A prospective study that review the types of congenital diaphragmatic defects in pediatric age groups in Basra and their outcome, to describe the demography of diaphragmatic defects and to assess their mortality and morbidity. This study was conducted at the neonatal intensive care unit and surgical ward of the Basra children specialty hospital. The medical records of 67 diaphragmatic defects patients, admitted to the hospital from July 2013and July 2015. Data for patient demographics, associated congenital anomalies, and mortality were collected in this study in addition to the types of diaphragmatic defects. In this study Bochdalek hernia is the commonest type of diaphragmatic defects in all age groups (64.2%), followed by diaphragmatic event ration (13.4%), hiatus hernia (11.9%), Morgagni hernia (4.5%), congenital central hernia (4.5%), and finally absent hemi diaphragm (1.5%). Male is affected more than female in all age groups. Shortness of breath is the presenting feature in all age groups with predominance in neonates. Vomiting is the second presenting feature, especially in infant and older children. Associated anomalies occur in about 19.4%. Overall complication rate was 24.1 and the survival rate was 80.3%. It may not reflect the real survival because many fetal and post-delivery deaths occurred and not registered in our society.One should have a high index of suspicion regarding diaphragmatic defects especially those neonates presenting with shortness of breath. Most neonates with diaphragmatic defects are diagnosed by plain chest x-rays (88.2%) so that we should avoid injudicious use of contrast study or CT scan for the diagnosis of diaphragmatic defects. High survival rate may not reflect the real event because many patients died before, during, or just after delivery so that prenatal diagnosis and management of diaphragmatic defect must be encouraged.