

Review of: "Delayed vs Early Umbilical Cord Clamping in 100 Preterm Infants: an RCT from Bhavnagar, Gujarat"

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Potential competing interests: No potential competing interests to declare.

1. The authors conducted a very useful and important study, because they implemented the DCC, which has proven to be a cost-free intervention with a very positive impact on mortality and morbidity of both term and preterm births
2. In the Abstract Results, the statement: "DCC significantly reduced the requirement of blood transfusion and incidence of anemia at birth, at 1 and 4 months of age in preterm" should be changed to: "DCC significantly improved hemoglobin at birth, at 1 and 4 months, reduced the requirement of blood transfusion and incidence of anemia at 4 months of age in preterm."
3. In "what is already known", it is necessary to correct the two statements. "DCC reduces incidence of anemia and blood requirement and also morbidities like NEC and RDS in full term newborns". this incorrectly refers to full-term infants. "Risk of IVH and polycythemia is associated with DCC": on the contrary, DCC has been shown to reduce the risk of IVH in preterms.
4. In the Introduction, it is useful to refer to more recent meta-analyses on the benefits of DCC in preterms.
5. In the Introduction, with reference to the possible disadvantages, it is useful to specify that the risk of hyperbilirubinemia is debated among the various studies, and not confirmed by all. And it's minimal anyway.
6. The Primary Objective should be better specified (e.g. hemoglobin level at birth and at 1 and 4 months, number of transfusions, MCV and anemia at 4 months).
7. In the Methods it is necessary to clarify the statistical methodology used.
8. In Results: In table 1 it is necessary to specify how the results are statistically expressed (mean? median?) and to describe the ranges; Weight and 1 minute Apgar should be included in the outcomes (tab.2); the column "p, X2" in table 2 is not clear; "Follow up and other results" need to be described more clearly.
9. In the Discussion: the statement "Possible benefits of improved iron status in a high-income country where iron stores are usually adequate are not known" must be removed, because the benefit in terms of reduction of iron deficiency has also been demonstrated in countries with high resources. "Reasons for ECC in obstetric practice are decreased maternal post-partum hemorrhage": this is an old unproven belief, the uterotonic is the only one that reduces postpartum bleeding, while DCC is proven not to increase the risk.



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