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*Onwujekwe U.*

**ADVANTAGES OF DELAYED CLAMPING OF THE UMBILICAL CORD IN COMPARISON WITH TIMELY CLAMPING**

Kharkiv National Medical University

(Department of Obstetrics and gynecology №2)

Research advisor: Gayvoronskaya S.

Kharkiv, Ukraine

**Introduction.** According to the World Health Organization (WHO), delayed clamping of the umbilical cord is defined as a cord clamp no earlier than 1 minute after the birth of the fetus, and a timely cord clamp is defined as a cord clamp as soon as it stops pulsating, but no later than 1 minute after delivery. Cochrane meta-analysis determineddeferred constriction as a delay of 30 seconds or more after birth. In a systematic review of Van Rheenen and Brabin, the delayed anchoring of the cord was defined as waiting until the umbilical cord stopped pulsating (the average setting time was 30.5 seconds). The aim of this abstract is to compare the advantages and disadvantages of delayed clamping of the umbilical cord compared with the early one.

**Materials and methods.**Newborns were divided into 2 groups. The first group

consisted of 25 patients, in whom the umbilical cord was clamped after the pulsation ended. The second group consisted of 50 patients who underwent an early compression of the umbilical cord.

**Results of research.** The data obtained during the study show that in newborns,

delayed clamping of the umbilical cord improves the optimal transfusion within 1-3 minutes. This technique increases the level of hemoglobin and hematocrit at birth and increases iron stores in the first few months of life. In neonates, delayed clamping of the umbilical cord was associated with significant benefits, including improved transient circulation, improved red blood cell volume, reduced need for blood transfusions, and decreased necrotizing enterocolitis (2%) and intraventricular hemorrhage with hypoxic central nervous system damage (2%).

In 26% of cases, abnormal neonatal jaundice was noted in neonates whose cords were clamped after 1 minute, in 30% polycythaemia (not requiring treatment), in 34% transient tachypnea (possibly due to delayed absorption of fluid in the lungs caused by an increase in blood volume to delayed cord clamp). There was no increase in bleeding in the mothers. In the second group, anemia was noted in 39% of newborns, pathological neonatal jaundice in 35%, transient tachypnea in 20%, necrotizing enterocolitis of hypoxic genesis in 8%, hypoxic lesion of the central nervous system (4%).

**Conclusions.** Analyzing the results obtained, it can be concluded that the delayed clamping of the cord has more advantages for newborns than the early clamping of the umbilical cord. The increase in the level of hemoglobin and iron in the blood of the newborn helps in the prevention of hypoxic complications and contributes to the further favorable development of the newborn.