

Research recommendations for review question: What is the optimum position for the baby during delayed cord clamping in relation to the mother's uterus?

K.1.1 Research recommendation

What is the optimum position for the baby during delayed cord clamping in relation to the mother's uterus?

K.1.2 Why this is important

Delayed cord clamping allows blood to pass from the placenta to the baby but there are few data on where the baby should be held in relation to the mother's position and timing of delayed cord clamping. It is important to assess the benefits or harms as it may have implications for both mother and baby.

K.1.3 Rationale for research recommendation

Table 6: Research recommendation rationale

Importance to 'patients' or the population	Little is known about the benefits or risks associated with delayed cord clamping in relation to the mother's position and timing of delayed cord clamping. This is important as it may affect mother-baby bonding and the amount of blood that is passed from the placenta to the baby.
Relevance to NICE guidance	The committee were unable to make clear recommendations on where the baby should be held during delayed cord clamping because evidence was not sufficient and was not assessed in the context of mother's position and timing of cord clamping.
Relevance to the NHS	Clear recommendations in this area may reduce the likelihood of morbidity, which has implications for NHS resources.
National priorities	Medium
Current evidence base	Minimal long-term data
Equality considerations	None known

K.1.4 Modified PICO table

Table 7: Research recommendation modified PICO table

Population	<ul style="list-style-type: none"> • Women in labour who are pregnant with a single baby, who go into labour at term (37 to 42 weeks of pregnancy)
Intervention	<ul style="list-style-type: none"> • Before clamping the umbilical cord, the baby is held at a higher level in relation to the uterus, for example: <ul style="list-style-type: none"> ○ mother's abdomen level ○ mother's chest level ○ higher than chest

Comparator	<ul style="list-style-type: none"> • Before clamping the umbilical cord, the baby is held: <ul style="list-style-type: none"> ○ at vaginal level ○ below vaginal level ○ any of the above interventions
Stratified analyses	<ul style="list-style-type: none"> • Timing of delayed cord clamping <ul style="list-style-type: none"> ○ 1 to 5 minutes ○ >5 minutes • Mode of birth <ul style="list-style-type: none"> ○ Caesarean birth ○ Vaginal birth • Position during vaginal birth <ul style="list-style-type: none"> ○ Upright position (kneeling, on all fours, squatting, standing, sitting upright) ○ Recumbent position (lying on back, lying on side, semi-recumbent)
Outcome	<p>Critical:</p> <ul style="list-style-type: none"> • Jaundice requiring phototherapy or exchange transfusion • Infant haemoglobin concentration (24 hours after birth and 3- 6 months after birth) • Apgar score < 7 at 5 minutes • Need for blood transfusion <p>Important:</p> <ul style="list-style-type: none"> • Women's experience of labour and birth • Skin-to-skin contact (uninterrupted, for example minimum 30 mins in the first hour) • Breastfeeding (as defined by the study) • Neonatal admission • Long-term developmental delay
Study design	Randomised controlled trial
Timeframe	Short term – follow-up for 6 months after birth
Additional information	None