

FC 4.5: Effects of Early versus Delayed Umbilical Cord Clamping During Ante-partum Lower Segment Caesarean Section on Placental Delivery and Post Operative Blood Loss: A Randomized Controlled Trial

Manoj Withanathantrige

Obstetrics & Gynaecology Unit, Teaching Hospital, Mahamadara, Galle, Sri Lanka

Introduction: Delayed cord clamping (DCC), is an integral component of the active management of the third stage of labour, and is recommended routinely during vaginal and Caesarean deliveries, in order to improve the iron stores of the neonate and reduce the risk of anaemia during infancy. Early cord clamping is generally carried out within a few seconds after birth, whereas delayed cord clamping involves delaying of the clamping of the umbilical cord from one minute up to three minutes after the birth, or until the cord pulsations have ceased.

Objective: To assess the feasibility and the effects of DCC on ante partum lower segment caesarean section (LSCS), placental delivery at LSCS, post operative blood loss, and any possible maternal or neonatal complications.

Method: A Randomized Controlled Trial carried out on 156 women, undergoing ante-partum LSCS between 37 to 42 weeks. The first author carried out all the LSCS, and the same operative techniques were used. The umbilical cord of the baby was clamped at <15 seconds (n=52) or between 60 – 75 seconds (n=52) or between 120 – 135 seconds (n=52) according to the randomized allocation sequence pre determined by the second author. Mean blood loss was assessed in all three arms of the study by a) visual assessment by the surgeon, b) visual assessment by the anesthesiologist who was blinded to the timing of cord clamping, c) direct measurement of spilled blood and sucker bottle volumes and d) weighing the towels and drapes before and after use. The mean blood loss was also calculated using the pre-op and post-op haemoglobin concentrations and packed cell volumes. Neonatal complications such as jaundice, infant respiratory distress syndrome, and the need for special care baby unit (SCBU) admissions were documented.

Results: There were no significant differences in mean blood loss or the occurrence of post partum haemorrhage between the three groups. Requirement of additional uterotonics, blood and blood products and manual removal of placentae did not show any significant differences among the three groups. There were no significant differences in the estimation of blood loss among the four different methods used. There were no significant differences in the requirement of phototherapy for neonatal jaundice, infant respiratory distress syndrome or admission to the SCBU.

Conclusion: DCC during ante-partum LSCS is feasible, does not adversely affect the procedure and is not associated with increased blood loss or PPH or significant maternal or neonatal morbidity.

FC 5.1: A Study of Contraceptive Use in a Tertiary Care Hospital

Priyadarshini B, Padmasri R

Dept of OBG, Saphthagiri Institute of Medical Sciences & Research Centre, Bangalore, India

Introduction: The reproductive life of woman has to face a judicial balance between conception and contraception to meet

the demands of both family and occupation especially in the semi-urban and the urban set up. The increasing number of those needing termination of unplanned pregnancies, self medication for the same landing them to unsafe situations and the eventual emotional and psychological disturbance needs a relook.

Objectives: The study is directed towards 1) The existing prevalence of the family planning 2) Assessing factors holding back the eligible couple from choosing any contraception.

Method: A retrospective study of out patient and in patient population visiting the department of obstetrics and gynaecology between January 2010 to June 2014.

Results: Of the 15,813 out patients 5161 (32%) of them culminated in deliveries. Ten percent of the total underwent medical termination of pregnancy (MTP). Though all these couple were actually not contemplating on conception, surprisingly most of them well educated, for social or personal reasons did not prefer any contraceptive method. The well accepted FP method was concurrent sterilisation at caesarean section (55.84%), followed by intra uterine contraceptive device (31.35%), tubectomy by minilaparotomy (17.62%) and laparoscopic tubal occlusion (7.42%). Those with IUCD still had queries due to the myths associated with its use. Those with prior caesarean were well motivated and the couple were more decisive in this regard than those with prior vaginal deliveries. There were hardly any choosers for oral contraceptive pills in the sample population and barrier contraception had the same response. The burden of incomplete abortion (10%) is a bane attached with the use of over the counter (OTC) drugs for MTP. 10% of them were brought in moderate to severe shock, fortunately no mortality has been observed.

Conclusion: The contraceptive use irrespective of educational status has fallen short of expectations. The eligible couple instead of FP use are landing up in emergency care due to self medication and resultant complications. This suggests that there is an immense unmet need in those women's health with respect to contraception. Any choice of contraception upholds the regard for women's health and empowerment. Motivation of the male partner, along with the existing educative and awareness creating programmes is very essential to bridge the void of unmet needs in women's health.

FC 5.2: Analysis of the Use of Jadelle Implants Amongst a Cohort of Sri Lankan Women

Balasuriya RT, Tissera S

Family Planning Association (FPA), Sri Lanka

Introduction: Since the introduction of Family Planning methods in Sri Lanka, the contraceptive prevalence rate for Sri Lankan women, aged 15 to 49 years, has been fairly high. Amongst the contraceptives used in Sri Lanka, the Jadelle sub-dermal implant is a widely used hormonal method of contraception after its' introduction to the country in 2009 by the Family Planning Association (FPA) Sri Lanka.

Objective: To analyze the use of the Jadelle implant amongst a cohort of Sri Lankan women; exploring factors that influence both its' use and discontinuation. No prior evaluation of the Jadelle implant amongst Sri Lankan women could be found.

Methods: A retrospective data analysis was conducted of all women who underwent the Jadelle implant in the year 2013 at the FPA Colombo, Sri Lanka.