IMPLEMENTATION OF PLACENTAL TRANSFUSION PROTOCOL

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INTRODUCTION
The optimal timing to clamp the umbilical cord is currently revised. Several randomized, controlled trials over the last decade have documented the safety and benefits of delayed cord clamping in term and especially preterm neonates. This led scientific societies (WHO, ILCOR) to advise a systematic delay before cord clamping. In developed countries, this recommendation is applicable at least in premature infants (SOGC, ACOG, EAPM). In the event of premature birth, delayed cord clamping is associated with a more stable transitional circulation, a decrease need for inotropic support and reduction of the risks of blood transfusions, necrotizing enterocolitis, or intraventricular hemorrhages. Given these benefits, this intervention was included systematically in our management of preterm births in October 2013.

OBJECTIVES
Evaluate the implementation of our placental transfusion protocol.
Describe the difficulties in achieving a delayed clamping or milking during the initial phase of this “new” procedure

PATIENTS AND METHODS
Prospective trial in a single tertiary care center from November 1st 2013 to April 30th 2014.
Very preterm infants (<32 weeks GA) and VLBW

RESULTS
59% of the eligible infants received placental transfusion.
Placental transfusion was performed in 54% of the C-sections and in 75% of the vaginal deliveries.
In C-sections, only cord milking was performed, as per local protocol. Globally the ratio of cord milking to delayed clamping was 3:1.

Placental transfusion wasn’t performed in 17 patients:
- 4 oversights
- 6 difficult perinatal adaptations
- 2 intrauterine growth restriction
- 5 cases the reason wasn’t specified

Delayed cord clamping : no difficulties reported
For the milking :
- A retrograde milking
- 2 tearings of the cord
- The milking of an empty cord
- The presence of a knot

Conclusions
A clear protocol for placental transfusion gives the opportunity to improve care of preterm infants. Initial information sessions and simulation practices for medical and midwifery staffs helps with its implementation. Like most new interventions, delayed clamping and cord milking required a learning phase and became easy to perform.