

Improving quality of care and outcome at very preterm birth: the Preterm Birth research programme, including the Cord pilot RCT

Lelia Duley,^{1*} Jon Dorling,² Susan Ayers,³ Sandy Oliver,⁴ Charles William Yoxall,⁵ Andrew Weeks,⁶ Chris Megone,⁷ Sam Oddie,⁸ Gill Gyte,⁹ Zoe Chivers,¹⁰ Jim Thornton,² David Field,¹¹ Alexandra Sawyer¹² and William McGuire⁸ on behalf of the Preterm Birth Programme Collaborative Group

¹Nottingham Clinical Trials Unit, University of Nottingham, Nottingham, UK

²Department of Child Health, Obstetrics and Gynaecology, University of Nottingham, Nottingham, UK

³Centre for Maternal and Child Health Research, School of Health Sciences, City, University of London, London, UK

⁴Social Science Research Unit and EPPI-Centre, Institute of Education, University of London, London, UK

⁵Neonatal Unit, Liverpool Women's Hospital, Liverpool, UK

⁶University of Liverpool and Liverpool Women's Hospital, Members of Liverpool Health Partners, UK

⁷Inter Disciplinary Ethics Applied, University of Leeds, Leeds, UK

⁸Centre for Reviews and Dissemination, University of York, York, UK

⁹National Childbirth Trust, London, UK

¹⁰Bliss, London, UK

¹¹Department of Health Sciences, University of Leicester, Leicester, UK

¹²School of Health Sciences, University of Brighton, Brighton, UK

*Corresponding author lelia.duley@nottingham.ac.uk

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Plain English summary

The Preterm Birth research programme

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Plain English summary

Babies born before 32 weeks' gestation (very preterm) may have poor health or they may not survive. Our research focused on care at the birth, with close co-operation between parent representatives, clinicians and researchers.

We interviewed parents who described their experience of very preterm birth as a 'rollercoaster of emotions', and said that touching their baby helped bonding. About one-third of parents see and touch their baby for the first time on the neonatal unit. Parents were mostly positive about care during the birth, but some women felt that they had not been listened to or had not been believed; in addition, some fathers felt excluded. Parents found it helpful when staff were calm and took control. We developed a questionnaire to measure parents' satisfaction with care during preterm birth.

We designed a small trolley so that immediate care for the baby could be beside their mother, and also showed that this care could be done using existing equipment. Parents and clinicians were largely positive about this care.

We do not know when is best to clamp the umbilical cord at birth. Our randomised trial at very preterm birth found that cord clamping after ≥ 2 minutes and initial care for the baby with the cord intact may be beneficial, compared with immediate clamping and care after clamping. A brief process for offering participation in the trial (consent) when birth was imminent, with a detail explanation later, was acceptable to women and clinicians. We will pool our data with other trials to help find out the best way of managing cord clamping at preterm birth.

Through involving parents, the public and health-care professionals, we identified 104 unanswered research questions around care for preterm birth, and ranked the top 30.

Our work has improved understanding of parents' experiences, provided research ideas and developed a consent process and ways of caring for babies at birth beside their mother.

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This report

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