Delayed Umbilical Cord Clamping: A Quality Initiative Implementation by the Obstetrics and NICU Departments

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Introduction/Background

Prior research studies and various professional organizations support benefits of delayed cord clamping in preterm infants. Lehigh Valley Health Network (LVHN), along with a national initiative, adopted the clinical practice of delayed cord clamping in preterm infants as a quality initiative in March 2015 with the overall goals of improving neonatal morbidity and mortality. Implementation of this initiative required leadership, teamwork, and effective, multidisciplinary communication.

Problem Statement

This study examined provider perceptions and challenges to implementation of delayed cord clamping in order to assess the effectiveness of interdepartmental collaboration while establishing a quality initiative.

Methods

A ten-question survey was designed to be distributed to obstetrical providers in order to assess provider perceptions regarding knowledge and beliefs of delayed cord clamping at LVHN. Survey validity was achieved through distribution to a pilot population, which reflected the demographics of the obstetrical providers. Based on their feedback regarding wording, content, and practicality the survey was re-designed to reflect these changes. An email distribution elicited responses from obstetrical providers over a two-week period. There were no external incentives used.

Results

Thirty of sixty-four participants completed the survey, resulting in a 46.8% response rate. Ninety-seven (97%) percent of providers regularly attend deliveries of preterm infants and utilize delayed cord clamping in their routine practice; however, only sixty (60%) percent of providers report explaining benefits to their patients. A majority of providers (68.96% agreed or strongly agreed) indicated they felt that they received sufficient education regarding the literature and background of the study.

Conclusions and Future Implications

Providers expressed wide variations in level of education and feelings of challenges regarding effective implementation of delayed cord clamping as a routine procedure for preterm infants. Some effective strategies to incorporate delayed cord clamping include increased communication with NICU providers, verbal and visual reminders at time of delivery, and establishment of a collaborative multi-disciplinary committee. Future plans include working to implement effective management strategies of highly functioning teams, as well as incorporating provider and patient education. Long-term research will focus on the improvement of clinical outcomes.