under the purview of the study.

FUTURE IMPLICATIONS

Perinatal asphyxia and MAS are the main reasons for death due to respiratory distress. Therefore improvement in antenatal management of labour by early referral of high risk mothers to tertiary care centres will reduce the need for resuscitation and decrease the morbidity and mortality associated with respiratory distress. As early term neonates are at increased risk for developing respiratory distress, elective caesarean sections should be planned in the late term period. Early recognition of maternal infection and starting empirical antibiotic therapy, following aseptic precautions during delivery will decrease the incidence of early onset pneumonia and sepsis. As maternal illness like GDM , Anemia , PIH etc are associated with neonatal respiratory distress, early identification of these conditions in the antenatal period and appropriate management are essential.

Training of staff in resuscitative measures is useful to decrease the morbidity associated with respiratory distress.

Assessing the severity of distress by scoring, helps in guiding therapy. Use of CPAP for moderate to severe distress decreases the need for mechanical ventilation, thereby reduces the duration of stay and mortality.

Future interventional studies assessing the effectiveness of various interventions will help us in planning cost effective measures that can be implemented in peripheral centres to reduce the morbidity and mortality of respiratory distress.

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PROFORMA

NAME : Baby of..... IP NO :

SEX : MOTHER'S IP NO :

DOB : DOA :

NEONATE DETAILS:

Gestational Age :

(Completed weeks)

Birth Weight :

Need for Resuscitation :

Age at Admission (in hours) :

MATERNAL DETAILS:

Age (years) :

Parity (G_ P_) :

Any Comorbid Illness :

DELIVERY DETAILS:

Prolonged rupture of membrane : (Yes or No)

Prolonged labour : (Yes or No)

Meconium staining of liquor : (Yes or No)

Type of delivery : (LN/LSCS/ASSISTED)

Place of delivery : Inborn/outborn (PHC/GH/Pvt.)

CLINICAL FINDINGS:

General examination	Vitals	CVS	P/A	CNS	SpO2

Respiratory Rate	Retractions	Cyanosis	Grunting	Air Entry	Downe' score

INVESTIGATIONS

CXR		NEC	CRP	ECHO	OTHERS
Normal	Abn				

FINAL DIAGNOSIS: (Tick)

TTN		Sepsis	
RDS		Anemia	
MAS		CHD	
Birth Asphyxia		Pneumothorax	
Pneumonia		Others	

FOLLOW UP

Mode Of Oxygenation : Hood/CPAP/Ventilator

Days of Hospitalisation :

Final Outcome : Discharge/Death

KEY TO MASTER CHART

ABN-Abnormal

APH-Antepartum Hemorrhage

ASD-Atrial Septal Defect

ASH-Asymmetric Septal Hypertrophy

B/O-Baby Of

BA-Birth Asphyxia

CA-Choanal Atresia

CCHD-Cyanotic Congenital Heart Disease

CDH-Congenital diaphragmatic hernia

CHD-Congenital heart disease

CL&CP-Cleft lip & Cleft palate

CLE-Congenital lobar emphysema

CM-Congenital malformation

COM.ILL-Comorbid illness

CPAP-Continuous Positive Airway Pressure

CRP-C reactive protein

CXR-Chest x ray

DIAG-Diagnosis

DOWNE-Downe's score

FCH-Female child

GA-Gestational Age

GDM-Gestational Diabetes Mellitus

HYPOTY-Hypothyroidism

I-Inborn

LM-Laryngomalacia

LN-Labour Natural

LSCS-Lower segment caesarean section

MAS-Meconium aspiration syndrome

MAT.AGE-Maternal age

MCH-Male child

MM-Meningomyelocele

MOO-Mode of oxygenation

MSAF-Meconium stained amniotic fluid

MV-Mechanical ventilation

N-Normal

NEC-Non enteric culture

NFR-Need for resuscitation

O-Others

OF-Outlet forceps

OI-Osteogenesis imperfecta

PDA-Patent ductus arteriosus

PFO-Patent foramen ovale

PHT-Pulmonary hypertension

PIH-Pregnancy induced hypertension

PN-Pneumonia

POS-Positive

PPHN-Persistent pulmonary hypertension of newborn

PRLB-Prolonged labour

PROM-Prolonged rupture of membranes

RDS-Respiratory distress syndrome

TAPVC-Total anomalous pulmonary venous connection

TGA-Transposition of great arteries

TOF-Tetralogy of fallot

TR-Tricuspid regurgitation

TTN-Transient tachypnea of newborn

UAA-Upper airway anomaly

UTI-Urinary tract infection

VSD-Ventricular septal defect

S.NO	NAME(B/O)	IP.NO	SEX	GA	WT	NFR	MAT.AGE	PARITY	COM.ILL	PROM	PRLB	MSAF	DELIVERY	PLACE	DOWNE	CXR	NEC	CRP	ECHO	DIAG	MOO	STAY	OUTCOME
1	VANATHI	4382	MCH	39	2.7	NO	20	G3P1L1A1	NO	NO	NO	NO	LSCS	I		2 N	N	N	N	TTN	HOOD	4	DISCHARGE
2	SUMATHI	4400	FCH	40	2.25	NO	22	G1	NO	NO	NO	YES	LSCS	I		5 ABN	N	N	N	MAS	CPAP	7	DISCHARGE
3	SUGANTHI	4505	MCH	38	2.77	YES	25	G2P1L1	NO	NO	NO	NO	LN	O		4 N	N	N	N	BA	CPAP	4	DISCHARGE
4	GEETHA	4557	MCH	39	2.55	NO	25	G2P1L1	CHD	NO	NO	NO	LN	I		2 N	N	N	N	TTN	HOOD	6	DISCHARGE
5	NAGAJOTHI	4596	MCH	38	2.98	NO	23	G2P1L1	NO	NO	YES	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	5	DISCHARGE
6	KRISHNAVENI	4680	FCH	39	3.28	NO	27	G4P3L2	ANEMIA	NO	NO	NO	LN	I		6 ABN	N	N	N	O-CDH	MV	<1	DEATH
7	NATHIYA	4772	MCH	38	2.26	NO	24	G2P1L1	GDM	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	5	DISCHARGE
8	SELVI	4785	MCH	39	2.75	NO	27	G2A1	HYPOTY	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	4	DISCHARGE
9	RAJALAKSHMI	5048	MCH	40	3.12	NO	25	G1	ANEMIA	NO	NO	YES	LN	O		4 ABN	N	N	N	MAS	CPAP	4	DISCHARGE
10	NAGAJOTHI	5203	FCH	40	2.95	YES	18	G2A1	ANEMIA	NO	NO	YES	LN	O		4 N	N	N	N	BA	CPAP	7	DISCHARGE
11	VEERACHINNU	5265	FCH	37	2.39	NO	35	G1	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	4	DISCHARGE
12	AKILA	5327	MCH	38	3.12	NO	27	G1	NO	YES	YES	NO	LSCS	I		3 N	POS	POS	N	SEPSIS	HOOD	12	DISCHARGE
13	JAYAPRIYA	5358	FCH	37	2.32	YES	21	G3P1L1A1	ANEMIA	NO	NO	NO	LSCS	O		4 N	N	N	N	BA	CPAP	7	DISCHARGE
14	RAJESWARI	5448	MCH	39	3.12	NO	27	G3P1L1A1	NO	YES	YES	YES	LSCS	I		6 ABN	N	N	N	MAS	CPAP	7	DISCHARGE
15	VANITHA	5508	FCH	40	3.37	NO	23	G3P1L1A1	NO	NO	NO	NO	LSCS	I		3 ABN	N	N	N	TTN	HOOD	3	DISCHARGE
16	JOTHIMANI	5516	FCH	40	3.38	YES	20	G2A1	NO	YES	YES	NO	LN	I		6 N	N	N	N	BA	CPAP	11	DISCHARGE
17	NAGAJOTHI	5702	FCH	38	3.36	YES	19	G1	NO	NO	YES	YES	OF	I		5 ABN	N	N	N	BA	MV	13	DISCHARGE
18	INDHUMATHI	5788	MCH	39	3.82	NO	25	G4P1L1A2	NO	NO	NO	NO	LN	O		6 ABN	N	N	PDA	CHD	CPAP	7	DISCHARGE
19	SUMITHA	5667	FCH	38	2.75	NO	19	G2P1L1	NO	NO	NO	YES	LN	O		4 ABN	N	N	N	MAS	CPAP	6	DISCHARGE
20	TAMILMANI	5871	MCH	39	3.52	NO	27	G1	NO	NO	NO	NO	LN	I		3 N	N	N	N	O-UAA	HOOD	7	DISCHARGE
21	RAMBHA	6006	FCH	37	3.12	NO	19	G1	NO	NO	NO	YES	LSCS	O		5 ABN	N	N	PDA	MAS	CPAP	13	DISCHARGE
22	JEYAKODI	6170	MCH	38	2.31	NO	23	G2A1	NO	NO	NO	NO	LN	O		3 ABN	N	N	N	TTN	HOOD	1	DISCHARGE
23	SUGANYA	6257	FCH	37	2.53	NO	20	G1	NO	YES	YES	NO	LN	I		3 ABN	N	N	N	TTN	HOOD	7	DISCHARGE
24	SANGUTHAI	6304	MCH	38	3.32	YES	27	G1	NO	NO	NO	NO	LN	O		6 N	N	N	N	BA	CPAP	8	DISCHARGE
25	SHANMUGAPRIYA	6580	MCH	40	4.4	NO	30	G1	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	3	DISCHARGE
26	MANIMEGALAI	6715	FCH	38	2.75	NO	22	G2P1L1	NO	NO	NO	NO	LN	O		3 N	N	N	N	O-LM	HOOD	7	DISCHARGE
27	PUSHPAM	6884	MCH	39	2.95	NO	24	G2P1L1	NO	NO	NO	NO	LSCS	I		3 ABN	N	N	N	TTN	HOOD	4	DISCHARGE
28	DURGADEVI	6668	MCH	40	3.5	NO	31	G1	NO	NO	NO	NO	LSCS	I		5 ABN	N	N	ASD	CHD	CPAP	6	DISCHARGE
29	SIVABALA	7099	MCH	38	3.4	NO	21	G1	NO	NO	NO	NO	OF	I		3 N	N	N	N	TTN	HOOD	2	DISCHARGE
30	ARIVUSELVI	7091	FCH	40	3.6	NO	25	G1	PIH	NO	NO	NO	LSCS	I		5 ABN	N	N	N	MAS	CPAP	7	DISCHARGE
31	PETCHIAMMAL	7269	FCH	38	2.8	NO	25	G2P1L1	NO	NO	NO	NO	LSCS	I		3 ABN	N	N	N	MAS	HOOD	3	DISCHARGE
32	POOMINA	7369	FCH	38	3.06	YES	21	G1	NO	YES	YES	NO	OF	I		6 N	N	N	N	BA	CPAP	7	DISCHARGE
33	KALLESWARI	7422	FCH	37	2.17	NO	20	G1	NO	NO	NO	NO	LN	O		3 ABN	POS	POS	N	SEPSIS	HOOD	13	DISCHARGE
34	KALAISELVI	7607	MCH	39	3.63	YES	26	G3P2L2A1	NO	NO	YES	NO	LSCS	O		3 ABN	N	N	ASD	CHD	HOOD	7	DISCHARGE
35	SARITHA	7668	MCH	38	2.7	YES	21	G1	NO	NO	NO	YES	LSCS	I		6 ABN	N	N	N	MAS	CPAP	7	DISCHARGE
36	SUMATHI	7877	MCH	39	3.8	NO	30	G5P1L1A3	GDM	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	7	DISCHARGE
37	RADHA	7917	MCH	38	2.93	NO	27	G2A1	UTI	NO	YES	NO	OF	I		3 ABN	N	N	PDA	CHD	HOOD	6	DISCHARGE
38	SARANYA	7965	MCH	38	3.15	NO	23	G1	NO	YES	YES	NO	LSCS	I		3 N	POS	N	N	SEPSIS	HOOD	8	DISCHARGE
39	MYTHILI	8009	MCH	38	2.6	NO	27	G1	GDM	NO	NO	NO	LSCS	I		3 ABN	N	N	N	TTN	HOOD	4	DISCHARGE
40	BAPITHA	7987	MCH	38	3.87	NO	24	G1	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	4	DISCHARGE
41	RAJESWARI	8077	MCH	40	3.05	YES	24	G1	NO	NO	YES	NO	LSCS	I		3 N	N	N	N	BA	HOOD	3	DISCHARGE
42	MALLIGA	8088	MCH	39	3.26	NO	26	G2P1L1	NO	NO	NO	NO	LSCS	O		4 N	N	N	N	MAS	CPAP	10	DISCHARGE
43	NAGALAKSHMI	8250	MCH	38	2.1	YES	28	G3P1L1A1	PIH	NO	NO	NO	LN	I		3 N	N	N	N	BA	HOOD	4	DISCHARGE
44	RAMAJOTHI	8271	MCH	39	3.1	YES	19	G1	NO	YES	YES	NO	LN	I		6 N	N	N	N	BA	MV	<1	DEATH
45	SARITHA	2261	MCH	38	2.27	YES	25	G1	NO	YES	YES	NO	OF	O		3 N	N	N	N	BA	MV	19	DISCHARGE
46	NANDHINI	1161	FCH	38	3.25	NO	23	G2P1L1	ANEMIA	NO	NO	YES	LSCS	I		3 ABN	N	N	N	TTN	HOOD	4	DISCHARGE
47	RANGESWARI	5634	FCH	39	3.5	NO	29	G1	PIH	NO	YES	YES	OF	I		3 ABN	N	N	N	TTN	HOOD	4	DISCHARGE
48	MUTHULAKSHMI	5256	MCH	37	3.47	YES	24	G3P1L1A1	PIH	NO	NO	NO	LSCS	I		3 ABN	N	N	N	TTN	HOOD	5	DISCHARGE
49	ANUSHYA	7290	FCH	38	2.6	NO	26	G2P1L1	NO	NO	NO	NO	LN	I		3 N	N	N	N	O-CL&CP	HOOD	8	DISCHARGE
50	RAJAMMAL	7654	FCH	38	3	NO	23	G1	ANEMIA	NO	YES	YES	LN	I		2 N	N	N	N	BA	HOOD	5	DISCHARGE
51	PARVATHI	7642	MCH	40	2.68	YES	26	G2P1L1	EPILEPSY	NO	NO	YES	OF	I		4 ABN	N	N	N	MAS	CPAP	8	DISCHARGE
52	ANNAPOORANI	6738	FCH	38	1.9	NO	23	G2P1L1	NO	NO	NO	NO	LSCS	I		3 ABN	N	N	ASD	O-DOWNS	HOOD	10	DISCHARGE
53	KOWSALYA	686	MCH	38	2.2	YES	21	G2P1L1	NO	NO	NO	YES	LN	I		3 N	N	N	N	TTN	HOOD	6	DISCHARGE
54	KANJANA	836	MCH	38	1.7	NO	25	G3P1L1A1	ANEMIA	NO	NO	NO	LSCS	I		5 ABN	N	N	N	TTN	CPAP	10	DISCHARGE
55	VELUTAI	826	MCH	38	2.75	NO	29	G2P1L1	ANEMIA	NO	NO	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	2	DISCHARGE
56	KALAIMAGAL	935	MCH	38	2	NO	23	G1	NO	NO	NO	NO	LN	I		3 ABN	N	N	N	TTN	HOOD	6	DISCHARGE
57	SABIRA FATHIMA	944	MCH	38	2.5	NO	29	G2	PIH	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	5	DISCHARGE
58	MUTHUMANI	967	MCH	39	3.3	NO	24	G2A1	NO	YES	YES	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	5	DISCHARGE
59	KANAKA	1107	FCH	38	2.7	YES	24	G3P2L1	NO	NO	NO	NO	LSCS	I		6 ABN	N	N	N	O-OI	MV	1	DEATH

60	DHAVAPRIYA	1123	MCH	38	3.2	YES	20	G2A1	PIH	NO	NO	YES	LN	I	3	N	N	N	N	TTN	HOOD	7	DISCHARGE	
61	MUNEESWARI	991	FCH	38	3.06	NO	26	G2P1L1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	O-LM	HOOD	4	DISCHARGE	
62	ABIRAMI	1214	MCH	38	2.25	NO	22	G3A2	ECLAMPSIA	NO	NO	NO	LSCS	I	3	N	N	N	N	O-LM	HOOD	8	DISCHARGE	
63	JEYAKODI	1259	FCH	38	2.6	YES	24	G1	ANEMIA	NO	NO	YES	OF	I	2	ABN	N	N	N	TTN	HOOD	4	DISCHARGE	
64	PARVATHI	8257	FCH	38	2.7	NO	31	G6P5L3D2	NO	NO	NO	YES	LSCS	I	3	ABN	N	N	N	TTN	HOOD	2	DISCHARGE	
65	SARANYA	8469	MCH	38	3	YES	21	G1	PIH	NO	NO	NO	LN	I	5	N	N	N	N	BA	CPAP	5	DISCHARGE	
66	SOLAIESWARI	8483	FCH	38	2.8	YES	18	G1	ANEMIA	YES	NO	NO	LN	I	3	ABN	N	N	N	TTN	HOOD	4	DISCHARGE	
67	MURUGESWARI	8521	FCH	39	3	NO	27	G1	NO	NO	NO	YES	OF	O	5	ABN	N	N	N	MAS	CPAP	7	DISCHARGE	
68	MUTHESWARI	8622	MCH	38	2.49	YES	21	G4P2L2A1	NO	NO	NO	YES	LSCS	I	5	N	N	N	N	BA	MV	1	DEATH	
69	KRISHNAVENI	8765	MCH	39	4.325	NO	27	G3P1L1A1	NO	NO	YES	NO	LN	I	3	N	N	N	N	TTN	HOOD	2	DISCHARGE	
70	BANUPRIYA	8683	MCH	38	2.8	YES	20	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	BA	HOOD	4	DISCHARGE	
71	KONAMMAL	7980	MCH	38	3	NO	26	G2P1L1	NO	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	4	DISCHARGE	
72	JEYAPRIYA	1612	FCH	38	2.6	YES	17	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	BA	HOOD	4	DISCHARGE	
73	SEETHALAKSHMI	1625	MCH	38	3.1	YES	23	G2P1L1	ANEMIA	NO	NO	NO	LN	I	3	N	N	N	N	BA	HOOD	5	DISCHARGE	
74	KASTHURI	1761	FCH	38	3	NO	21	G1	ANEMIA	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	4	DISCHARGE	
75	GOMATHI	1889	MCH	39	3.96	NO	34	G2P1A1	NO	NO	NO	YES	LSCS	O	5	ABN	N	N	N	MAS	CPAP	2	DISCHARGE	
76	VEERAMANI	2236	MCH	40	3	YES	27	G4P2L2A1	PIH	NO	NO	YES	LN	I	4	ABN	N	N	N	MAS	CPAP	6	DISCHARGE	
77	ARUNA	2244	MCH	37	2.27	YES	20	G1	ANEMIA	NO	NO	NO	LN	I	3	N	N	N	N	BA	CPAP	10	DISCHARGE	
78	MANIMALA	2385	MCH	38	2.6	NO	29	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	O-CL&CP	HOOD	10	DISCHARGE	
79	LAGUMEENA	2428	FCH	37	2.39	YES	21	G1	NO	NO	NO	NO	LN	O	4	N	N	N	N	BA	HOOD	5	DISCHARGE	
80	KAYALVIZHI	2545	MCH	38	2.1	NO	23	G3P1A1D1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	6	DISCHARGE	
81	VIJAYA	2700	FCH	39	2.67	NO	24	G1	ECLAMPSIA	NO	NO	NO	LSCS	I	2	ABN	N	N	N	TTN	HOOD	5	DISCHARGE	
82	SANGEETHA	2764	MCH	38	2.3	NO	20	G2A1	ANEMIA	NO	NO	YES	LSCS	I	2	ABN	N	N	N	TTN	HOOD	3	DISCHARGE	
83	RANJITHA	2853	FCH	38	2.6	NO	22	G2P1L1	ANEMIA	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	3	DISCHARGE	
84	NAGAIINDRANI	2885	MCH	40	4.16	NO	30	G1	PIH	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE	
85	KASTHURI	2918	FCH	39	3.08	NO	21	G1	PIH	NO	NO	NO	LSCS	I	5	ABN	N	N	N	O-MM	CPAP	4	DISCHARGE	
86	MALLIGA	3188	MCH	39	3.05	YES	20	G1	ANEMIA	NO	NO	YES	LN	O	6	ABN	N	N	N	MAS	CPAP	10	DISCHARGE	
87	CHELLATHA	3254	MCH	39	2.4	NO	22	G3P2L1A1	NO	NO	NO	NO	LN	O	3	N	N	N	PDA	CHD	HOOD	5	DISCHARGE	
88	MARITHAI	3603	MCH	39	3.2	NO	20	G3P1L1A1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	2	DISCHARGE	
89	KANIMOZHI	3644	MCH	40	3.1	NO	29	G4P2L2A1	NO	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	2	DISCHARGE	
90	ASITHA	3793	FCH	37	2.4	NO	23	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	O-MM	HOOD	5	DISCHARGE	
91	PANDIYAMMAL	3904	MCH	38	2.25	YES	20	G1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	BA	HOOD	4	DISCHARGE	
92	NARMADHA	3948	FCH	38	2.5	NO	25	G4P3L1D2	NO	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	4	DISCHARGE	
93	BHARATHI	4064	MCH	40	3.485	NO	40	G3P1D1A1	HYPOTY	NO	NO	NO	LSCS	I	3	N	N	N	VSD	CHD	HOOD	5	DISCHARGE	
94	RAVEENA	4198	FCH	38	2.65	YES	20	G1	NO	YES	YES	YES	LSCS	O	7	ABN	N	N	N	MAS	MV	4	DEATH	
95	AMBICA	4195	MCH	38	2.95	YES	22	G2P1L1	ANEMIA	NO	YES	NO	LN	I	3	N	N	N	N	BA	HOOD	5	DISCHARGE	
96	JOTHILAKSHMI	4240	MCH	40	3.2	NO	20	G1	NO	YES	YES	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	2	DISCHARGE	
97	SARANYA	4294	MCH	39	2.4	NO	22	G1	ANEMIA	NO	NO	NO	LN	I	3	ABN	N	N	N	TTN	HOOD	3	DISCHARGE	
98	SATHYAPRIYA	4316	MCH	40	3.95	NO	21	G1	PIH	NO	YES	NO	OF	I	2	N	N	N	N	TTN	HOOD	2	DISCHARGE	
99	MUTHAMMAL	4341	FCH	39	2.64	YES	24	G2P1L1	UTI	YES	YES	YES	LN	O	4	ABN	N	N	N	MAS	MV	3	DEATH	
100	GEETHALAKSHMI	4348	FCH	40	3.3	YES	26	G2P1L1	APH	NO	NO	NO	LN	O	5	N	N	N	N	BA	CPAP	7	DISCHARGE	
101	JEYACHITRA	10914	MCH	38	3	YES	27	G3P1L1A1	NO	NO	NO	NO	LN	O	4	N	N	N	N	ASD	CHD	CPAP	15	DISCHARGE
102	SARANYA	10864	MCH	37	2.5	NO	25	G3P2L1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	O-LM	HOOD	10	DISCHARGE	
103	JEYASUDHA	11043	FCH	40	3.1	NO	21	G2P1L1	NO	NO	NO	YES	LN	O	5	ABN	N	N	N	MAS	CPAP	5	DISCHARGE	
104	MUTHUMANI	11069	FCH	40	2.81	YES	28	G2P1L1	NO	NO	NO	NO	LSCS	I	6	N	N	N	N	BA	CPAP	10	DISCHARGE	
105	NAGAMMAL	11154	FCH	40	2.65	YES	28	G1	PIH	NO	NO	NO	LN	O	5	N	N	N	N	BA	CPAP	10	DISCHARGE	
106	PRIYA	111045	FCH	37	2.4	NO	26	G5P3L1A1E1C1	NO	NO	NO	NO	LN	O	3	ABN	N	N	N	TOF	CHD	HOOD	1	DISCHARGE
107	ESWARI	10632	MCH	37	2.2	NO	25	G2P1L1	NO	YES	YES	NO	LSCS	I	3	ABN	POS	POS	N	SEPSIS	HOOD	15	DISCHARGE	
108	RAJESWARI	11341	MCH	40	3	NO	28	G4P1L1A2	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	2	DISCHARGE	
109	ISPRIYA	11362	FCH	40	3	NO	25	G1	UTI	YES	YES	NO	LSCS	I	4	ABN	POS	POS	N	SEPSIS	CPAP	10	DISCHARGE	
110	TAMILSELVI	11405	MCH	39	2.7	YES	29	G4P1L1A2	NO	NO	NO	NO	LN	I	5	ABN	N	N	TR	CHD	CPAP	6	DEATH	
111	ABIRAMI	11406	MCH	40	2.95	YES	22	G1	NO	NO	NO	YES	LSCS	I	6	ABN	N	N	N	MAS	CPAP	6	DISCHARGE	
112	MUTHUPAPPA	11486	MCH	40	3.02	YES	20	G2P1L1	NO	NO	NO	NO	LN	I	4	N	N	N	N	BA	CPAP	6	DISCHARGE	
113	REKHA	11493	MCH	40	2.5	NO	22	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE	
114	DHARANI	11494	MCH	37	2.1	YES	20	G1	PIH	NO	NO	NO	LN	I	3	N	N	N	N	BA	HOOD	6	DISCHARGE	
115	MUTHULAKSHMI	11613	FCH	38	2.6	NO	27	G1	NO	YES	YES	NO	LN	I	3	ABN	N	N	N	TTN	HOOD	3	DISCHARGE	
116	ANNAMMAL	11358	MCH	37	3	YES	35	G3P2L2A1	NO	NO	NO	NO	LSCS	I	4	ABN	N	N	N	CCHD	CHD	MV	2	DEATH
117	BOMMUTHAI	11953	FCH	37	3	NO	22	G2P1L1	NO	NO	NO	YES	LSCS	I	3	ABN	N	N	N	MAS	HOOD	3	DISCHARGE	
118	MUTHULAKSHMI	12483	MCH	37	2.4	NO	20	G1	NO	YES	YES	NO	LN	I	3	ABN	POS	POS	N	SEPSIS	HOOD	10	DISCHARGE	
119	NANDHINI	12447	MCH	40	4	NO	25	G2P1L1	PIH	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	5	DISCHARGE	

120 ANGALESHWARI	12676 FCH	39	3.03	NO	20 G1	NO	NO	NO	YES	LSCS	I	7 ABN	N	N	N	MAS	CPAP	12 DISCHARGE	
121 ATHESWARI	12832 MCH	39	3.2	YES	20 G1	PIH	NO	NO	YES	LN	O	5 ABN	N	N	N	MAS	CPAP	12 DISCHARGE	
122 NIVETHA	13328 MCH	39	3.2	NO	22 G1	NO	YES	YES	NO	LSCS	I	3 N	POS	POS	N	SEPSIS	HOOD	10 DISCHARGE	
123 ANANDHI	13421 FCH	38	3.04	YES	22 G1	NO	NO	NO	YES	LSCS	I	6 ABN	N	N	N	MAS	MV	2 DEATH	
124 SATHYA	13442 FCH	40	3.15	YES	22 G2P1L1	NO	NO	NO	YES	LN	I	3 N	POS	POS	N	SEPSIS	HOOD	10 DISCHARGE	
125 SUBBULAKSHMI	13539 FCH	39	3.7	YES	19 G1	NO	YES	YES	NO	OF	I	4 N	N	N	N	BA	MV	13 DISCHARGE	
126 MENAKA	13598 MCH	38	2.84	YES	22 G1	NO	NO	NO	YES	LN	O	7 ABN	N	N	N	MAS	MV	22 DEATH	
127 SELVARANI	13610 MCH	39	2.7	YES	24 G4P3L1D2	NO	NO	NO	NO	OF	I	3 ABN	POS	POS	N	SEPSIS	CPAP	11 DISCHARGE	
128 SUJITHA	13659 MCH	38	2.8	NO	25 G2P1L1	NO	NO	NO	NO	LSCS	O	6 ABN	N	N	N	PN	MV	4 DEATH	
129 RENUKA	13680 FCH	38	2.9	NO	26 G2P1L1	NO	NO	NO	YES	LN	O	3 N	N	N	N	TTN	HOOD	5 DISCHARGE	
130 SHANMUGAPRIYA	13697 MCH	40	3.3	NO	23 G1	NO	NO	NO	NO	LN	O	3 N	N	N	N	O-CL&CP	HOOD	6 DISCHARGE	
131 PANDISELVI	13751 MCH	38	2.7	YES	23 G2P1L1	NO	NO	NO	NO	LN	I	5 N	N	N	N	BA	MV	8 DEATH	
132 JEYAPRIYA	13765 MCH	38	2.9	YES	19 G1	NO	NO	NO	NO	LN	I	5 ABN	POS	POS	N	SEPSIS	HOOD	12 DISCHARGE	
133 DIVYA	13790 MCH	37	3	NO	23 G1	NO	NO	NO	YES	LSCS	I	6 ABN	N	N	N	MAS	HOOD	8 DISCHARGE	
134 KARPAGAM	13805 FCH	38	3.3	NO	23 G2P1L1	NO	NO	NO	NO	LN	O	5 ABN	POS	POS	N	PN	CPAP	10 DISCHARGE	
135 MANISHA	13757 MCH	37	2.5	NO	19 G1	NO	NO	NO	NO	LSCS	I	4 N	N	N	ASD	CHD	CPAP	9 DISCHARGE	
136 ALAGAMMAL	13848 MCH	39	3.2	NO	30 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
137 DHANALAKSHMI	13914 FCH	37	2.6	NO	24 G3P2L2A1	NO	NO	NO	YES	LSCS	I	5 ABN	N	N	N	MAS	CPAP	4 DISCHARGE	
138 NANDHINI	13936 FCH	38	2.8	NO	24 G3P1L1A1	NO	NO	NO	NO	LSCS	I	3 ABN	N	N	ASD	CHD	HOOD	8 DISCHARGE	
139 RAJAKUMARI	14024 MCH	39	3.4	YES	22 G1	NO	NO	NO	NO	LN	O	3 N	N	N	N	BA	HOOD	5 DISCHARGE	
140 JOTHI	14101 FCH	38	2.8	NO	24 G1	PIH	NO	NO	NO	OF	I	3 ABN	N	N	N	TTN	HOOD	3 DISCHARGE	
141 ILAVARASI	14148 MCH	39	3.17	NO	29 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
142 NAGESWARI	14208 MCH	40	2.75	NO	19 G1	NO	YES	YES	YES	LN	O	4 ABN	N	N	N	MAS	CPAP	6 DISCHARGE	
143 ANITHA	14355 FCH	39	3.78	NO	26 G2P1L1	PIH	NO	NO	YES	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
144 ALAGULAKSHMI	14372 MCH	38	3	YES	18 G1	NO	NO	NO	NO	LN	I	6 N	N	N	N	BA	CPAP	12 DISCHARGE	
145 MAHESWARI	14488 MCH	40	2.96	NO	21 G1	NO	NO	NO	YES	LN	I	6 ABN	N	N	PPHN	MAS	MV	3 DEATH	
146 RAJASELVI	14714 MCH	39	3.1	NO	21 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
147 TAMILARASI	14852 MCH	38	4.15	NO	33 G2P1L1	NO	NO	NO	NO	LSCS	O	3 N	N	N	PDA	CHD	HOOD	6 DISCHARGE	
148 RUKUMANI	15109 MCH	40	3.8	NO	30 G2P1L1	NO	NO	NO	NO	LSCS	O	6 ABN	N	N	PPHN	MAS	CPAP	7 DISCHARGE	
149 MUTHULAKSHMI	15156 MCH	38	3	YES	21 G1	NO	NO	NO	NO	LN	O	6 N	N	N	N	BA	MV	2 DEATH	
150 VINODHINI	15133 MCH	39	2.9	NO	21 G2P1L1	NO	NO	NO	NO	LN	I	3 ABN	N	N	N	TTN	HOOD	3 DISCHARGE	
151 MURUGESWARI	15228 MCH	38	2.6	YES	19 G1	NO	YES	YES	NO	LN	O	5 N	N	N	N	BA	MV	10 DEATH	
152 PALMANI	15242 MCH	38	3.17	YES	22 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	BA	HOOD	4 DISCHARGE	
153 PANDIMEENA	15069 FCH	39	3	NO	25 G5P2L1A2I	NO	NO	NO	NO	LN	I	4 ABN	N	N	ASD	CHD	CPAP	11 DISCHARGE	
154 NAGAMANI	15355 MCH	39	3.3	YES	20 G3P1L1A1	NO	YES	YES	NO	LN	O	3 N	N	N	N	BA	HOOD	6 DISCHARGE	
155 ATHILAKSHMI	15373 FCH	38	2.1	NO	19 G1	UTI	YES	YES	NO	LN	I	6 ABN	N	N	N	PN	MV	1 DEATH	
156 MUTHULAKSHMI	15156 MCH	38	3	NO	21 G1	NO	NO	NO	NO	LN	O	3 N	N	N	N	BA	HOOD	3 DISCHARGE	
157 SURYAKALA	15540 MCH	40	2.7	NO	24 G1	PIH	YES	YES	YES	LSCS	I	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE	
158 MALLIGA	15579 MCH	39	3	YES	19 G1	NO	NO	YES	NO	LN	I	3 N	N	N	N	BA	HOOD	4 DISCHARGE	
159 BAKIYALAKSHMI	15583 MCH	39	3.2	YES	22 G2P1L1	GDM	YES	YES	NO	LSCS	I	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE	
160 MANIMEGALAI	15586 MCH	37	2.2	NO	35 G1	NO	NO	NO	YES	LSCS	O	3 ABN	N	N	N	MAS	HOOD	3 DISCHARGE	
161 RAMYA	15647 MCH	38	2.69	YES	29 G1	NO	YES	YES	NO	LN	I	6 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE	
162 UMAPATHI	15581 MCH	39	2.8	NO	26 G4P2L2A1	ANEMIA	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	2 DISCHARGE	
163 PANDISELVI	15808 MCH	38	3.3	YES	19 G1	NO	NO	YES	NO	LN	I	3 N	N	N	N	BA	HOOD	4 DISCHARGE	
164 MONISHA	15601 MCH	39	2.9	NO	23 G1	ANEMIA	NO	NO	NO	LSCS	I	3 ABN	N	N	PDA	CHD	HOOD	6 DISCHARGE	
165 MEENA	16028 FCH	39	3	NO	28 G5P1L1A3	GDM	NO	NO	NO	LSCS	I	4 ABN	N	N	PDA	CHD	CPAP	13 DISCHARGE	
166 SANGEETHA	16259 MCH	38	2.2	NO	19 G1	NO	NO	NO	NO	YES	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
167 ALAGUPANDIYAMM	16338 FCH	39	3.1	YES	25 G2P1L1	NO	YES	YES	YES	LN	I	7 ABN	N	N	N	MAS	MV	4 DEATH	
168 LOKESHWARI	16362 FCH	39	2.75	NO	24 G1	NO	NO	YES	YES	LSCS	I	5 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE	
169 KRISHNAVENI	16386 FCH	40	3.81	NO	21 G1	NO	YES	NO	YES	LSCS	I	3 N	N	N	PDA	CHD	CPAP	13 DISCHARGE	
170 NITHYA	16394 MCH	40	3.2	YES	27 G1	SD	YES	YES	NO	LSCS	O	7 N	N	N	N	BA	MV	<1 DEATH	
171 ASHADEVI	16413 MCH	37	2.25	YES	23 G1	PIH	NO	YES	NO	LN	I	5 N	POS	POS	N	SEPSIS	CPAP	12 DISCHARGE	
172 RANI	16496 MCH	39	2.75	YES	30 G2P1L1	ANEMIA	NO	NO	NO	LN	I	3 N	N	N	N	BA	HOOD	5 DISCHARGE	
173 ARCHANA	16541 FCH	39	3.9	YES	17 G1	ANEMIA	NO	NO	NO	LN	I	3 N	N	N	N	BA	HOOD	4 DISCHARGE	
174 SELVAMANI	8736 MCH	38	2.33	NO	21 G2P1L1	NO	NO	NO	NO	LSCS	I	3 ABN	N	N	N	O-TEF	HOOD	1 DISCHARGE	
175 MADHUBALA	8782 FCH	39	2.3	YES	23 G2P1L1	NO	NO	YES	YES	LSCS	I	3 N	N	N	N	BA	HOOD	3 DISCHARGE	
176 RAJAMANI	8807 MCH	38	2.25	NO	20 G1	ANEMIA	YES	YES	NO	OF	I	3 N	POS	POS	N	SEPSIS	HOOD	10 DISCHARGE	
177 PANDIAMMAL	8820 FCH	40	3.5	NO	22 G1	NO	NO	NO	NO	OF	I	3 ABN	N	N	N	TTN	HOOD	3 DISCHARGE	
178 MARIAMMAL	8826 FCH	38	2.7	NO	23 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
179 INDIRA	8875 MCH	40	2.65	YES	24 G1	NO	YES	YES	NO	LN	I	5 ABN	POS	POS	N	SEPSIS	CPAP	19 DISCHARGE	

180	VIMALA	8925	FCH	38	2.33	NO	25	G2P1L1	NO	NO	NO	NO	LSCS	I	3	ABN	N	N	VSD	CHD	HOOD	10	DISCHARGE
181	ELIZARASI	8985	MCH	38	2.3	NO	27	G1	UTI	YES	YES	NO	LSCS	O	3	N	POS	POS	N	SEPSIS	HOOD	13	DISCHARGE
182	MALLIGA	9027	MCH	38	2.3	NO	32	G2A1	NO	NO	NO	YES	LSCS	I	6	ABN	N	N	N	MAS	CPAP	7	DISCHARGE
183	SUVETHA	9037	FCH	39	3	YES	19	G1	NO	NO	YES	NO	OF	I	5	N	N	N	N	BA	CPAP	7	DISCHARGE
184	KASTHURI	9121	MCH	39	3	YES	23	G2P1L1	ANEMIA	YES	YES	NO	LN	O	3	N	POS	POS	N	SEPSIS	HOOD	11	DISCHARGE
185	AMIRTHA JOTHI	9229	MCH	39	3.19	NO	29	G4P2L2A1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	4	DISCHARGE
186	KAYALVIZHI	9322	MCH	39	3.1	NO	23	G2A1	GDM	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	5	DISCHARGE
187	NAGABHAVANI	9370	MCH	38	3.8	NO	24	G4P1L1A2	PIH	NO	NO	NO	LSCS	I	3	ABN	N	N	N	TTN	HOOD	3	DISCHARGE
188	NANDHINI	9444	FCH	39	3.15	YES	22	G2P1L1	NO	NO	NO	NO	LN	I	6	N	N	N	N	BA	HOOD	6	DISCHARGE
189	TAMILSELVI	9510	MCH	38	2.6	NO	28	G4P3L3	GDM	NO	NO	NO	LN	I	2	N	N	N	N	TTN	HOOD	6	DISCHARGE
190	KEERTHANA	9685	MCH	37	2.14	NO	21	G1	NO	NO	NO	YES	LSCS	O	5	ABN	N	N	N	MAS	CPAP	5	DISCHARGE
191	RAMAYEE	9692	FCH	37	1.65	NO	23	G3A2	PIH	NO	NO	NO	LN	I	3	N	N	N	PDA	CHD	HOOD	10	DISCHARGE
192	REVATHY	9790	MCH	38	2.39	NO	23	G1	NO	NO	NO	NO	LN	O	2	N	N	N	N	TTN	HOOD	6	DISCHARGE
193	KANDHAMANI	9818	FCH	38	2.5	NO	24	G2P1L1	NO	NO	NO	NO	LN	O	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
194	MOUNIKA	9916	FCH	37	3.125	NO	20	G1	GDM/PIH	NO	NO	NO	LSCS	I	3	ABN	N	N	VSD	CHD	HOOD	3	DISCHARGE
195	RUBASREE	10007	MCH	37	3.3	YES	20	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	BA	HOOD	3	DISCHARGE
196	MALATHI	10032	FCH	37	2.23	YES	24	G2P1L1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	BA	HOOD	4	DISCHARGE
197	MUTHUMARIYAMM/	10026	FCH	39	2.9	NO	22	G1	NO	YES	YES	NO	LN	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
198	SUGANTHI	10038	FCH	39	3.12	NO	25	G3P2L1A1	NO	NO	NO	NO	LSCS	O	5	ABN	N	N	N	PN	CPAP	10	DISCHARGE
199	VJAYA	10285	MCH	37	3.365	NO	22	G2P1L1	NO	NO	NO	NO	LN	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
200	APARNA	10289	MCH	38	2.88	NO	20	G2P1L1	PIH	NO	NO	NO	LSCS	O	3	N	N	N	N	TTN	HOOD	4	DISCHARGE
201	DEVI	10298	MCH	39	3	NO	30	G3P1L1A1	NO	NO	NO	YES	LSCS	I	6	ABN	N	N	N	MAS	CPAP	4	DISCHARGE
202	SUGAPRIYA	10370	MCH	39	3.25	YES	23	G2A1	PIH	NO	NO	YES	LSCS	I	4	N	N	N	N	TTN	HOOD	8	DISCHARGE
203	SUMITHRA	10360	MCH	38	2.25	NO	25	G2A1	ANEMIA	NO	NO	YES	LSCS	I	6	N	N	N	N	O-CM	MV	19	DEATH
204	THENMOZHI	10386	FCH	38	2.5	NO	29	G1	PIH	NO	NO	YES	LSCS	I	3	ABN	N	N	N	MAS	HOOD	5	DISCHARGE
205	MAHESWARI	10423	MCH	38	3.59	NO	38	G2P1L1	GDM	NO	NO	NO	LSCS	I	4	N	N	N	N	TTN	HOOD	4	DISCHARGE
206	MURUGESWARI	10468	FCH	38	3.16	YES	22	G1	NO	YES	YES	NO	LSCS	I	5	N	N	N	N	BA	CPAP	13	DISCHARGE
207	NIVETHA	10654	MCH	39	3	NO	22	G1	NO	YES	YES	NO	LN	I	3	N	POS	POS	N	SEPSIS	HOOD	10	DISCHARGE
208	CHELLAMMAL	10735	MCH	39	2.9	NO	19	G1	NO	NO	NO	NO	LN	I	3	N	N	N	N	TTN	HOOD	4	DISCHARGE
209	SELVALAKSHMI	16625	FCH	39	3.45	NO	22	G2P1L1	NO	NO	NO	NO	LN	O	3	ABN	N	N	N	TTN	HOOD	3	DISCHARGE
210	KANAGAVALLI	16665	MCH	39	3.5	NO	20	G2P1L1	NO	NO	NO	NO	LSCS	I	4	N	N	N	N	TTN	HOOD	3	DISCHARGE
211	NAGAJIOTHI	16854	MCH	38	2.6	NO	21	G2P1L1	NO	YES	YES	NO	LN	I	5	ABN	POS	POS	N	SEPSIS	CPAP	10	DISCHARGE
212	RAJINA BANU	16914	MCH	38	4.2	NO	25	G3P1L1A1	GDM	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	4	DISCHARGE
213	KAMUTHAI	16905	FCH	39	3.1	YES	33	G4P3L3	NO	NO	YES	NO	LN	I	3	N	N	N	N	BA	HOOD	5	DISCHARGE
214	SHANTHI	16592	MCH	39	2.39	NO	30	G3P1L1A1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	4	DISCHARGE
215	GOWSALYA	16983	MCH	38	2.56	YES	19	G1	NO	NO	YES	NO	LN	I	3	N	POS	POS	N	SEPSIS	HOOD	10	DISCHARGE
216	ESWARI	17194	MCH	39	2.63	NO	25	G3P1L1A1	NO	NO	NO	NO	LN	O	4	N	N	N	PDA	CHD	HOOD	3	DISCHARGE
217	ALGURANI	17230	MCH	37	2.4	NO	23	G1	NO	NO	NO	YES	LN	O	6	ABN	N	N	N	MAS	CPAP	7	DISCHARGE
218	ANGALESHWARI	17357	FCH	38	2.6	YES	22	G2P1D1	NO	NO	NO	NO	LSCS	I	6	N	N	N	N	BA	CPAP	7	DISCHARGE
219	DIVYA	17299	MCH	40	3.1	NO	20	G1	NO	NO	YES	YES	LSCS	I	3	ABN	N	N	N	MAS	HOOD	10	DISCHARGE
220	NIHARAPARVEEN	17432	MCH	39	3.11	YES	24	G1	ANEMIA	YES	YES	NO	LN	I	3	N	POS	POS	N	SEPSIS	HOOD	12	DISCHARGE
221	PALANIYAMMAL	17590	FCH	39	3.44	YES	26	G3P1L1A1	NO	YES	YES	NO	LN	I	3	N	POS	POS	N	SEPSIS	HOOD	7	DISCHARGE
222	PREETHI	17600	MCH	39	3.2	YES	22	G3P1L1A2	NO	NO	NO	YES	LSCS	I	3	N	N	N	N	BA	HOOD	5	DISCHARGE
223	RAJESWARI	17664	MCH	38	2.25	NO	26	G2P1L1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	6	DISCHARGE
224	BEAULA SELVARANI	17679	FCH	40	2.8	NO	21	G1	NO	NO	NO	NO	LN	I	3	N	POS	POS	N	SEPSIS	HOOD	10	DISCHARGE
225	SUBBULAKSHMI	17915	FCH	38	2.75	NO	24	G2P1L1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
226	GEETHA	17987	FCH	40	2.6	NO	19	G1	NO	NO	NO	NO	LN	I	3	ABN	N	N	N	TTN	HOOD	3	DISCHARGE
227	JEYANTHI	17970	MCH	40	2.75	NO	26	G2A1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
228	MURUGESWARI	18185	MCH	38	3.9	NO	26	G2P1L1	GDM	NO	NO	NO	LSCS	I	3	N	N	N	PDA	CHD	HOOD	5	DISCHARGE
229	KRISHNAVENI	18291	FCH	38	2.6	YES	28	G2P1L1	NO	NO	NO	NO	LN	O	6	N	N	N	N	BA	CPAP	6	DISCHARGE
230	SATHYAPRIYA	18282	MCH	40	3.55	YES	29	G2P1L1	NO	NO	NO	NO	OF	I	5	N	N	N	N	BA	CPAP	3	DISCHARGE
231	VANITHA	18329	MCH	39	2.99	YES	21	G1	NO	YES	YES	NO	LSCS	I	7	N	N	N	N	BA	MV	2	DEATH
232	INDIRA	18324	MCH	39	2.6	YES	27	G1	HYPOTY	YES	YES	NO	LSCS	I	5	N	N	N	N	BA	CPAP	4	DISCHARGE
233	CHANDRALEKHA	18323	FCH	40	2.75	NO	28	G2A1	RHD	NO	YES	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
234	JOTHILAKSHMI	18467	MCH	39	3.15	YES	32	G2A1	NO	YES	YES	NO	LN	I	3	N	POS	POS	N	BA	HOOD	10	DISCHARGE
235	NATHIYA	18469	FCH	39	3.5	YES	27	G3P2L1A1	NO	YES	YES	NO	LSCS	I	8	N	N	N	N	BA	MV	<1	DEATH
236	ROOBINI	18556	FCH	37	3.65	NO	27	G1	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
237	GOWRI	18594	FCH	38	2.5	NO	20	G1	NO	NO	NO	NO	LN	O	3	N	POS	POS	ASD	CHD	HOOD	7	DISCHARGE
238	VIDHYA	18617	FCH	40	2.8	NO	21	G2A1	PIH	NO	NO	NO	LN	O	3	ABN	N	N	N	MAS	HOOD	3	DISCHARGE
239	KAMALI	18787	MCH	38	3	NO	20	G1	GDM	NO	NO	NO	LSCS	I	3	N	N	N	PDA	CHD	HOOD	6	DISCHARGE

240	UMAMAHESHWARI	18824	FCH	38	2.5	NO	31	G2P1L1	ANEMIA	NO	NO	NO	LSCS	I							TTN	HOOD	5	DISCHARGE		
241	KAVITHA	18522	FCH	37	2.3	NO	25	G3P1L1A1	NO	NO	NO	NO	LSCS	I			4	ABN	N	N	VSD	CHD	HOOD	6	DISCHARGE	
242	VELANKANNI	19004	MCH	39	2.6	NO	27	G2A1	PIH	NO	NO	YES	LSCS	I			3	ABN	N	N	N	MAS	HOOD	5	DISCHARGE	
243	NANDHINI	19002	FCH	40	2.5	NO	24	G3P1L1A1	NO	NO	NO	NO	LSCS	I			2	N	N	N	N	TTN	HOOD	3	DISCHARGE	
244	VANITHA	19089	MCH	39	2.68	YES	20	G1	NO	YES	YES	YES	LN	O			7	ABN	N	N	N	MAS	MV	2	DEATH	
245	THILAGAveni	19164	MCH	40	3.35	NO	19	G1	NO	NO	NO	YES	LN	I			5	ABN	N	N	N	MAS	CPAP	5	DISCHARGE	
246	NARMADHA DEVI	19211	MCH	39	3.48	NO	20	G1	NO	NO	NO	NO	LSCS	O			4	ABN	N	N	N	PDA	CHD	CPAP	5	DISCHARGE
247	ROSHMA	19307	FCH	38		2	20	G1	NO	NO	NO	NO	LN	O			3	N	N	N	PDA	CHD	HOOD	4	DISCHARGE	
248	SATHYA	19300	MCH	39	2.3	NO	23	G2A1	NO	NO	NO	NO	LN	I			5	N	N	N	TGA	CHD	CPAP	<1	DEATH	
249	NIRANJANA DEVI	19725	FCH	38	2.68	YES	25	G2P1L1	NO	NO	YES	NO	LN	I			3	N	N	N	N	BA	HOOD	5	DISCHARGE	
250	MUTHULAKSHMI	19836	FCH	38	2.4	NO	22	G1	HYPOTY	NO	NO	NO	LN	I			3	N	N	N	N	TTN	HOOD	6	DISCHARGE	
251	SATHYA	19908	MCH	40	4	NO	23	G4P1L1A2	NO	NO	NO	NO	LSCS	I			2	N	N	N	N	TTN	HOOD	3	DISCHARGE	
252	ESWARI	20053	MCH	40	4	NO	21	G2P1D1	NO	NO	NO	NO	LSCS	I			2	N	N	N	PDA	CHD	HOOD	4	DISCHARGE	
253	AYYAMMAL	20171	MCH	38	2.4	NO	22	G1	NO	NO	NO	NO	LN	O			3	N	POS	POS	PDA	SEPSIS	HOOD	14	DISCHARGE	
254	PRIYA	20325	MCH	40	2.44	NO	28	G4P1L1A2	ANEMIA	NO	NO	NO	LN	O			3	ABN	N	N	N	TTN	HOOD	6	DISCHARGE	
255	MAREESWARI	20411	MCH	40	2.75	NO	28	G3P2L2	NO	NO	NO	NO	LSCS	I			5	ABN	N	N	N	MAS	CPAP	7	DISCHARGE	
256	MUTHULAKSHMI	20429	FCH	37	2.5	NO	29	G3P2L2	NO	NO	NO	YES	LN	I			3	N	N	N	N	TTN	HOOD	3	DISCHARGE	
257	LAKSHMI	20457	MCH	40	2.75	YES	26	G2P1L1	NO	NO	NO	NO	LN	I			7	ABN	N	N	N	BA	MV	2	DEATH	
258	NAGALAKSHMI	20784	FCH	38	3.2	YES	21	G1	ANEMIA	NO	NO	NO	LSCS	I			5	ABN	N	N	N	BA	CPAP	10	DISCHARGE	
259	PAWNMANI	20827	FCH	40	2.75	YES	35	G3P2L1D1	NO	YES	YES	NO	LN	I			6	ABN	POS	POS	N	SEPSIS	CPAP	14	DISCHARGE	
260	ANBARASI	20869	FCH	38	2.7	YES	19	G1	NO	NO	NO	NO	LN	I			3	N	N	N	N	BA	HOOD	8	DISCHARGE	
261	NAGAJOTHI	20957	FCH	40	3.65	NO	25	G2P1L1	NO	YES	YES	NO	LSCS	I			3	N	POS	POS	N	SEPSIS	HOOD	12	DISCHARGE	
262	SEETHALAKSHMI	21238	FCH	38	2.7	NO	18	G1	NO	NO	NO	YES	LSCS	I			5	ABN	N	N	N	MAS	CPAP	12	DISCHARGE	
263	KANIGADEVI	21266	MCH	39	3.25	NO	27	G1	NO	NO	NO	NO	LN	O			3	N	N	N	PDA	CHD	HOOD	3	DISCHARGE	
264	CHANDRA	21312	MCH	37	4.2	NO	30	G3P1L1A1	NO	YES	YES	NO	LSCS	I			3	ABN	N	N	PDA	CHD	HOOD	6	DISCHARGE	
265	ROHINI	21318	FCH	39	3.18	NO	23	G2P1L1	NO	NO	NO	NO	LN	O			3	N	N	N	PHT	CHD	HOOD	3	DISCHARGE	
266	INDIRANI	22070	FCH	38	2.76	YES	27	G2P1L1	NO	NO	NO	YES	LSCS	I			3	N	N	N	N	BA	HOOD	7	DISCHARGE	
267	BAIRAVI	22082	FCH	40	2.93	YES	23	G1	NO	NO	NO	YES	LN	O			3	N	N	N	N	BA	HOOD	5	DISCHARGE	
268	KALAIYARASI	22143	FCH	37	2.5	NO	32	G1	GDM	NO	NO	NO	LSCS	I			3	N	N	N	ASD	CHD	HOOD	10	DISCHARGE	
269	PARAMESWARI	22267	MCH	40	3	NO	26	G3P2L2	NO	NO	NO	NO	OF	I			3	N	N	N	N	TTN	HOOD	3	DISCHARGE	
270	THENMOZHI	22283	MCH	39	2.75	YES	19	G1	NO	NO	NO	YES	LN	I			3	ABN	N	N	N	MAS	HOOD	2	DISCHARGE	
271	MUTHUMEENA	22309	MCH	37	2.99	NO	28	G2P1L1	NO	YES	NO	NO	LSCS	I			5	ABN	POS	POS	N	SEPSIS	CPAP	14	DISCHARGE	
272	MURUGESWARI	22423	FCH	37	1.7	NO	28	G2P1L1	NO	NO	NO	NO	LN	I			3	N	N	N	N	TTN	HOOD	3	DISCHARGE	
273	RANI	22033	MCH	40	3.87	YES	26	G2A1	CHD	NO	NO	NO	LSCS	I			6	N	N	N	N	BA	CPAP	10	DISCHARGE	
274	PANDEESWARI	20560	FCH	38	1.59	NO	20	G1	NO	NO	NO	YES	LN	O			5	ABN	N	N	N	MAS	CPAP	9	DISCHARGE	
275	ANNALAKSHMI	22573	MCH	38	2.89	NO	21	G2P1L1	NO	NO	NO	YES	LN	O			3	N	POS	POS	N	SEPSIS	HOOD	12	DISCHARGE	
276	KARPAGAM	22565	MCH	39	2.75	NO	25	G1	NO	NO	NO	YES	LSCS	I			3	N	N	N	N	TTN	HOOD	4	DISCHARGE	
277	SATHYA	40296	FCH	38	2.6	YES	25	G3P1L1A1	NO	NO	NO	NO	LSCS	I			4	N	N	N	N	BA	CPAP	9	DISCHARGE	
278	SARADHA	40479	FCH	38	2.79	YES	25	G3P2L2	NO	NO	NO	NO	LN	O			5	N	N	N	N	BA	CPAP	10	DISCHARGE	
279	SYED ALI FATHIMA	40589	MCH	37	1.75	NO	20	G1	NO	NO	NO	NO	LSCS	I			3	N	N	N	N	TTN	HOOD	4	DISCHARGE	
280	SUJITHA	40689	MCH	39	3.2	NO	40	G3P1L1A1	NO	NO	NO	YES	LSCS	I			4	ABN	N	N	N	MAS	CPAP	10	DISCHARGE	
281	MAREESWARI	40534	MCH	39	3.2	NO	18	G1	NO	NO	NO	YES	LSCS	I			4	ABN	N	N	N	MAS	CPAP	7	DISCHARGE	
282	PANDIYAMMAL	40459	MCH	40	3.04	NO	18	G1	NO	NO	NO	YES	LSCS	I			4	ABN	N	N	N	MAS	CPAP	8	DISCHARGE	
283	NAGAJOTHI	40561	FCH	40	3.15	NO	18	G1	NO	NO	NO	YES	LSCS	I			4	N	N	N	N	MAS	CPAP	9	DISCHARGE	
284	PUSHPALATHA	40572	FCH	40	3.7	NO	18	G1	NO	NO	NO	YES	LSCS	I			6	ABN	N	N	N	PPHN	MAS	MV	2	DEATH
285	ABIRAMI	40627	MCH	38	2.4	NO	27	G2A1	NO	NO	NO	NO	LSCS	I			2	N	N	N	N	TTN	HOOD	3	DISCHARGE	
286	RANJANI	40753	MCH	37	3.4	NO	29	G2P1L1	PIH	NO	NO	NO	LSCS	I			3	N	N	N	PDA	CHD	HOOD	4	DISCHARGE	
287	JEYASHEELA	40755	MCH	38	3.25	NO	24	G3P2L2	NO	NO	NO	NO	LN	O			3	ABN	POS	POS	N	SEPSIS	HOOD	14	DISCHARGE	
288	JEYAPRIYA	40759	MCH	37	2.4	NO	20	G1	PIH	NO	NO	NO	LN	I			3	N	N	N	N	TTN	HOOD	4	DISCHARGE	
289	BACHYIALAKSHMI	40867	MCH	38	2.37	NO	26	G2P1L1	NO	NO	NO	NO	LSCS	I			4	N	N	N	N	TTN	CPAP	4	DISCHARGE	
290	GANDHIMATHI	40889	MCH	38	2.97	NO	23	G1	ANEMIA	NO	NO	NO	LN	I			5	ABN	N	N	PHT	CHD	CPAP	1	DISCHARGE	
291	SANGEETHA	41110	MCH	39		3	28	G2P1L1	HYPOTY	NO	NO	NO	LN	O			5	N	N	N	N	BA	CPAP	8	DISCHARGE	
292	NAGAJOTHI	41145	MCH	38	2.8	NO	28	G3P2L2	ANEMIA	NO	NO	YES	LN	O			4	ABN	N	N	N	MAS	CPAP	7	DISCHARGE	
293	ANUSHYA	41156	FCH	39	2.45	YES	19	G2P1L1	NO	NO	NO	YES	LSCS	O			5	ABN	N	N	N	MAS	CPAP	14	DISCHARGE	
294	ANUSHYA	41195	FCH	38	2.5	YES	21	G1	PIH	NO	NO	NO	LSCS	I			4	N	N	N	N	BA	CPAP	9	DISCHARGE	
295	SUJATHA	41366	MCH	38	3	NO	25	G1	NO	NO	NO	YES	LN	I			5	ABN	N	N	N	MAS	CPAP	8	DISCHARGE	
296	NAGALAKSHMI	41521	MCH	40	3.08	YES	20	G1	NO	NO	NO	YES	OF	I			6	ABN	N	N	PPHN	MAS	MV	3	DEATH	
297	GAYATHRI	41395	MCH	38	3.25	NO	22	G3A2	EPILEPSY	YES	YES	NO	LN	I			3	N	POS	POS	N	SEPSIS	HOOD	14	DISCHARGE	
298	LINGAMMAL	41676	FCH	39	3.19	NO	25	G2P1L1	NO	NO	NO	NO	LN	I			3	N	N	N	N	TTN	HOOD	4	DISCHARGE	
299	KARTHIGAIJOTHI	41839	MCH	38	2.68	NO	20	G1	NO	NO	NO	NO	LN	I			3	N	N	N	N	TTN	HOOD	3	DISCHARGE	

300 DHANALAKSHMI	41847 FCH	40	3.84 NO	22 G2P1L1	NO	NO	NO	NO	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
301 VASUKI	42089 FCH	40	3.3 YES	22 G1	NO	NO	NO	NO	NO	LN	O		7 N	N	N	N	BA	MV	8 DEATH
302 POTHUMANI	42084 MCH	38	2.2 NO	24 G2P1L1	PIH	NO	NO	NO	YES	LN	I		5 ABN	N	N	N	MAS	CPAP	9 DISCHARGE
303 JOTHILAKSHMI	42388 FCH	39	2.87 YES	19 G1	NO	NO	NO	NO	YES	LN	O		5 ABN	N	N	N	BA	CPAP	8 DISCHARGE
304 SANGEETHA	42299 MCH	40	3.4 NO	19 G1	NO	NO	NO	NO	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
305 SRIDEVI	42509 FCH	38	2.3 YES	18 G1	NO	NO	YES	NO	NO	OF	I		4 N	N	N	N	BA	CPAP	8 DISCHARGE
306 PRIYA	42522 MCH	39	2.7 NO	21 G1	NO	NO	NO	NO	NO	LN	I		4 N	N	N	N	TTN	CPAP	4 DISCHARGE
307 ISWARIYA	42586 FCH	39	2.95 NO	20 G1	NO	NO	NO	NO	NO	LN	I		2 N	N	N	N	TTN	HOOD	3 DISCHARGE
308 SURYAKALA	42611 FCH	40	3.4 NO	24 G2A1	PIH	NO	NO	NO	YES	LSCS	I		5 ABN	N	N	N	MAS	CPAP	8 DISCHARGE
309 GEETHALAKSHMI	42784 FCH	40	3.42 NO	27 G3P2L2	NO	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
310 VIJAYALAKSHMI	42856 FCH	39	3.56 YES	20 G1	NO	NO	NO	NO	NO	LN	O		5 N	N	N	N	BA	CPAP	12 DISCHARGE
311 DEVI	42941 FCH	37	2.25 NO	28 G1	NO	NO	NO	NO	NO	LN	I		3 N	N	N	N	O-COLLODION	HOOD	5 DISCHARGE
312 MANIMEGALAI	42992 MCH	38	2.66 NO	23 G1	NO	YES	NO	YES	NO	LN	I		3 N	N	N	N	TTN	HOOD	4 DISCHARGE
313 ANITHA KELEN	42996 MCH	40	3.25 NO	28 G1	NO	NO	NO	NO	NO	LN	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
314 ELISARANI	43085 MCH	39	3.57 NO	29 G2A1	NO	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
315 SARANYA	43320 MCH	40	3.7 NO	23 G2P1L1	NO	NO	NO	NO	YES	LN	I		4 ABN	N	N	N	MAS	CPAP	7 DISCHARGE
316 BETHANAKSHI	43337 MCH	37	2.1 NO	30 G4P2L1A1	NO	NO	NO	NO	NO	LN	O		3 N	N	N	N	O-EDWARD	HOOD	5 DISCHARGE
317 MARIAMMAL	43370 FCH	38	2.4 YES	24 G2P1L1	NO	NO	NO	NO	NO	LSCS	O		5 N	N	N	N	BA	CPAP	8 DISCHARGE
318 POORNASUNDARI	43447 FCH	38	2.75 NO	25 G2P1L1	NO	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
319 GNANAMANI	43412 FCH	39	2.9 NO	20 G2A1	NO	NO	NO	NO	NO	LN	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
320 NEELAVATHI	43521 FCH	40	2.3 NO	25 G1	NO	NO	NO	NO	YES	OF	I		4 N	N	N	N	TTN	CPAP	4 DISCHARGE
321 SATHYA	43664 MCH	37	2.42 NO	20 G1	ANEMIA	NO	NO	NO	NO	LN	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
322 SANTHIYA	43751 MCH	38	2.53 NO	25 G1	PIH	YES	NO	NO	NO	LSCS	I		4 N	N	N	N	TTN	CPAP	4 DISCHARGE
323 MALATHI	43924 MCH	38	3.6 NO	22 G2A1	NO	YES	YES	NO	NO	OF	I		2 N	N	N	N	TTN	HOOD	3 DISCHARGE
324 KAVERI	48842 FCH	38	3 NO	24 G3P1L1A1	NO	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
325 MUTHALAMMAL	49008 FCH	40	2.75 NO	19 G1	NO	NO	NO	NO	NO	LSCS	I		4 N	N	N	N	TTN	CPAP	3 DISCHARGE
326 POORNAM	49020 FCH	38	1.75 NO	30 G1	PIH	NO	NO	NO	NO	LSCS	I		4 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
327 NARMATHA	49306 MCH	38	2.75 YES	23 G1	NO	NO	NO	NO	NO	LN	O		5 N	N	N	N	BA	CPAP	8 DISCHARGE
328 BOMMU	49317 FCH	39	3.4 NO	20 G1	NO	NO	NO	NO	NO	LSCS	O		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
329 REKHA	49322 FCH	37	2.2 NO	23 G3A2	NO	NO	NO	NO	NO	LN	O		3 N	N	N	N	TTN	HOOD	4 DISCHARGE
330 MANGALESWARI	49418 FCH	38	2.8 NO	29 G1	NO	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	4 DISCHARGE
331 MALARSELVI	49546 MCH	40	3.25 NO	21 G1	NO	NO	NO	NO	YES	LSCS	I		2 N	N	N	N	TTN	HOOD	2 DISCHARGE
332 SHANMUGAPRIYA	49608 MCH	39	3.1 YES	25 G2P1L1A1	ANEMIA	NO	NO	NO	NO	LSCS	O		6 ABN	N	N	N	O-CLE	MV	2 DEATH
333 SYED ALI FATHIMA	49672 MCH	37	2.7 NO	27 G1	NO	NO	NO	NO	NO	OF	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
334 PANDIMEENA	49710 MCH	38	2.53 NO	22 G1	NO	NO	NO	NO	YES	LSCS	I		4 ABN	N	N	N	MAS	CPAP	7 DISCHARGE
335 CHELLATHAI	49111 FCH	39	2.66 YES	17 G1	NO	NO	NO	NO	NO	LSCS	I		4 N	N	N	N	BA	CPAP	2 DISCHARGE
336 NAZREEN	49612 FCH	39	3.25 YES	18 G1	NO	NO	NO	NO	NO	LSCS	I		4 N	N	N	N	BA	CPAP	7 DISCHARGE
337 BAPITHA	49710 FCH	40	3.57 YES	18 G1	NO	NO	NO	NO	NO	LSCS	I		6 N	N	N	N	BA	MV	2 DEATH
338 RANI	49757 FCH	40	3.42 YES	18 G1	NO	NO	NO	NO	NO	LSCS	I		7 N	N	N	N	BA	MV	3 DEATH
339 POOJA	49715 FCH	40	3.56 YES	16 G1	NO	NO	NO	NO	NO	LSCS	I		6 N	N	N	N	BA	MV	3 DEATH
340 RAJAMMAL	49816 MCH	37	2.06 YES	36 G3P1L1A1	GDM	YES	YES	YES	YES	LSCS	I		3 ABN	N	N	N	MAS	HOOD	2 DISCHARGE
341 RAMAJOTHI	49927 MCH	38	4.15 YES	37 G3A2	UTI	YES	YES	YES	YES	LSCS	I		2 ABN	N	N	N	MAS	HOOD	3 DISCHARGE
342 SWETHA	49718 MCH	38	3.03 NO	38 G3P2L2	ANEMIA	NO	NO	YES	YES	LSCS	I		4 ABN	N	N	N	MAS	CPAP	11 DISCHARGE
343 SANGEETHA	49518 MCH	40	3 NO	19 G1	NO	YES	NO	YES	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	4 DISCHARGE
344 KARTHIGA	49893 FCH	38	4 NO	25 G1	NO	YES	NO	NO	NO	LSCS	I		3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE
345 KARTHIGAI SELVI	50070 MCH	37	2.17 NO	25 G2P1L1	NO	NO	NO	NO	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	4 DISCHARGE
346 SHYAMALA DEVI	50121 FCH	38	2.5 NO	24 G2P1L1	NO	NO	NO	NO	NO	LSCS	I		5 N	N	N	N	TTN	CPAP	5 DISCHARGE
347 BALAMURUGESWARI	50271 MCH	40	3.15 YES	23 G1	ANEMIA	NO	NO	YES	NO	LN	O		5 ABN	N	N	N	MAS	CPAP	8 DISCHARGE
348 PANDEESWARI	50287 MCH	37	2.74 NO	21 G2P1L1	NO	NO	NO	NO	NO	LN	O		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
349 NAGALAKSHMI	50428 MCH	40	2.89 YES	21 G1	ANEMIA	YES	YES	NO	NO	LSCS	I		4 N	N	N	N	TTN	CPAP	4 DISCHARGE
350 VANI	50340 FCH	38	3 NO	21 G1	ANEMIA	YES	YES	NO	NO	LSCS	I		3 N	POS	POS	N	SEPSIS	HOOD	12 DISCHARGE
351 PRIYA	50852 FCH	38	1.79 YES	20 G3P1L1A1	NO	NO	NO	NO	YES	LN	I		6 ABN	N	N	N	BA	MV	<1 DEATH
352 NATHIYA	50589 MCH	37	2.5 NO	19 G1	NO	NO	NO	NO	NO	OF	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
353 SUMAIYA	50708 MCH	38	2.5 NO	24 G1	NO	NO	NO	NO	YES	LN	I		6 ABN	N	N	PPHN	MAS	CPAP	10 DISCHARGE
354 MAHADEVI	50740 MCH	38	4 NO	26 G3P2L2	GDM	NO	NO	NO	NO	LN	I		4 ABN	N	N	N	RDS	CPAP	21 DISCHARGE
355 KARPAGAM	50770 MCH	38	2.8 NO	20 G3P2L2	NO	NO	NO	NO	NO	LN	O		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
356 RAJALAKSHMI	50799 MCH	39	3.35 NO	23 G1	NO	NO	NO	NO	NO	LN	O		4 ABN	N	N	N	PN	CPAP	12 DISCHARGE
357 VINITHA	50495 MCH	39	3.35 NO	19 G1	NO	YES	NO	NO	NO	LSCS	I		5 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
358 LAVANYA	51294 MCH	38	3 NO	21 G1	NO	NO	NO	NO	NO	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE
359 SELVI	51339 FCH	38	3.09 NO	22 G1	ANEMIA	NO	NO	NO	YES	LSCS	I		3 N	N	N	N	TTN	HOOD	3 DISCHARGE

360 DEIVAKANI	51403 MCH	37	2.42 NO	20 G1	ANEMIA	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
361 SIVAMANI	51445 FCH	40	3.14 NO	24 G2P1L1	NO	NO	NO	YES	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
362 SURYAKALA	51423 MCH	40	3.23 NO	23 G2P1L1	ANEMIA	NO	NO	YES	LN	O	5 ABN	N	N	N	MAS	CPAP	7 DISCHARGE
363 KARPAGAM	51900 MCH	39	2.82 NO	20 G1	NO	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
364 MUTHUMANI	51906 MCH	38	2.99 NO	19 G1	ANEMIA	NO	NO	NO	OF	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
365 TAMILSELVI	51910 MCH	39	3 NO	26 G2A1	NO	NO	NO	NO	OF	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
366 VIJAYAPANDI	51916 FCH	38	3 NO	28 G3P1L1A1	GDM	NO	NO	NO	LN	I	3 N	N	N	PDA	CHD	HOOD	4 DISCHARGE
367 NAGARANI	51947 FCH	39	2.71 NO	26 G1	NO	NO	NO	NO	LSCS	O	5 ABN	N	N	N	PN	CPAP	12 DISCHARGE
368 ABIRAMI	51952 FCH	38	3.71 NO	22 G1	NO	YES	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
369 VELANKANNI	51984 MCH	37	1.81 NO	19 G1	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
370 ILAKKIYA	51546 MCH	39	3 NO	24 G2P1L1	ANEMIA	NO	NO	NO	LN	I	3 N	N	N	ASD	CHD	HOOD	4 DISCHARGE
371 JEYABHARATHI	52129 MCH	39	2.9 YES	30 G2P1L1	NO	NO	NO	NO	LN	I	6 N	N	N	N	BA	CPAP	10 DISCHARGE
372 MEENA	52267 FCH	38	2.86 YES	21 G1	ANEMIA	NO	YES	NO	LN	I	4 N	N	N	N	BA	CPAP	8 DISCHARGE
373 VASUKI	52325 FCH	38	3.84 YES	28 G3P1L1A1	APH	NO	NO	NO	LN	I	6 N	N	N	N	BA	MV	1 DEATH
374 BHAKIYAM	52561 MCH	37	2.5 NO	27 G1	NO	NO	NO	NO	OF	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
375 KALYANI	52679 FCH	40	3.5 YES	29 G1	NO	NO	NO	YES	LSCS	O	6 ABN	N	N	N	MAS	MV	2 DEATH
376 CHITRA	52907 MCH	40	2.5 NO	27 G1	NO	NO	NO	YES	LN	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
377 SAITHA PARVIN	52897 FCH	37	4 NO	27 G1	GDM	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	4 DISCHARGE
378 PRIYA	52964 MCH	37	2.06 NO	27 G1	A	YES	NO	NO	LN	I	4 ABN	N	N	N	PN	CPAP	10 DISCHARGE
379 KARTHIGA	52991 FCH	39	2.8 YES	18 G1	NO	NO	YES	YES	LSCS	O	5 N	N	N	N	BA	CPAP	11 DISCHARGE
380 SUGANTHI	52986 MCH	39	2.83 YES	20 G1	NO	NO	NO	NO	LSCS	I	7 N	N	N	N	BA	MV	22 DISCHARGE
381 PADMA	53001 MCH	40	2.94 NO	24 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
382 DURGADEVI	53109 MCH	40	3.28 YES	22 G2P1L1	NO	NO	NO	NO	LN	O	5 N	N	N	N	BA	CPAP	12 DISCHARGE
383 RAJALAKSHMI	53130 MCH	39	3.45 NO	27 G3P1L1A1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
384 INDUMATHI	53158 MCH	40	3.14 YES	21 G2A1	NO	NO	NO	NO	LN	I	4 N	N	N	N	BA	CPAP	10 DISCHARGE
385 MANIMEGALAI	53173 MCH	40	3.16 YES	21 G1	NO	NO	NO	YES	LN	I	5 ABN	N	N	N	BA	CPAP	12 DISCHARGE
386 NAGARANI	53221 FCH	37	2.5 NO	29 G3P1L1A1	ANEMIA	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	3 DISCHARGE
387 SIVARANJANI	53301 MCH	39	3.1 NO	21 G1	NO	NO	YES	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
388 VELMANI	53407 FCH	38	2.55 YES	22 G1	HYPOTY	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	CPAP	9 DISCHARGE
389 VIMALA	53482 MCH	40	3.375 YES	22 G1	NO	NO	YES	NO	LSCS	I	4 N	N	N	N	BA	CPAP	10 DISCHARGE
390 SHEELADEVI	44014 FCH	40	2.5 NO	21 G1	PIH	NO	NO	YES	LN	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
391 JEYAKODI	44064 MCH	37	2.4 NO	23 G2P1L1	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	4 DISCHARGE
392 SUGUNA	44219 FCH	37	2.68 NO	19 G3P2L2	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
393 MAHALAKSHMI	44256 FCH	39	2.49 YES	20 G1	NO	NO	NO	NO	OF	I	5 N	N	N	N	BA	CPAP	10 DISCHARGE
394 MUTHEESWARI	44300 MCH	40	3.35 NO	20 G1	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	PPHN	MAS	7 DISCHARGE
395 NANDHINI	44417 FCH	38	2.13 YES	23 G1	NO	NO	NO	NO	LN	O	6 N	N	N	N	BA	CPAP	11 DISCHARGE
396 PARVIN	44442 MCH	39	4 NO	22 G1	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
397 JEYALAKSHMI	44520 FCH	39	2.75 NO	26 G2A1	NO	YES	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
398 VEERASELVI	44598 MCH	39	3.5 NO	22 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	3 DISCHARGE
399 KAVIYA	45009 FCH	38	3 NO	25 G3A2	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
400 HEMAPRIYA	45051 FCH	38	2.5 NO	25 G1	ANEMIA	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	3 DISCHARGE
401 PARAMESWARI	45055 MCH	40	3.5 NO	23 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
402 SANDHYA	45110 MCH	39	2.64 YES	20 G1	NO	NO	YES	NO	LN	I	3 N	N	N	N	BA	CPAP	8 DISCHARGE
403 PETCHI	45210 MCH	38	2.7 YES	21 G1	ANEMIA	NO	NO	NO	LN	O	6 N	N	N	N	BA	CPAP	10 DISCHARGE
404 KALA	45188 FCH	38	2.75 NO	33 G5P2L2A2	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
405 JAMUNA	45287 MCH	39	3 YES	26 G1	ANEMIA	NO	YES	NO	LSCS	I	5 N	N	N	N	BA	CPAP	8 DISCHARGE
406 SURYAKALA	45543 MCH	37	1.7 NO	23 G1	PIH	NO	NO	NO	LN	I	2 N	N	N	N	TTN	HOOD	7 DISCHARGE
407 SHYLAJA	45833 FCH	38	2.25 NO	25 G1	NO	YES	NO	NO	LN	I	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE
408 SATHYAPRIYA	45884 MCH	39	2.5 NO	21 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
409 LAKSHMIDEVI	46010 MCH	38	2.55 YES	24 G1	NO	NO	NO	NO	LN	I	4 N	N	N	N	BA	CPAP	8 DISCHARGE
410 NITHYA	46029 MCH	40	3.18 YES	18 G1	PIH	NO	NO	NO	LN	I	5 N	N	N	N	BA	CPAP	11 DISCHARGE
411 CHINNAKALI	46110 MCH	38	3 NO	24 G2P1L1	GDM	NO	NO	NO	LN	I	3 ABN	N	N	PDA	CHD	HOOD	10 DISCHARGE
412 SANGEETHA	46229 MCH	38	2.21 NO	22 G3P1L1A1	PIH	NO	NO	NO	LN	O	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE
413 REVATHY	46201 FCH	39	3.5 NO	19 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	5 DISCHARGE
414 MURUGESWARI	46241 FCH	37	2 YES	25 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
415 SEETHALAKSHMI	46276 MCH	37	1.5 NO	22 G2P1L1	PIH	NO	NO	NO	LSCS	I	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE
416 CHINNAPONNU	46277 MCH	37	1.85 NO	30 G4A3	ANEMIA	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
417 MUTHUKODAMMA	46455 MCH	40	3.5 YES	27 G1	NO	NO	YES	NO	LN	O	6 N	N	N	N	BA	MV	1 DEATH
418 KALAIYARASI	46457 MCH	40	3.22 YES	24 G3A2	NO	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	MV	2 DEATH
419 RAJESWARI	46697 MCH	39	3 NO	30 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE

420 MUTHULAKSHMI	46691 MCH	37	2.3 NO	23 G1	NO	YES	NO	NO	LSCS	I	3 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
421 GOWSALYA	46844 MCH	40	2.3 NO	24 G1	NO	NO	NO	YES	LSCS	O	4 ABN	N	N	N	MAS	CPAP	8 DISCHARGE
422 SABIKA	46898 MCH	39	3.67 NO	23 G1	NO	NO	NO	NO	LSCS	O	3 N	N	N	PDA	O-APERT	HOOD	3 DISCHARGE
423 LAVANYA	46890 FCH	37	2.25 NO	21 G1	ANEMIA	NO	NO	NO	LN	I	2 N	N	N	N	TTN	HOOD	3 DISCHARGE
424 ULAGESWARI	46908 MCH	37	2.66 YES	20 G1	NO	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	MV	1 DEATH
425 DIVYA	46905 MCH	38	3 NO	23 G1	HYPOTY	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
426 TAMILARASI	46907 MCH	38	2.8 NO	30 G3A2	NO	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	3 DISCHARGE
427 KALAIYARASI	46457 MCH	40	3.22 YES	19 G1	NO	NO	NO	YES	LSCS	I	5 N	N	N	N	BA	MV	2 DEATH
428 THANGAMMAL	47015 MCH	37	1.9 NO	24 G3P2L1	ANEMIA	YES	NO	NO	LN	I	5 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
429 RANJITHAM	47231 FCH	40	3.27 NO	25 G2P1L1	NO	NO	NO	YES	LN	O	3 N	N	N	N	MAS	HOOD	3 DISCHARGE
430 VIDHYA	47332 MCH	38	2.66 NO	15 G1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE
431 KALAIRASI	47239 MCH	38	3.25 NO	18 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
432 KAVITHA	47234 MCH	38	3.57 NO	18 G1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE
433 SYED ALI FATHIMA	47232 MCH	38	3.7 NO	18 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
434 PARVEEN BANU	47236 MCH	39	3 NO	18 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
435 JOHN THERESA	47357 MCH	39	2.9 NO	18 G1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE
436 JANSI RANI	47348 FCH	39	2.86 NO	18 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
437 JOTHI	47239 FCH	39	3.84 NO	17 G1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE
438 LAKSHMI	47356 MCH	38	3 NO	19 G1	NO	NO	NO	NO	LN	O	3 N	N	N	PDA	CHD	HOOD	5 DISCHARGE
439 PANCHVARNAM	47375 FCH	37	1.77 NO	25 G3P1L1A1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
440 MURUGESWARI	47387 MCH	40	3.36 NO	25 G2P1L1	NO	NO	NO	YES	LSCS	I	4 N	N	N	N	MAS	CPAP	7 DISCHARGE
441 KALAMANI	47671 FCH	38	2.75 NO	24 G2P1L1	NO	NO	NO	NO	OF	I	2 N	N	N	N	TTN	HOOD	4 DISCHARGE
442 NANDHINI	47699 MCH	38	3 NO	20 G1	NO	NO	NO	NO	LN	I	3 N	N	N	ASD	CHD	HOOD	4 DISCHARGE
443 SUGANTHA ROSE	47906 MCH	40	3.8 NO	22 G1	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
444 BHUVANESWARI	47981 MCH	37	2.735 NO	19 G1	ANEMIA	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
445 SARANYA	30560 MCH	40	2 NO	24 G2P1L1	NO	NO	NO	NO	LN	O	4 N	N	N	N	TTN	HOOD	3 DISCHARGE
446 NAGALAKSHMI	30582 MCH	38	3 NO	21 G1	NO	NO	NO	NO	LN	I	3 ABN	N	N	N	TTN	HOOD	4 DISCHARGE
447 NAGAJOTHI	30714 FCH	40	2.92 YES	22 G1	NO	YES	NO	NO	LN	I	5 N	N	N	N	BA	CPAP	8 DISCHARGE
448 JEYALAKSHMI	30972 MCH	38	2.5 NO	19 G1	NO	NO	NO	YES	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
449 DEVI	30780 MCH	38	3 YES	25 G1	PIH	NO	NO	NO	LN	I	5 N	N	N	N	BA	CPAP	10 DISCHARGE
450 PANDIYAMMAL	30823 FCH	38	2.955 YES	20 G2A1	NO	NO	NO	NO	LN	I	6 N	N	N	N	BA	MV	13 DEATH
451 MUTHUKILI	31133 MCH	40	3 NO	30 G3P2L2	NO	NO	NO	YES	LN	O	5 ABN	N	N	N	MAS	CPAP	8 DISCHARGE
452 SUGUNADEVI	31140 MCH	38	3.2 NO	25 G2P1L1	PIH	NO	NO	YES	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
453 MOOKAMMAL	31300 FCH	38	2.625 NO	23 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	4 DISCHARGE
454 SIBORAL	31360 MCH	37	2.62 YES	29 G4P2L2A1	NO	NO	NO	NO	LN	I	3 N	N	N	N	BA	HOOD	7 DISCHARGE
455 VASANTHA	31435 FCH	38	3.05 NO	21 G1	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
456 SUBBULAKSHMI	31516 MCH	37	2.6 NO	25 G2P1L1	NO	YES	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
457 PRIYADHARSHINI	31547 FCH	40	3.4 NO	22 G1	NO	NO	YES	YES	LSCS	I	3 ABN	N	N	N	MAS	HOOD	3 DISCHARGE
458 PANDISELVI	31585 MCH	38	2.51 NO	20 G2P1L1	NO	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
459 MUTHUMANI	31672 MCH	38	3.5 NO	26 G1	NO	NO	NO	NO	OF	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
460 NAGAJOTHI	31762 MCH	38	3.03 YES	27 G2P1L1	NO	NO	NO	NO	LN	O	5 N	N	N	N	BA	CPAP	8 DISCHARGE
461 NEETHIVANI	32032 MCH	40	3.25 YES	20 G1	PIH	NO	NO	NO	LN	I	3 N	N	N	N	BA	HOOD	4 DISCHARGE
462 DIVYA	32104 FCH	37	2.53 NO	22 G4A3	NO	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
463 SAJITHA BANU	32100 MCH	38	3.85 NO	24 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	ASD	CHD	HOOD	7 DISCHARGE
464 NAGAMMAL	32278 MCH	39	2.75 NO	22 G2A1	NO	YES	NO	YES	LN	I	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE
465 PANDISELVI	32281 MCH	39	3.2 YES	23 G2P1L1	NO	NO	NO	NO	LN	O	5 N	N	N	N	BA	CPAP	9 DISCHARGE
466 SUNITHA	32446 MCH	40	3.85 YES	25 G2P1L1	NO	NO	NO	YES	LSCS	O	7 ABN	N	N	N	PPHN	MAS	MV
467 PREMA	32810 FCH	40	3.25 NO	30 G3P1L1A2	NO	NO	NO	YES	LSCS	I	3 ABN	N	N	N	MAS	HOOD	4 DISCHARGE
468 PRIYA	32860 FCH	40	3.5 YES	23 G1	NO	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	CPAP	8 DISCHARGE
469 SUGAPRIYA	32991 FCH	38	3.2 NO	26 G3P2L2	NO	NO	NO	NO	LSCS	I	5 N	N	N	PDA	CHD	CPAP	5 DISCHARGE
470 ASWINI	33024 MCH	38	2.9 NO	21 G1	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
471 NAVANYA	33228 MCH	39	3 NO	20 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
472 MURUGESWARI	33328 MCH	39	3.7 YES	25 G4P1L1A2	NO	NO	NO	NO	LN	I	6 N	N	N	N	BA	CPAP	14 DISCHARGE
473 GOWSALYA	33378 MCH	38	2.75 NO	24 G1	NO	NO	NO	YES	LSCS	I	3 ABN	N	N	N	MAS	HOOD	5 DISCHARGE
474 SEETHALAKSHMI	33407 FCH	38	2.3 YES	29 G2P1L1	NO	NO	NO	NO	LN	O	3 N	N	N	N	BA	HOOD	6 DISCHARGE
475 ANJALI	33511 FCH	38	1.9 NO	26 G1	NO	NO	YES	NO	LSCS	I	3 ABN	N	N	N	SEPSIS	HOOD	12 DISCHARGE
476 PANGAJAM	33645 MCH	39	2.3 NO	22 G1	NO	NO	NO	NO	LSCS	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
477 JEYAPRIYA	33672 FCH	40	2.68 YES	19 G1	NO	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	CPAP	12 DISCHARGE
478 ANUSHYA	33671 FCH	38	2.9 NO	19 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
479 INDIRA	33785 FCH	40	3 NO	23 G2P1L1	NO	NO	NO	NO	LN	I	3 ABN	N	N	VSD	CHD	HOOD	4 DISCHARGE

480 CHITRA	33884 FCH	38	2.34 NO	20 G1	NO	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
481 DHANALAKSHMI	33856 MCH	38	1.86 NO	29 G2P1L1	GDM	NO	NO	NO	LSCS	I	2 ABN	N	N	ASD	CHD	HOOD	4 DISCHARGE	
482 ARTHISELVI	33893 MCH	38	2.72 NO	20 G1	PIH	NO	NO	NO	LSCS	I	3 ABN	N	N	N	TTN	HOOD	3 DISCHARGE	
483 MAHALAKSHMI	33923 MCH	38	2.2 NO	19 G1	PIH	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
484 KAMATCHI	33942 MCH	37	2.25 NO	23 G1	NO	YES	YES	NO	LN	I	3 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE	
485 SUDHA	34086 MCH	37	2.7 YES	23 G1	NO	NO	NO	NO	LN	O	7 N	N	N	N	BA	MV	9 DEATH	
486 SELVI	34103 MCH	39	3 NO	25 G1	NO	YES	YES	NO	LN	I	4 N	POS	POS	N	SEPSIS	HOOD	12 DISCHARGE	
487 NAGARANI	34311 MCH	39	2.91 NO	28 G3P2L2	NO	YES	NO	NO	LSCS	O	4 N	POS	POS	N	SEPSIS	HOOD	12 DISCHARGE	
488 KARTHIGA	34349 MCH	39	3.15 NO	24 G2A1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
489 MALATHI	34816 MCH	40	3.25 NO	20 G1	NO	YES	YES	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
490 KARTHIGA	34832 MCH	38	3 NO	22 G3P1A1D1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE	
491 TAMIL PARVEEN	34837 FCH	37	2.75 NO	20 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	5 DISCHARGE	
492 MANI MUTHU	34944 FCH	40	3.02 NO	24 G1	NO	NO	NO	YES	LN	I	5 ABN	N	N	N	MAS	CPAP	6 DISCHARGE	
493 SAROJA	35006 FCH	38	2.6 NO	29 G2P1D1	NO	NO	NO	NO	OF	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE	
494 GAYATHRI	35022 FCH	39	3.75 NO	28 G2A1	NO	YES	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	4 DISCHARGE	
495 RAAGINI	35098 MCH	37	2.91 YES	20 G1	NO	NO	YES	NO	LN	O	5 N	N	N	N	BA	CPAP	7 DISCHARGE	
496 MUTHARASAAHY	35083 FCH	39	3.3 YES	28 G3P1L1A1	NO	NO	YES	NO	LSCS	I	4 N	POS	POS	N	SEPSIS	CPAP	12 DISCHARGE	
497 GAYATHRI	35102 MCH	37	2.7 NO	26 G2P1L1	NO	YES	YES	NO	LN	I	4 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE	
498 PANDEESWARI	35183 MCH	40	2.5 YES	27 G1	PIH	YES	NO	YES	LN	I	6 ABN	N	N	N	BA	MV	<1 DEATH	
499 LATHA	35222 FCH	37	2.09 NO	23 G2P1L1	NO	NO	NO	NO	LSCS	O	4 ABN	N	N	N	PDA	CHD	CPAP	6 DISCHARGE
500 NIRANJANA DEVI	35273 FCH	37	2.56 YES	25 G1	NO	NO	NO	YES	LSCS	O	7 ABN	N	N	N	MAS	MV	14 DEATH	
501 PANDEESWARI	35278 MCH	39	2.35 NO	22 G5P2L2A2	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	4 DISCHARGE	
502 DHANALAKSHMI	35361 MCH	37	2.65 NO	21 G1	NO	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	4 DISCHARGE	
503 POUNTHAI	35363 FCH	40	3.26 NO	21 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
504 KOWSALYA DEVI	35366 FCH	37	2.72 NO	23 G1	NO	NO	NO	NO	LSCS	O	4 N	N	N	N	TTN	CPAP	7 DISCHARGE	
505 AMARAVATHI	35464 MCH	37	2.6 NO	28 G5P2L2A2	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	6 DISCHARGE	
506 CHITRA	35491 MCH	37	2.7 NO	26 G2P1L1	NO	NO	NO	YES	LN	O	5 ABN	N	N	N	MAS	CPAP	7 DISCHARGE	
507 KAVITHA	35671 FCH	37	2.51 NO	22 G1	NO	NO	NO	YES	LN	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
508 MUTHUMALAR	36115 MCH	37	2.6 NO	24 G4P2L1A1	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	HOOD	4 DISCHARGE	
509 ISWARIYA	36200 MCH	37	1.98 NO	21 G2P1L1	NO	NO	NO	NO	LN	I	2 N	N	N	N	TTN	HOOD	4 DISCHARGE	
510 VIJAYASANTHI	36219 FCH	39	2.7 NO	22 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE	
511 JEYANTHI	36363 MCH	39	3.2 NO	33 G2P1L1	NO	NO	NO	NO	LSCS	I	5 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE	
512 SARASWATHI	36458 FCH	39	2.9 NO	25 G1	NO	NO	NO	YES	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
513 CHITRA	36603 MCH	40	3.4 YES	24 G3P1L1D1	NO	NO	NO	NO	LN	O	6 N	N	N	N	BA	CPAP	10 DISCHARGE	
514 MARIAMMAL	36632 FCH	37	2.4 NO	24 G2P1L1	NO	NO	NO	NO	LN	O	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
515 MALARVIZHI	36972 MCH	39	3 NO	21 G2P1L1	ANEMIA	NO	NO	YES	LSCS	I	4 ABN	N	N	N	MAS	CPAP	7 DISCHARGE	
516 SUBATHRA	37173 MCH	39	3.15 NO	24 G2P1L1	PIH	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	4 DISCHARGE	
517 KANAKKAL	37274 MCH	39	3.08 YES	24 G3P2L1D1	NO	NO	NO	NO	LN	O	6 N	N	N	N	BA	CPAP	12 DISCHARGE	
518 RANJITHA	37345 MCH	38	2.7 NO	20 G1	NO	NO	NO	YES	LSCS	I	6 ABN	N	N	N	MAS	MV	14 DISCHARGE	
519 KANMANI	37362 MCH	38	3.2 NO	25 G2P1L1	HYPOTY	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	5 DISCHARGE	
520 NIRAIMATHI	37477 MCH	38	3.28 NO	30 G2P1L1	GDM	NO	NO	NO	LSCS	O	5 N	N	N	ASD	CHD	CPAP	7 DISCHARGE	
521 MAHALAKSHMI	37536 MCH	37	2.435 YES	36 G5P2L2	GDM	YES	YES	YES	LSCS	I	2 ABN	N	N	N	TTN	HOOD	2 DISCHARGE	
522 MALA	37467 MCH	37	2.225 NO	37 G5P1L1A2	GDM	YES	YES	NO	LSCS	I	3 ABN	N	N	N	TTN	HOOD	3 DISCHARGE	
523 MALATHI	37678 MCH	37	2.7 NO	38 G5A4	ANEMIA	NO	NO	NO	LSCS	I	3 ABN	N	N	N	TTN	HOOD	3 DISCHARGE	
524 MARIAMMAL	37477 MCH	37	2.95 NO	40 G5P3L3A1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE	
525 PANCHAVARNAM	37677 MCH	38	3.4 NO	44 G5P1L1A2	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
526 PANDIYAMMAL	37477 MCH	38	3.42 NO	17 G1	NO	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE	
527 PUSHPA	378037 MCH	38	3.56 NO	16 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
528 GEETHA	37777 MCH	38	2.65 NO	18 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE	
529 RANJITHA	37522 MCH	40	3.47 YES	25 G3P1L1A1	NO	NO	NO	YES	LN	O	5 ABN	N	N	N	MAS	MV	<1 DEATH	
530 NAVANEETHA	37525 MCH	38	2.25 NO	19 G1	NO	NO	NO	NO	LN	O	5 ABN	POS	POS	N	SEPSIS	MV	3 DEATH	
531 VALARMATHI	37513 MCH	37	3 NO	28 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	2 DISCHARGE	
532 RAJESWARI	37659 FCH	40	3.5 NO	21 G1	NO	YES	NO	NO	LN	I	5 N	N	N	N	TTN	CPAP	4 DISCHARGE	
533 ANITHA	37777 MCH	40	3.23 YES	25 G2P1L1	NO	YES	YES	YES	LN	I	6 ABN	N	N	N	BA	MV	12 DISCHARGE	
534 ANBUKANI	37859 FCH	37	2.5 NO	25 G2A1	GDM	NO	NO	NO	LN	I	4 N	N	N	PDA	CHD	CPAP	4 DISCHARGE	
535 RADHIKA	37929 FCH	38	3.48 YES	26 G2P1L1	NO	NO	NO	NO	LN	O	6 N	N	N	N	BA	MV	3 DEATH	
536 SELVARATHI	38474 FCH	38	3.2 YES	30 G3P1L1A1	PIH	NO	NO	NO	LN	I	6 N	N	N	N	BA	MV	2 DEATH	
537 PRIYA	35603 MCH	38	2.79 NO	28 G3P2L2	NO	NO	NO	NO	LN	I	4 N	N	N	ASD	CHD	CPAP	6 DISCHARGE	
538 VENNILA	38764 FCH	38	2.25 NO	23 G2P1L1	NO	NO	NO	NO	LSCS	I	5 N	N	N	VSD	CHD	CPAP	8 DISCHARGE	
539 BARGAVI	39003 MCH	38	2.56 NO	19 G1	PIH	YES	YES	NO	LN	I	5 ABN	N	N	N	BA	MV	14 DEATH	

540 SUGANTHI	39345 MCH	38	2.8 NO	25 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
541 PAPATHI	39439 MCH	38	3 NO	22 G1	GDM	NO	NO	NO	LSCS	I	3 N	N	N	ASD	CHD	HOOD	5 DISCHARGE
542 SARANYA	39463 MCH	38	4 NO	27 G3P1L1A1	NO	NO	NO	NO	LN	I	5 N	N	N	PDA	CHD	CPAP	5 DISCHARGE
543 NATCHATHIRAM	39557 MCH	39	2.94 YES	27 G2P1L1	NO	NO	NO	NO	LN	I	7 N	N	N	N	BA	MV	15 DISCHARGE
544 CHANDRALEKHA	39617 MCH	38	3.375 NO	25 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
545 AATHIKA	39704 MCH	39	3.48 YES	19 G1	NO	NO	NO	NO	LN	O	5 N	N	N	PDA	CHD	CPAP	6 DISCHARGE
546 SOUNTHIRADEVI	39728 MCH	38	2.2 NO	23 G3P2L2	NO	YES	YES	NO	LSCS	I	5 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
547 RANJITHA	39793 MCH	40	2.5 NO	20 G1	NO	NO	NO	NO	LN	I	4 N	N	N	N	TTN	CPAP	4 DISCHARGE
548 HEMA	40005 MCH	39	3.58 YES	26 G2P1L1	NO	NO	NO	NO	LN	O	8 N	N	N	N	BA	MV	10 DEATH
549 SEETHALAKSHMI	40153 FCH	38	3.3 NO	29 G2P1L1	NO	NO	NO	NO	LN	O	4 N	N	N	N	TTN	CPAP	5 DISCHARGE
550 VINITHA	40119 MCH	38	2.2 NO	21 G1	NO	NO	NO	NO	LSCS	O	4 N	N	N	ASD	CHD	CPAP	7 DISCHARGE
551 MAHESWARI	40244 FCH	38	2.4 NO	23 G5P1L1A3	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
552 KANCHANA	40145 MCH	38	2.64 NO	21 G1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
553 ARUDAYAMMAL	22954 MCH	38	2.75 NO	36 G2P1L1	GDM	NO	NO	NO	LSCS	I	3 N	N	N	N	O-CA	HOOD	10 DISCHARGE
554 PANDILAKSHMI	23222 MCH	39	3.35 NO	21 G3P2L2	NO	NO	NO	YES	LN	O	3 ABN	N	N	N	MAS	HOOD	2 DISCHARGE
555 SHAKTHEESWARI	23266 FCH	38	2.5 NO	20 G2A1	NO	NO	NO	YES	LSCS	I	3 N	N	N	N	TTN	HOOD	5 DISCHARGE
556 PONNUTHAI	23324 MCH	38	2.6 NO	30 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	ASH	CHD	HOOD	5 DISCHARGE
557 MAHESWARI	23359 MCH	38	3.5 NO	20 G1	HYPTY	NO	NO	NO	LSCS	I	2 N	N	N	N	TTN	HOOD	2 DISCHARGE
558 GANDHIMATHI	23426 FCH	39	3 NO	24 G3P1L1A1	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
559 MAYARAM SANTHYA	23553 MCH	39	3.25 YES	18 G1	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	BA	CPAP	6 DISCHARGE
560 MAHALAKSHMI	23622 MCH	38	2.6 NO	27 G2P1L1	NO	NO	NO	NO	LN	O	5 ABN	N	N	TGA	CHD	CPAP	<1 DEATH
561 RAMALAKSHMI	24733 FCH	40	3 NO	20 G1	PIH	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	2 DISCHARGE
562 ILAKKIYA	24825 MCH	39	3.38 YES	27 G3P2L1A1	NO	NO	NO	NO	LN	O	4 N	N	N	N	BA	CPAP	10 DISCHARGE
563 BUVANESWARI	24906 MCH	40	3.25 NO	26 G2P1L1	NO	NO	NO	YES	LN	I	3 N	N	N	N	TTN	HOOD	2 DISCHARGE
564 ABARNA	25077 MCH	39	3.5 YES	19 G1	NO	NO	YES	YES	LN	O	4 N	N	N	N	BA	CPAP	10 DISCHARGE
565 SELVALAKSHMI	25245 MCH	39	3.15 NO	21 G1	NO	NO	NO	YES	LSCS	I	3 N	N	N	N	TTN	HOOD	5 DISCHARGE
566 PANDEESWARI	25376 MCH	37	2.78 YES	25 G4P1L1A1	ANEMIA	NO	NO	NO	LN	O	4 N	N	N	N	BA	CPAP	10 DISCHARGE

567 UMA MAHESWARI	25456 MCH	39	4.02 NO	26 G1	ANEMIA	NO	YES	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	4 DISCHARGE
568 NAGAJOTHI	25505 MCH	40	3.04 YES	19 G1	ANEMIA	NO	NO	NO	LN	O	4 N	N	N	N	BA	CPAP	12 DISCHARGE
569 PAPPATHIAMMAL	25802 FCH	37	3.2 NO	26 G1	GDM	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	5 DISCHARGE
570 PRIYA	25989 MCH	39	2.75 YES	24 G1	NO	NO	YES	NO	LN	I	6 N	N	N	N	BA	MV	5 DEATH
571 KALAISELVI	26340 MCH	39	3.4 NO	26 G1	NO	NO	NO	NO	LSCS	O	5 ABN	N	N	N	O-NIH	MV	5 DEATH
572 ANITHA	26375 MCH	40	3.42 NO	25 G1	PIH	NO	NO	YES	LSCS	O	4 ABN	N	N	PPHN	MAS	CPAP	10 DISCHARGE
573 PRIYA	26373 MCH	38	3.76 NO	23 G1	NO	NO	YES	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
574 CHITRA	26380 MCH	39	2.75 NO	20 G1	ANEMIA	NO	NO	NO	LN	I	2 N	N	N	N	TTN	HOOD	3 DISCHARGE
575 BHAGYAVATHY	26691 MCH	40	3 NO	20 G1	NO	YES	YES	YES	LSCS	I	2 N	N	N	N	TTN	HOOD	5 DISCHARGE
576 NANDHINI	26875 MCH	38	2.7 NO	22 G1	ANEMIA	NO	NO	YES	LN	O	4 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
577 HEMALATHA	27054 FCH	39	2.67 YES	19 G1	ANEMIA	YES	YES	NO	LN	I	3 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
578 SIVALAKSHMI	27112 MCH	38	2.75 YES	22 G2P1L1	NO	NO	NO	NO	LSCS	I	6 N	N	N	N	BA	CPAP	12 DEATH
579 SHANMUGAPRIYA	27097 FCH	37	3.55 NO	22 G3P1L1A1	ANEMIA	NO	NO	NO	LSCS	I	2 N	POS	POS	N	SEPSIS	HOOD	14 DISCHARGE
580 MALATHI	27139 MCH	38	2.19 NO	21 G1	NO	NO	NO	NO	LN	I	4 N	N	N	ASD	CHD	CPAP	<1 DISCHARGE
581 KANIPRIYA	27869 MCH	38	1.9 YES	25 G2P1L1	PIH	NO	NO	YES	LSCS	O	5 ABN	N	N	PPHN	MAS	MV	2 DEATH
582 VENNILA	27875 FCH	40	2.3 YES	24 G1	ANEMIA	NO	NO	NO	LN	O	6 N	N	N	N	BA	MV	4 DEATH
583 SUGANTHI	28002 MCH	38	3 YES	26 G1	NO	NO	NO	NO	LN	O	4 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
584 NAVEENA	28011 MCH	39	3.7 NO	27 G4P1L1A2	GDM	NO	NO	NO	LSCS	I	4 ABN	N	N	PDA	CHD	CPAP	6 DISCHARGE
585 MUTHULAKSHMI	28082 FCH	38	1.5 NO	26 G3P1L1A1	APH	NO	NO	NO	LN	I	5 N	N	N	VSD	CHD	MV	12 DISCHARGE
586 GEETHA	28134 MCH	38	3.4 YES	26 G4P1L1A1	PIH	NO	NO	YES	LN	I	6 ABN	N	N	ASD	CHD	MV	10 DISCHARGE
587 KATHIRIAMMAL	28176 MCH	39	2.5 NO	35 G3P2L2	NO	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	2 DISCHARGE
588 SUBBULAKSHMI	28459 MCH	37	2.71 NO	25 G2P1L1	NO	NO	NO	YES	LN	O	4 ABN	N	N	N	MAS	CPAP	7 DISCHARGE
589 PANDEESWARI	28480 MCH	39	2.17 YES	23 G1	NO	NO	YES	YES	LSCS	I	4 ABN	N	N	N	MAS	MV	7 DEATH
590 SOBIYA	28553 FCH	40	2.5 YES	20 G1	ANEMIA	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	MV	<1 DEATH
591 BISMI	28683 MCH	38	2.5 NO	23 G4P3L2A1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	7 DISCHARGE
592 VEERALAKSHMI	28733 MCH	39	2.71 NO	19 G1	NO	NO	NO	NO	LN	O	3 ABN	N	N	N	PN	HOOD	10 DISCHARGE
593 DEVIKA	28922 FCH	39	2.65 YES	20 G1	NO	YES	YES	YES	LN	O	5 ABN	N	N	N	BA	CPAP	10 DISCHARGE
594 DHANALAKSHMI	29011 FCH	37	2.5 NO	20 G1	ANEMIA	NO	NO	NO	LN	O	2 N	N	N	N	TTN	HOOD	3 DISCHARGE
595 GOWSALYA	29086 MCH	40	3.22 YES	26 G4P1L1A2	ANEMIA	NO	NO	YES	LN	I	5 ABN	N	N	N	MAS	CPAP	7 DISCHARGE
596 INBARATHI	29267 FCH	38	2.31 NO	23 G1	NO	NO	NO	NO	LN	O	4 N	POS	POS	N	SEPSIS	CPAP	14 DISCHARGE
597 BARGAVI	28874 FCH	40	2.7 NO	23 G1	NO	NO	NO	NO	LN	I	5 ABN	POS	POS	N	SEPSIS	CPAP	10 DISCHARGE
598 VISALATCHI	29365 MCH	37	2.8 NO	33 G1	GDM	NO	NO	NO	LSCS	I	4 N	N	N	PDA	CHD	CPAP	10 DISCHARGE
599 JEYABHARATHI	29426 MCH	38	2.5 NO	21 G2P1L1	NO	NO	NO	NO	LN	O	4 N	N	N	N	O-CA	CPAP	10 DISCHARGE
600 KALPANADEVI	29474 FCH	39	2.6 NO	26 G3P2L1D1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
601 MAHESWARI	29544 FCH	38	4.5 NO	25 G3P1L1A1	NO	NO	NO	NO	LSCS	I	4 N	N	N	PDA	CHD	CPAP	5 DISCHARGE
602 ASWINI	29605 FCH	40	2.6 NO	19 G1	RHD	NO	NO	NO	LN	I	4 N	N	N	N	TTN	CPAP	7 DISCHARGE
603 ESWARI	29601 MCH	39	2.6 YES	24 G2P1L1	NO	NO	NO	NO	OF	I	4 N	N	N	N	BA	CPAP	7 DISCHARGE
604 ANITHA	29704 MCH	39	1.93 NO	27 G2P1L1	NO	NO	NO	YES	LSCS	O	5 ABN	N	N	PPHN	MAS	MV	8 DEATH
605 ANGALSWARI	29743 MCH	40	3.13 NO	23 G3P2L2	NO	NO	NO	NO	LN	O	6 N	POS	POS	N	SEPSIS	CPAP	8 DISCHARGE
606 RATHINAPANDI	29846 MCH	38	3.4 NO	28 G1	NO	YES	NO	NO	LSCS	I	4 N	N	N	PFO	CHD	CPAP	7 DISCHARGE
607 SELVI	29915 MCH	38	1.86 NO	26 G1	NO	NO	NO	YES	LN	I	6 ABN	N	N	PPHN	MAS	CPAP	14 DISCHARGE
608 BENAZIR	29940 FCH	39	2.4 NO	23 G1	NO	NO	NO	NO	LSCS	I	4 N	N	N	ASD	CHD	CPAP	4 DISCHARGE
609 JAKKAMMAL	30160 FCH	37	2.15 NO	32 G2A1	PIH	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	4 DISCHARGE
610 MEENA	30255 FCH	40	2.75 NO	21 G2A1	ANEMIA	NO	NO	NO	LN	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
611 RANI	30468 MCH	37	2.35 NO	32 G2P1L1	GDM	NO	NO	NO	LSCS	I	3 N	N	N	PDA	CHD	HOOD	3 DISCHARGE
612 KARTHIKA	30517 MCH	38	2.75 YES	21 G1	NO	NO	NO	YES	LN	O	6 ABN	N	N	N	MAS	MV	14 DISCHARGE
613 MUTHUSELVI	30770 MCH	37	2.25 NO	23 G2P1L1	NO	NO	NO	NO	LSCS	I	5 N	N	N	N	TTN	CPAP	10 DISCHARGE
614 ABIRAMI	30787 MCH	39	2.75 NO	20 G1	NO	NO	NO	YES	LN	I	5 ABN	N	N	PPHN	MAS	CPAP	7 DISCHARGE
615 TAMILSELVI	30843 MCH	38	3.2 YES	23 G1	ANEMIA	NO	NO	NO	LN	O	5 N	N	N	N	BA	CPAP	10 DISCHARGE
616 MALATHI	30802 FCH	39	2.36 YES	21 G1	PIH	YES	YES	NO	LN	I	5 N	N	N	N	BA	CPAP	15 DISCHARGE
617 GAYATHRI	30851 MCH	40	3.7 YES	21 G1	NO	NO	NO	NO	LN	I	3 N	N	N	N	BA	HOOD	6 DISCHARGE
618 JEYANTHI	30852 MCH	40	3.1 NO	25 G1	HYPOTY	NO	NO	YES	OF	I	6 ABN	N	N	N	MAS	CPAP	14 DISCHARGE
619 VASANTHAMALA	30875 MCH	40	2.75 NO	23 G1	ANEMIA	NO	NO	NO	LN	I	4 N	N	N	N	TTN	CPAP	4 DISCHARGE
620 MUTHUMEENA	31002 MCH	40	3.2 NO	19 G1	NO	NO	NO	YES	LSCS	I	5 ABN	N	N	N	MAS	CPAP	12 DISCHARGE
621 JEYARANI	31011 MCH	39	2.5 NO	26 G1	NO	NO	NO	NO	LSCS	I	3 ABN	N	N	TOF	CHD	HOOD	10 DISCHARGE
622 REKHA	31121 MCH	39	2.8 NO	26 G1	NO	NO	NO	YES	LN	I	4 ABN	N	N	N	MAS	CPAP	8 DISCHARGE
623 SHANTHI	31162 MCH	39	3.2 NO	25 G2P1L1	NO	NO	NO	NO	LSCS	I	3 N	N	N	N	TTN	HOOD	3 DISCHARGE
624 DURGESHWARI	31177 MCH	38	3.49 YES	19 G1	NO	NO	NO	NO	LSCS	I	5 N	N	N	N	BA	CPAP	8 DISCHARGE
625 PAVITHRA	31178 FCH	40	3.4 NO	18 G1	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	2 DISCHARGE
626 GANDHIMATHI	31179 FCH	40	3.42 NO	17 G1	NO	NO	NO	NO	LSCS	I	4 N	N	N	N	TTN	CPAP	3 DISCHARGE

627	KOKILA	31280	MCH	37	4.025	YES	36	G3P2L2	PIH	YES	YES	YES	YES	LSCS	I	3	ABN	N	N	N	BA	HOOD	3	DISCHARGE
628	KARPAGAM	31191	MCH	38	3.42	YES	18	G1	NO	NO	NO	NO	NO	LSCS	I	4	N	N	N	N	BA	CPAP	8	DISCHARGE
629	MUNIYAMMAL	31082	MCH	39	3.56	YES	18	G1	NO	NO	NO	NO	NO	LSCS	I	4	N	N	N	N	BA	CPAP	12	DISCHARGE
630	MUNNEESWARI	31153	MCH	39	2.65	YES	17	G1	NO	NO	NO	NO	NO	LSCS	I	4	N	N	N	N	BA	CPAP	3	DISCHARGE
631	VANITHA	31184	MCH	37	2	YES	21	G3P2L2	UTI	YES	YES	YES	YES	LSCS	O	2	ABN	POS	POS	N	SEPSIS	HOOD	14	DISCHARGE
632	NAGAMMAL	31285	FCH	39	2.6	NO	17	G1	NO	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
633	MUNIYAMMAL	31245	FCH	39	3.5	NO	17	G1	NO	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
634	NAGAJOTHI	31187	FCH	40	2.7	NO	17	G1	NO	NO	NO	NO	NO	LSCS	I	2	N	N	N	N	TTN	HOOD	2	DISCHARGE
635	PANDIYAMMAL	31567	FCH	40	2.95	NO	16	G1	NO	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	TTN	HOOD	3	DISCHARGE
636	RAJESWARI	31501	FCH	40	3.3	NO	22	G2A1	NO	NO	NO	NO	NO	LSCS	O	4	N	N	N	PDA	CHD	CPAP	9	DISCHARGE
637	JOTHIMANI	31190	MCH	38	4.2	YES	19	G2P1L1	UTI	YES	YES	NO	NO	LSCS	O	3	N	POS	POS	N	SEPSIS	HOOD	13	DISCHARGE
638	NAGAJOTHI	31674	MCH	38	2.7	NO	20	G3A2	UTI	NO	NO	NO	NO	LSCS	O	3	N	POS	POS	N	SEPSIS	HOOD	12	DISCHARGE
639	GOWSALYA	31192	FCH	40	3.02	NO	18	G1	NO	NO	NO	YES	YES	LSCS	I	7	ABN	N	N	PPHN	MAS	MV	3	DEATH
640	KUMUTHA	31899	MCH	37	2.34	YES	37	G2P1L1	UTI	NO	YES	YES	YES	LSCS	I	2	ABN	N	N	ASD	CHD	HOOD	3	DISCHARGE
641	AKILA	31194	MCH	38	2.8	NO	24	G3A2	NO	NO	NO	NO	NO	LSCS	O	4	N	N	N	TR	CHD	CPAP	7	DISCHARGE
642	JAYAPRIYA	31198	FCH	39	2.9	NO	23	G2P1L1	NO	NO	NO	NO	NO	LSCS	O	5	N	N	N	ASD	CHD	CPAP	8	DISCHARGE
643	INDHUMATHI	31796	MCH	38	2.9	NO	27	G2P1L1	NO	NO	NO	NO	NO	LSCS	O	3	N	POS	POS	N	SEPSIS	HOOD	14	DISCHARGE
644	SUMITHA	32197	FCH	39	3	NO	28	G2A1	NO	NO	NO	NO	NO	LSCS	O	4	N	POS	POS	N	SEPSIS	CPAP	13	DISCHARGE
645	TAMILMANI	31198	FCH	40	3.3	NO	29	G3P2L2	NO	NO	NO	NO	NO	LSCS	O	5	N	POS	POS	N	SEPSIS	CPAP	12	DISCHARGE
646	RAMBHA	31579	FCH	40	2.36	NO	30	G2P1L1	GDM	NO	NO	NO	NO	LSCS	O	5	ABN	N	N	N	PN	CPAP	14	DISCHARGE
647	JEYAKODI	31200	MCH	38	1.92	NO	19	G3A2	ANEMIA	NO	NO	NO	NO	LSCS	O	3	N	N	N	N	O - CM	HOOD	2	DISCHARGE
648	SUGANYA	31201	FCH	39	2.82	NO	20	G2A1	GDM	NO	NO	NO	NO	LSCS	O	6	ABN	N	N	N	O - CLE	MV	3	DISCHARGE
649	KAVINILA	31602	MCH	38	4.155	YES	37	G3P1L1A1	GDM	YES	YES	YES	YES	LSCS	I	2	N	N	N	N	BA	HOOD	2	DISCHARGE
650	MUMTAJ	31209	MCH	38	2.7	YES	38	G3P2L2	ANEMIA	NO	NO	NO	NO	LSCS	I	3	N	N	N	N	BA	HOOD	3	DISCHARGE
651	NAGAJOTHI	31204	MCH	38	2.95	YES	40	G3P2L2	NO	NO	NO	NO	NO	LSCS	I	4	N	N	N	N	BA	CPAP	10	DISCHARGE
652	MARIAMMAL	31905	MCH	38	3.4	YES	18	G1	NO	NO	NO	NO	NO	LSCS	I	4	N	N	N	N	BA	CPAP	7	DISCHARGE
653	VELMANI	31806	MCH	37	2.44	NO	20	G2A1	ANEMIA	NO	YES	NO	NO	LSCS	O	3	ABN	N	N	PDA	CHD	HOOD	2	DISCHARGE
654	VELUTHAI	31201	MCH	38	2.84	NO	22	G3P2L2	PIH	NO	NO	NO	NO	LSCS	O	3	ABN	N	N	VSD	CHD	HOOD	3	DISCHARGE
655	VEERACHINNU	31208	MCH	38	2.7	NO	26	G2P1L1	NO	NO	NO	NO	NO	LSCS	O	2	N	N	N	TAPVC	CHD	HOOD	3	DISCHARGE