www.ijdmsr.com

"A Study On Umblical Cord Milking Vs Delayed Cord Clamping On Hematological Parameters At 6 Weeks Of Life In Term Neonates".

Dr. Rahul Vashistha*, Dr. Manish Agarwal**, Dr. Yogesh Goyal***

Department of Paediatrics, Saraswathi institute of Medical Sciences, Hapur Uttar Pradesh India *Corresponding Author: Dr. Rahul Vashistha*

ABSTRACT:- Introduction :Parinatal iron deficiency has received little attention in the past ,due to assumption that Infants are protected from iron deficiency unless the mother is marked anemic.In a survey in India,70% of infants between 6 and 11 months of age were found anemic.Trans-placental transfer of iron and blood from placenta and cord can affect iron stores at birth at the time of delivary.To enhance their transfer from placenta and umbilical cord to baby,interventions like umbilical cord milking and delayed cord clamping have received a lot of scientific attention,they serve to potentially enhance neonatal blood volume and consequently iron stores after birth.Delayed cord clamping (DCC) in which clamping of cord is delayed by 30 to 180 seconds has been shown to improve the haematological status in both preterm and term infants.The other method of transfer of blood from placenta to fetus is Umblical cord milking (UCM).It is the method of rapid transfer of cord blood to baby by means of squeezing or strapping of cord towards the baby from the maternal end.the current research evaluates wheather umbilical cord milking at birth in babies born at >36 weeks of gestation is as effective as delayed cord clamping in improving hematological status at birth and at 6 weeks of life with comparable hemodynamic effect after birth.

Aims & Objective: The Aim of the study was to compare between Umblical cord milking vs delayed cord clamping on Hematological parameters at 6 week of life in term neonates also to compare Mean ferritin and Mean Hemoglobin in umbilical cord milking group to Delayed cord clamping group. A total of 200 subjects in term newborn babies born at >36 weeks either by vaginally or by caesarean section at our hospital who were residing within 5km radius of SIMS hospital. The subjects were selected using purposive sampling technique.

MATERIALS AND METHODS: The present study was carried out in Department of Paediatrics ,Neonatal unit and department of Obstetrics from the patients being admitted in Saraswathi Institute of Medical Sciences, Anwarpur, Hapur Uttar pradesh. A total of 200 subjects in term newborn babies born at >36 weeks either by vaginally or by caesarean section at our hospital who were residing within 5km radius of SIMS hospital.

RESULT: In our study neonates allocated to milking group had higher hemoglobin values at 6 weeks as compared with delayed clamping group, indicating an increased amount of placental blood transfer in Umblical cord milking group. this relationship also indicate that the peocedure of milking fourtimes guarantees the transfer of extra amount of placental blood into the neonates when compared to delayed clamping.

CONCLUSION: A total of 200 subjects in term newborn babies born at >36 weeks either by vaginally or by caesarean section at our hospital who were residing within 5km radius of SIMS hospital, neonates allocated to milking group had higher hemoglobin values at 6 weeks as compared with delayed clamping group, indicating an increased amount of placental blood transfer in Umblical cord milking group. Both the groups in our study achived higher mean hemoglobin at 30 minutes and 48 hours.

Key words: Delayed cord clamping(DCC), Umblical cord milking(UCM).

I. INTRODUCTION

Parinatal iron deficiency has received little attention in the past, due to assumption that Infants are protected from iron deficiency unless the mother is marked anemic. In a survey in India, 70% of infants between 6 and 11 months of age were found anemic. Trans-placental transfer of iron and blood from placenta and cord can affect iron stores at birth at the time of delivary. To enhance their transfer from placenta and umbilical cord to baby, interventions like umbilical cord milking and delayed cord clamping have received a lot of scientific attention, they serve to potentially enhance neonatal blood volume and consequently iron stores after birth. Delayed cord clamping (DCC) in which clamping of cord is delayed by 30 to 180 seconds has been shown to improve the haematological status in both preterm and term infants. The other method of transfer of blood from placenta to fetus is Umblical cord milking (UCM). It is the method of rapid transfer of cord blood to

baby by means of squeezing or strapping of cord towards the baby from the maternal end.the current research evaluates wheather umbilical cord milking at birth in babies born at >36 weeks of gestation is as effective as delayed cord clamping in improving hematological status at birth and at 6 weeks of life with comparable hemodynamic effect after birth. A total of 200 subjects in term newborn babies born at >36 weeks either by vaginally or by caesarean section at our hospital who were residing within 5km radius of SIMS hospital. In our study neonates allocated to milking group had higher hemoglobin values at 6 weeks as compared with delayed clamping group,indicating an increased amount of placental blood transfer in Umblical cord milking group.this relationship also indicate that the peocedure of milking fourtimes guarantees the transfer of extra amount of placental blood into the neonates when compared to delayed clamping. It is the method of rapid transfer of cord blood to baby by means of squeezing or strapping of cord towards the baby from the maternal end.

II. METHODOLOGY

Study Area: The study was conducted in the Depatrment of Paediatrics, Neonatal unit and department of Obstetrics from the patients being admitted in Saraswathi Institute of Medical Sciences, Anwarpur, Hapur Uttar pradesh.

Study design: The study was a randomized control trial (parallel group study with 1:1 randomization.

Study period: *The study was conducted from April 2018 to March 2019.*

Study population: A total of 200 subjects in term newborn babies born at >36 weeks either by vaginally or by caesarean section at our hospital who were residing within 5km radius of SIMS hospital.

STATICAL ANALYSIS: The one way ANOVA was used to statistically analyze and compare the various proportions which were derived in the different groups. Pearson's correlation was used for correlations .SPSS version - 20 was used for all statistical analysis.

TABLE-1 OVERALL POPULATION DESCRIPTIVE ESTIMATES

	N	Mean	SD	SE	Minimum	Maximum
Maternal age	200	29.38	7.228	0.511	20	45
Maternal weight	200	59.74	9.68	0.685	45	88
Maternal Hb	200	10.48	1.0028	0.0709	9.1	12.3

TABLE-2
Descriptive estimates of Hemoglobin of the study sample at 6 weeks according to study groups

		Umblical cord Milking (n=100)		Delayed Clamping (n=100)		Overall sample (n=200)		p-value
		Mean	SD	Mean	SD	Mean	SD	
Hb at 3 mins	80	17.283	1.90	16.311	1.97	17.283	1.93	0.045*
Hb at 4 hours	18	15.630	0.79	15.156	0.82	15.643	0.80	0.051
Hb at weeks	6	15.140	0.77	14.712	0.80	15.164	0.78	0.039*

TABLE-3
Serum ferritin estimation

	Umblical (n=100)	cord Milking	Delayed Clamping (n=100)		Overall sample (n=200)		p- value
	Mean	SD	Mean	SD	Mean	SD	
Serum Ferritin(30mins)	137.82	7.24	138.19	7.98	137.612	7.60	0.688
Serum Ferritin (6 weeks)	133.53	7.24	131.64	8.01	132.594	7.61	0.006

III. DISCUSSION

The present study was carried out in Department of Paediatrics, Neonatal unit and department of Obstetrics from the patients being admitted in Saraswathi Institute of Medical Sciences, Anwarpur, Hapur Uttar pradesh. A total of 200 subjects in term newborn babies born at >36 weeks either by vaginally or by caesarean section at our hospital who were residing within 5km radius of SIMS hospital. In our study neonates allocated to milking group had higher hemoglobin values at 6 weeks as compared with delayed clamping group, indicating an increased amount of placental blood transfer in Umblical cord milking group, this relationship also indicate that the peocedure of milking fourtimes guarantees the transfer of extra amount of placental blood into the neonates when compared to delayed clamping. Trans-placental transfer of iron and blood from placenta and cord can affect iron stores at birth at the time of delivary. To enhance their transfer from placenta and umbilical cord to baby, interventions like umbilical cord milking and delayed cord clamping have received a lot of scientific attention, they serve to potentially enhance neonatal blood volume and consequently iron stores after birth.Delayed cord clamping (DCC) in which clamping of cord is delayed by 30 to 180 seconds has been shown to improve the haematological status in both preterm and term infants. The other method of transfer of blood from placenta to fetus is Umblical cord milking (UCM). It is the method of rapid transfer of cord blood to baby by means of squeezing or strapping of cord towards the baby from the maternal end the current research evaluates wheather umbilical cord milking at birth in babies born at >36 weeks of gestation is as effective as delayed cord clamping in improving hematological status at birth and at 6 weeks of life with comparable hemodynamic effect after birth.

IV. CONCLUSION

We demonstrated that in full term neonates, the hematological and hemodynamic effects of umbilical cord milking(UCM) with early cord clamping were slightly higher to those of delayed cord clamping (DCC) after 30 mins of birth, former intervention had significant higher hemoglobin and serum ferritin levels after 6 weeks of life. Trans-placental transfer of iron and blood from placenta and cord can affect iron stores at birth at the time of delivary. To enhance their transfer from placenta and umbilical cord to baby, interventions like umbilical cord milking and delayed cord clamping have received a lot of scientific attention, they serve to potentially enhance neonatal blood volume and consequently iron stores after birth. Delayed cord clamping (DCC) in which clamping of cord is delayed by 30 to 180 seconds has been shown to improve the haematological status in both preterm and term infants, study neonates allocated to milking group had higher hemoglobin values at 6 weeks as compared with delayed clamping group, indicating an increased amount of placental blood transfer in Umblical cord milking group. this relationship also indicate that the peocedure of milking fourtimes guarantees the transfer of extra amount of placental blood into the neonates when compared to delayed clamping.

REFERENCES:

- [1]. Rabe H, Diaz-Rossello JL, Duley L, Downswell T. Effect of timing of umlical cord clamping and other strategies to influence placental transfusion of pre term birth on maternal and infant ourcomes Cochrane Database Rev. 2012;8:CD003248
- [2]. Mc Donnell M ,Handerson Smart DJ.Delayed umbilical cord clamping in preterm infants:a feasibility study.J Paediatr child health.1997;33(4):308-310
- [3]. National Heart, Lung and Blood Institutehttp://www.nhlbi.nih.gov/hbp/whathbp.htm>101.
- [4]. Committee of Obstretics Practice, American college of Obstreticians and Gynaecologists. Committee opinion number. 543: Timing of umbilical cord clamping after birth . Obstet Gynecol. 2012;120(6):1522-1526.
- [5]. AL-Wassia H,Shah PS. Efficacy and safety of umbilical cord milking at birth:a systemic review and metaanalysis.JAMA Pediatr.2015;169(1):18-25
- [6]. AHA/AAP Neonatal Resuscitation Guidelines 2010:Summary of major changes and comment on its utility in resource.Limited Settings..
- [7]. Upadhyay A ,Gowthwal S,Parihaar R ,Garg A,,et al.(2013).Effect of umbilical cord milking in term and near term infants.Am J Obstet Gynecol 208(2):120
- [8]. UNICEF, WHO.Prevention and control of iron deficiency anemia in women and childrens.Geneva:United Nations Childrens Fund 1999
- [9]. Van den Broek N. Anemia and micronutrients deficiencies. British medical Bulletin. 2003;67:149-160
- [10]. Baker W. Iron deficiency in pregnancy ,obstretics,and gynecology. Hematology/Oncology Clinics of North America.2000;14(5);1061-1077.

Source of Support: Nil, Conflict of Interest: None declared.

Corresponding Author: Dr. Rahul Vashistha
Department of Paediatrics, Saraswathi institute of Medical Sciences, Hapur Uttar Pradesh India