



## How good are we at doing delayed cord clamping (DCC) in premature babies? Compliance with guidelines and improvement following targeted strategies

Abraham Litty<sup>1</sup>, Wilson Erin<sup>2</sup>, Beckmann Michael<sup>3</sup>  
<sup>1</sup>Mater Mothers Hospital, South Brisbane, Australia

**Background:** The practice of delayed cord clamping (DCC) for approximately 60 seconds after birth is of proven benefit to the neonate. Preterm babies, in particular, benefit from improved intravascular volume, decreased need for blood transfusions and decreased chances of intracranial bleed and necrotising enterocolitis.

**Results:** A total of **17197** livebirths were analysed from the time period 1<sup>st</sup> June 2018 to 31<sup>st</sup> January 2020.

**-Overall rate of DCC** in the early preterm group (23+0 - 31+6 weeks) **53.6%**.

**Prior to implementation** of quality strategies in February 2019, **DCC compliance was 37.1%**, which rose to **57.6% (p<0.001) in the months of February- September 2019**.

Subsequent to **targeted education sessions** from October 2019, the **compliance rate was 73.0%** (57.6% vs 73.0%, **p=0.026**).

### **Methods:**

**-Retrospective audit** was conducted of all live births, over a 19 month period. Observed **compliance** with the practice of DCC in response to implementation of quality improvement initiatives at two time-points: (a) February 2019 when a **new guideline** was created for the hospital; and (b) October 2019 **when simulation-based training** occurred in the neonatal teams. Chi square testing was used compare compliance rates of DCC.

**Conclusions:** Following targeted education and simulation sessions, a statistically significant increase was observed in the practice of DCC for preterm babies. Many babies still do not receive DCC and further strategies to improve rates would be useful.