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EARLY VERSUS LATE CORD CLAMPING: NEONATAL OUTCOMES AND IRON STATUS AT 4 MONTHS IN SWEDISH INFANTS

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Background and aims: Delayed umbilical cord clamping is associated with improved iron status in infants, but there are conflicting results regarding the risks of neonatal jaundice. There is a lack of long-term studies evaluating effects from time to umbilical cord clamping in European countries.

Aim: Does the time for umbilical cord clamping affect iron stores in Swedish 4 month infants?

Methods: We performed a randomized controlled trial investigating effect of early (< 10 sec) versus delayed (>180 sec) umbilical cord clamping in 400 full-term normal deliveries. Blood sampling was performed at 2-3 days of age and at 4 months of age.

Results: Infants subjected to delayed (as compared to early) clamping had higher neonatal hemoglobin. There were no differences in need for phototherapy.

At four months of age, the early clamped group had lower ferritin, and a increased prevalence of iron deficiency (defined as at least 2 abnormal iron status indicators).

	Early clamping N=189	Delayed clamping N=193	p value
Neonatal data: Birth weight, g	3533 (±486)	3629 (±460)	0.049
Hb, g/L	175(±19)	189(±17)	<0.001
Bilirubin, > 275 µmol/L, N (%)	3 (2.3)	2 (1.5)	NS
4 month data: Ferritin < 20 µg/l, N (%)	13 (7.4)	0 (0)	<0.001
Iron deficiency, N (%)	10 (5.8)	1 (0.6)	0.01

[Table 1]

There were no differences in hemoglobin levels or in the prevalence of anemia.

Conclusions: Delayed cord clamping is not associated with increased risk for

hyperbilirubinemia at term, and improves indicators of iron stores at 4 months of age.

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DAY-CARE AND HOSPITAL MANAGEMENT OF SEVERE CHILDHOOD PNEUMONIA IN DHAKA, BANGLADESH: A RANDOMIZED CONTROLLED CLINICAL TRIAL

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Background and aims: Hospital-based management is recommended for severe childhood pneumonia, which is often not possible due to practical barriers in countries with highest disease burden. After success of non-randomized day-care management at ambulatory treatment facility as an effective alternative to hospitalization, a randomized-controlled trial compared day-care management of severe pneumonia with hospital-care.

Methods: Children aged 2-59 months with severe pneumonia were randomized to receive either day-care with antibiotics, feeding and supportive cares from 08:00-17:00 daily, or hospital-care with similar