

Delayed cord clamping not beneficial for preterm infants

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immediate-clamping group (9 percent) in unadjusted analyses, but this difference was insignificant after adjustment for secondary outcomes. Incidence of [chronic lung disease](#) and other major morbidities did not differ between the groups.

"Among [preterm infants](#), delayed cord clamping did not result in a lower incidence of the combined outcome of death or major morbidity at 36 weeks of gestation than immediate [cord clamping](#)," conclude the authors.

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(HealthDay)—Delayed cord clamping does not result in lower incidence of death or major morbidity in preterm infants, according to a study published online Oct. 29 in the *New England Journal of Medicine* to coincide with the Vermont Oxford Network 2017 Annual Quality Congress, held Oct. 26 to 30 in Chicago.

William Tarnow-Mordj, M.B.Ch.B., from the University of Sydney, and colleagues randomly assigned fetuses from women who were expected to deliver before 30 weeks of gestation to immediate clamping of the [umbilical cord](#) (?10 seconds after delivery; n = 782) or delayed clamping (?60 seconds after delivery; n = 784).

The researchers found that there was no significant difference in the primary composite outcome of death or major morbidity between the delayed-clamping and immediate-clamping groups (37 versus 37.2 percent) at 36 weeks gestation age. However, the mortality risk was lower in the delayed-clamping group (6.4 percent) versus the

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