



The tactics of midwives regarding the method of holding the newborn and clamping the umbilical cord after birth

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Objective

To evaluate the tactics of midwives regarding the method of holding the newborn, timing and method of umbilical cord clamping after childbirth and to determine its effects on the neonatal hematological status.

Methods

101 women and their babies, who were admitted to our Obstetric and Gynecology Clinic for vaginal delivery, participated in this study. The data of the research were collected by using pregnant identification form, observation, and finding forms. The study had the approval of the Clinical Research Ethics Committee and the hospital's Institutional permission. The pregnant identification forms were conducted by face to face interview technique by admission to the clinic. The researcher filled in the observation and finding forms by recording the method and timing of umbilical cord clamping of each midwife during delivery. The hematocrit and bilirubin values of the newborns were measured and recorded within both the first six hours and on the third day after delivery. The data were evaluated through the tests of Chi - Square, Mann - Whitney U, Kruskal - Wallis, Wilcoxon Signed Rank. In all comparisons, $p < 0.05$ values were accepted as statistically significant.

Results

The tactics of midwives regarding the practice of holding the newborn, method and timing of umbilical cord clamping after birth were found significantly different ($p < 0.001$). 63.4% of the babies were held below the perineum after birth and the umbilical cords were clamped close to the mother in 95.0% of the deliveries. The umbilical cord "milking" was performed in 92.1% of the deliveries. It was determined that the tactics of midwives about the practice of holding the newborn, method and timing of umbilical cord clamping after birth had no significant effect on the first six hours and the third - day neonatal bilirubin values. However, both the first six - hour and the third - day neonatal hematocrit values were found significantly lower in neonates, that underwent umbilical cord clamping closest to the baby and did not receive umbilical cord "procedure" ($p = 0.024$ and $p = 0.014$ respectively).

Conclusion

In conclusion, this study showed the presence of different clinical practice among the midwives, regarding the holding of the newborn, method and timing of umbilical cord clamping after birth. Besides, it was demonstrated that the "milking" of umbilical cord and clamping of the umbilical cord closest to mother had a beneficial effect on neonatal hematocrit values, without any significant increment to hyperbilirubinemia risk.