

A clinical Audit on Uptake of Delayed Cord Clamping at Caesarean Sections

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Introduction:

“Delayed cord clamping (DCC) (performed approximately 1–3 min after birth) is recommended for all births, while initiating simultaneous essential neonatal care” (WHO 2012 - Strong Recommendation)

- Applies to term and preterm, vaginal and caesarean births
- Improves “placental transfusion”, leading to higher iron stores in infants up to 6 months after birth.
- Also reduce early neonatal complications in preterm infants (sepsis, intraventricular haemorrhage, etc)
- No association with post partum haemorrhage, but may reduce the incidence of retained placenta

Objective:

To find out the level of adherence to delayed cord clamping (DCC) following delivery of neonates that do not require resuscitation by category 3 and 4 caesarean surgeries at tertiary care hospitals in Sri Lanka and the reasons for non-adherence

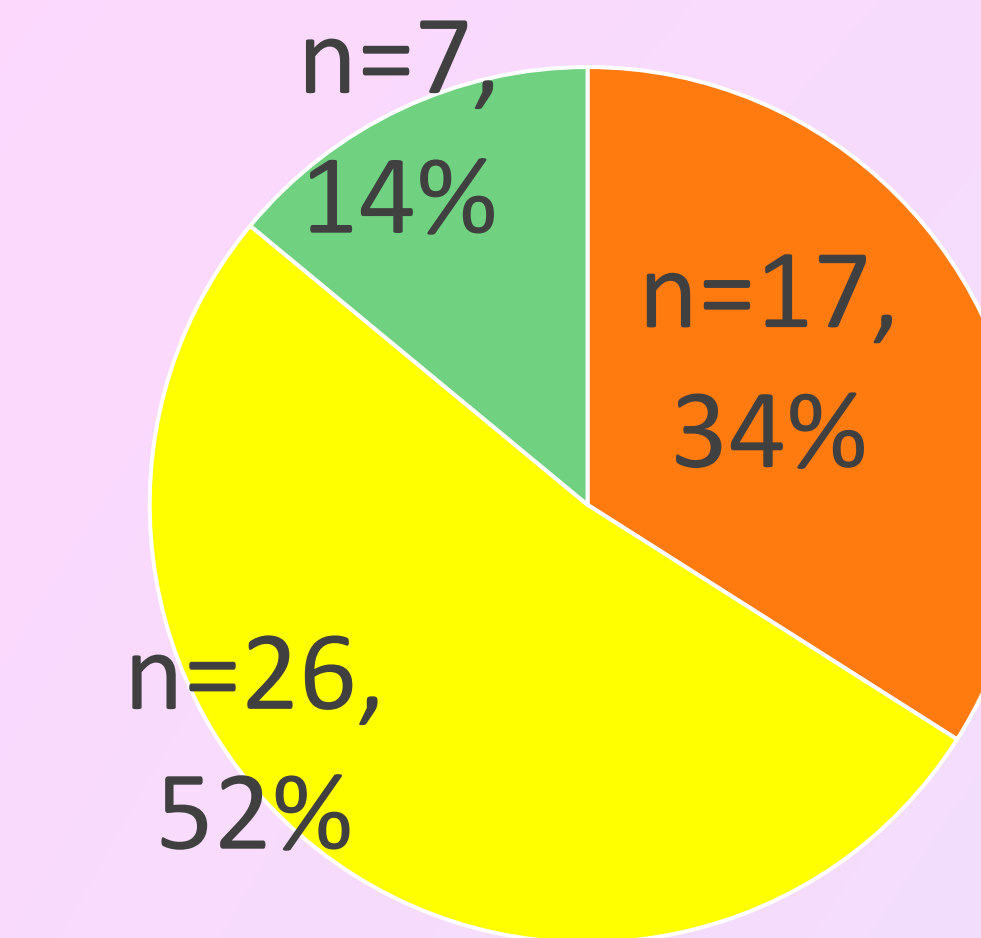
Methodology:

- Out of the tertiary care hospitals in Sri Lanka, 11 were randomly selected to the study.
- Middle grade medical officers from each obstetric unit of each of these hospitals, who perform uncomplicated caesarean surgeries, were randomly selected and invited to participate in the study.
- Postgraduate trainees and doctors with an experience of less than a year were excluded.
- Telephone based interviews were used to administer the study instrument.

Results:

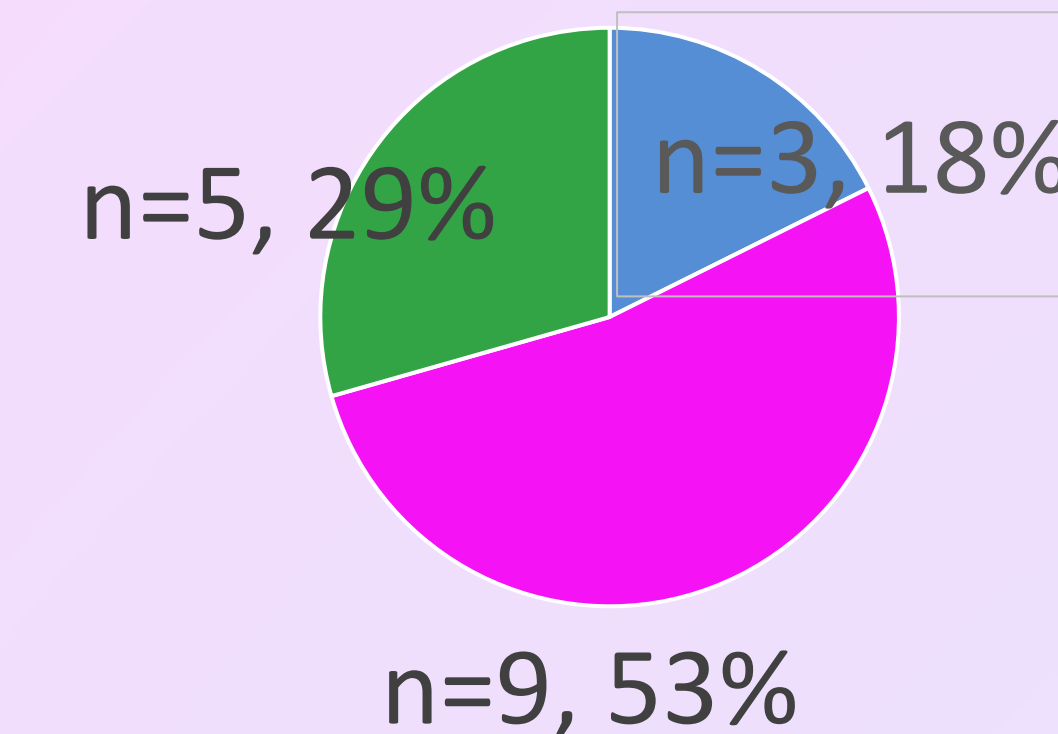
Method of Cord Clamping

(Sample=50)



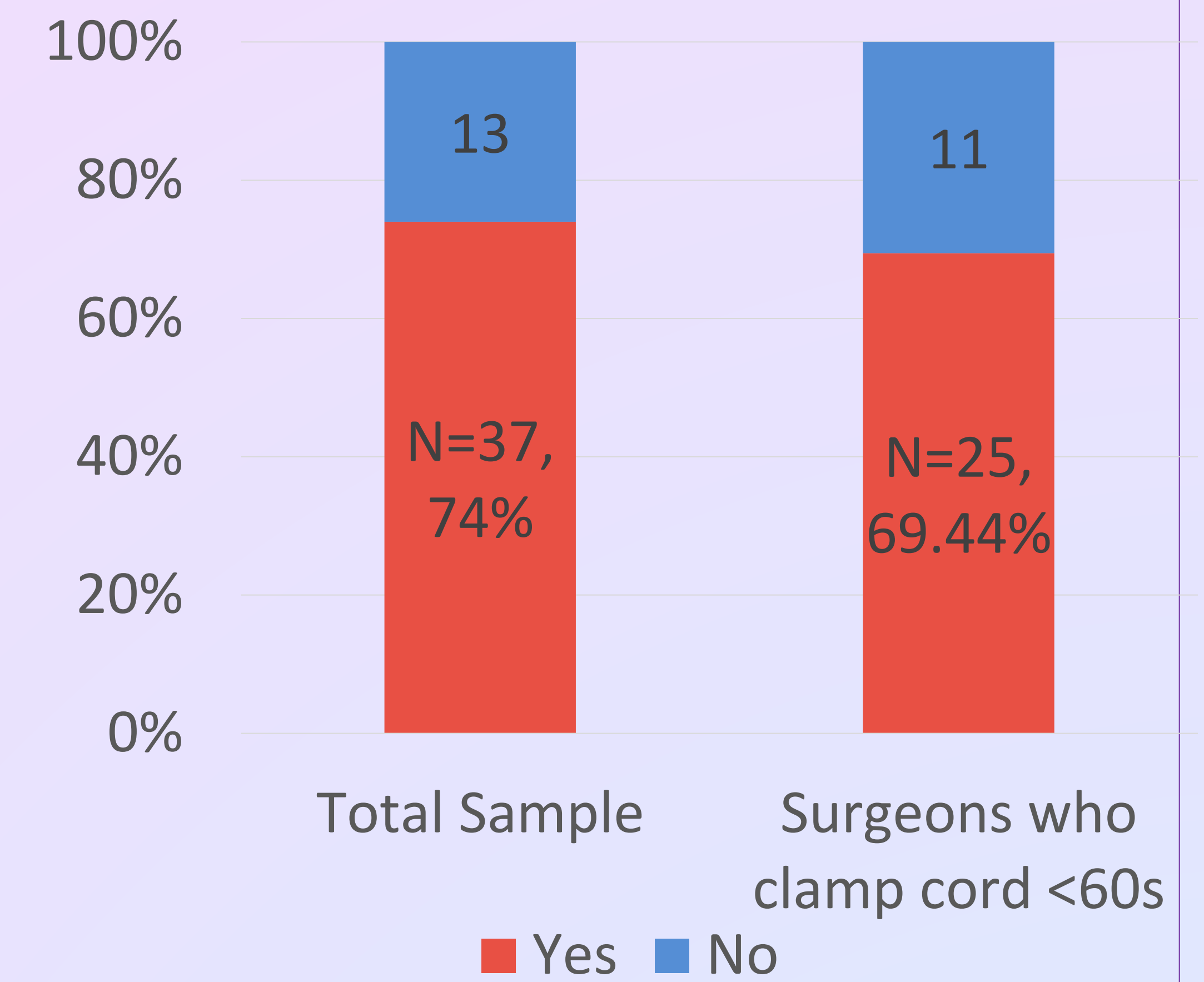
- Delayed Cord Clamping
- Early Cord Clamping
- Umbilical Cord Milking

Duration Before Cord Clamping



- 30 seconds
- 1 mint
- Until cord pulsation absent

Knowledge on WHO Recommendations on DCC



- **93.93% (n= 31)**, of the doctors who did not practice DCC, mentioned that they believe DCC is associated with **increased blood loss** at the caesarean section and **increased surgical time**.

Conclusions:

- In contrast to wide consensus on safety and positive effects of DCC, its uptake is low at ground level when it comes to caesarean section deliveries.
- Either DCC should be further promoted with stronger scientific evidence for its safety at caesarean sections or alternative surgical techniques should be explored to ensure that newborns do not miss benefits of placental autotransfusion.