

60 Seconds: A Short Wait, A Lifesaving Impact

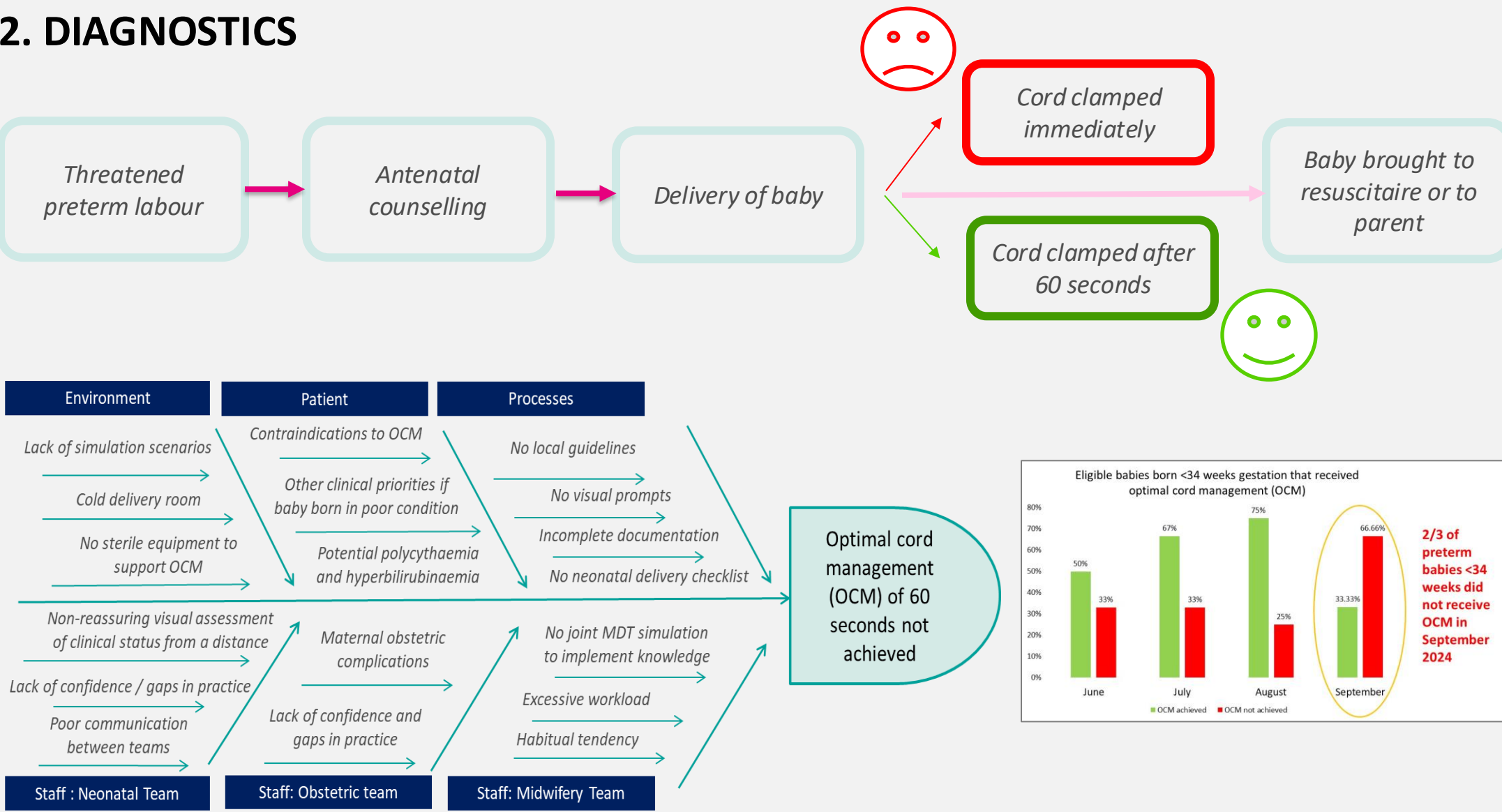


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1. PROBLEM STATEMENT

Leaving baby’s cord unclamped for **at least a minute** is **life-saving**. We are **often in a rush** resulting in babies at risk of preventable blood transfusions or even death¹.

2. DIAGNOSTICS



3. AIMS AND MEASUREMENTS

Aim
By the end of February 2025, we aim to provide OCM to 10 out of 10 eligible babies born less than 34 weeks gestation, up from 3 out of 10 in September 2024.

Chosen measure
Time of optimal cord management achieved in seconds.

Inclusions
All eligible babies for optimal cord management born less than 34 weeks gestation in Lewisham Hospital from October 2024 to February 2025.

Exclusions
Babies that were contraindicated to have optimal cord management as per BAPM guidelines.

- CONTRAINDICATIONS**
1. Acute maternal haemorrhage
 2. Cord issues: Ruptured vasa praevia, cord vessels, cord trauma
 3. Monochorionic twins with twin-to-twin transfusion

Sampling method and frequency
Collecting weekly data from electronic records via BadgerNet.

5. PDSA CYCLES

PDSA Test	PLAN	Do	STUDY	ACT
1.1	To test a protocol that is in use in a sister hospital to see if this can be adapted in our hospital	21/10/2024 Contacted team who led the project in sister hospital Shared infographic verbally to 4 consultants and asked for feedback	Infographic shared to me from sister hospital team. Feedback from consultant colleagues that the team is keen to be on board with project. One feedback raised was to consider sterility of procedure as part of the infographic	Adapt
1.2	Send message on Whatsapp group to share infographic on a new protocol	09/11/2024 Message seen by 25 members in the group chat but no formal feedback or reactions	Not sure if details infographic read or only message opened without being read properly	Stop
2.1	Share current local data and importance of optimal cord clamping to increase awareness in perinatal meeting	08/11/2024 Conducted a teaching session with perinatal team via Teams. Shared data with 15 people from obstetric, neonatology and midwifery team.	Obstetric team fed back that felt more confident if decision for cord clamping could be led by the neonatal team. Email received from obstetric registrar saying that she was keen and wanted to be involved.	Adapt
3. 1	Conduct a simulation session to implement new protocol	12/11/2024 Conducted simulation session for neonatal team. Attended by 10 people including doctors and nurses.	Felt that protocol is easy to follow. Some feedback that this has been used in clinical practice and have worked well. Question raised about where to get ultrasound probe.	Adopt
4.1	Introduce the use of Lifestart machine	28/01/2024 Conducted a dry run of the use of Lifestart machine with obstetric, neonatal and theatre scrub team. Attended by 11 people.	Simulation ran well. Troubleshooted problems such as sterility of equipment, ensuring equipment is checked prior to use, raised question on who's responsibility to check equipment before use. Generally well received.	Adapt

4. CHANGE IDEA

Delayed Cord Clamping for babies < 34 weeks

In theatre

In Delivery Suite

Neonatal Registrars need to be scrubbed-in with sterile gowns and gloves	No need to scrub in
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1. Place the baby on mum.

2. If < 32 weeks → put the baby in plastic bag.

3. If baby is not breathing → The aim is to avoid immediate cord clamping.

Start the initial steps of the NLS algorithm and support the transition for the first 30 seconds by gentle but deliberate stimulation of the baby, opening the airway and placing the head in neutral position.

4. Assess at 30 seconds (in theatre) by placing stethoscope on the baby’s chest. Maintain sterility by inserting stethoscope into a sterile ultrasound probe cover.

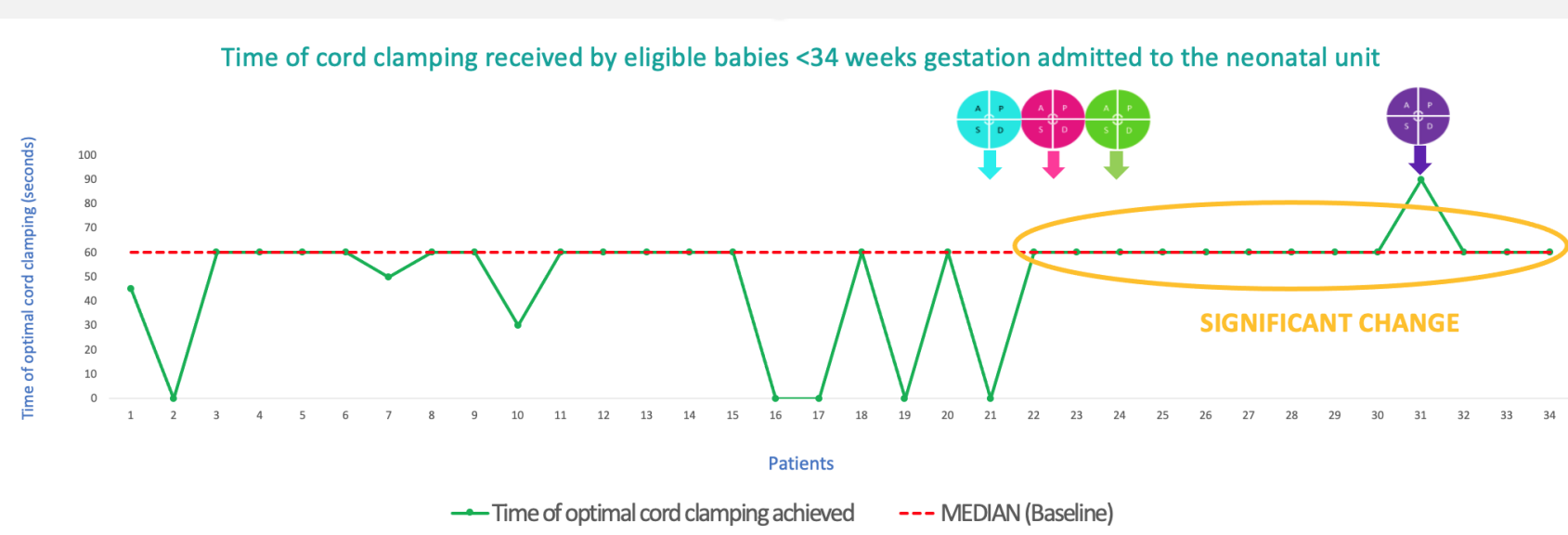
4. Assess at 30 seconds (in delivery suite) Use stethoscope to auscultate HR.

5. If HR < 60, cut the cord and move to the resuscitaire.

If not, continue **stimulation** and **support the airway** by putting head in neutral position to help the baby to start breathing until 60 seconds of delayed cord clamping. (The baby is still receiving oxygenated blood from the cord).

6. Cut the cord and move to the resuscitaire.

6. RUN CHART



Run chart demonstrating significant changes after 4 PDSA cycles marked from when quality improvement project started.

7. LIMITATIONS AND CONSIDERATIONS

- Small monthly number of patients admitted in Level 2 neonatal unit but able to demonstrate significant change through project.
- Ongoing data collection is required to test sustainability of change ideas.
- Handover to colleague after current rotation to ensure sustainability.

8. CONCLUSION

Aim achieved!
- By the end of February 2025, all eligible babies received OCM from when the project started.
- We achieved 100% OCM rates for all eligible babies for October 2024 to February 2025 which led to better patient outcome.
Biggest learning point with QIC Learn: "Start small, Dream Big!"

Reference
1. British Association of Perinatal Medicine: Optimal Cord Management in Preterm Babies: A Quality Improvement Toolkit
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