Nevill E, Meyer MP

Background / Aims
Over a 3-year period (> 200) potential ABC study participants have been assessed and (n=78) randomised. This presentation will describe infant characteristics, assessed to date, and report on reasons for non-recruitment. Neonatal outcome comparisons will be drawn between breathing and non-breathing infants who did and did not receive delayed cord clamping (DCC).

Methods
ABC participant outcomes (masked cohort) were compared to spontaneously breathing infants (n=67). A second comparison was made with infants who did not breathe at birth and not randomised to ABC (n=32). Spontaneously breathing infant outcomes were also compared to infants (n=17) who did not breathe and received no DCC. Non-parametric data was analysed using Mann–Whitey U, categorical variables were compared using Pearson chi-square (IBM SPSS).

Results
Overall, 35% of the infants observed, breathed regularly at 15 sec of age. Infants who did not breathe at birth and received no DCC, were significantly more premature (p=0.01) and had worse outcomes when compared to spontaneously breathing infants who received DCC. Infants who did not breathe at birth and were not randomised into the ABC study, had lower Apgar scores (p=0.003) and were more likely to need intubation at delivery (p=0.001). ABC study participant outcomes were comparable to spontaneously breathing infants who received DCC.

Conclusions
The provision of breathing support during DCC is safe and feasible. Infants who did not breathe at birth and did not receive DCC had significantly worse outcomes.