

Article commentary: small and restrict sample size – should we publish it? Comentário a um artigo: amostra reduzida e seletiva – deverá ser publicado?

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Abstract

Short commentary on an article published last November on JAMA Magazine, on a very relevant topic, where both the size and inclusion criteria make it impossible to generalize the knowledge, or make it applicable on our daily activities.

Keywords: Article commentary; Delayed cord clamping; Cesarean delivery.

Regarding the article¹ published by Stephanie E. Purisch et al, last November on JAMA Magazine, on the maternal outcomes on term singleton cesareans where delayed cord clamping was performed (DCC), the article was very useful but somewhat lacking in certain areas.

DCC is established as beneficial to newborns, both term and preterm, and numerous studies have shown its importance in vaginal births^{2,3}; and, due to the lack of data regarding this procedure during cesarean, this article was of extreme importance in assuring physicians that no worst outcomes were to be expected. In spite of this, the small sample size and the short amount of period during which the data was collected lessen its strength. It would be beneficial a longer follow-up period and the monitoring on both mothers and newborn's development.

The article also mentioned the feasibility of applying DCC, but in truth it isn't always possible to have someone clocking the time of clamping, making this conclusion might be a little bit hasty. It would also be interesting studying DCC not only in scheduled cesarean deliveries, but urgent as well, since those are the ones physicians fear the most, and in some places more common (for example, in our institution only 1/3 of the cesarean deliveries account for the scheduled group).

Furthermore, recent studies have established new

DCC cut-off time of 90 seconds⁴, so a wider net of cord clamping times, and the comparison regarding its outcome would also enrich the study.

In conclusion, perhaps an article with bigger sample size, more inclusive and with a wider follow-up period should be considered.

REFERÊNCIAS BIBLIOGRÁFICAS

1. Purisch SE, Ananth CV, Arditi B, MAuney L, Ajemjan B, Heide- rich A, Leone T, Gyamfi-Bannerman C, Effect of Delayed vs Immediate Umbilical Cord Clamping on Maternal Blood Loss in Term Cesarean Delivery: A Randomized Clinical Trial, *Jama*, 01 Nov 2019, 322(19):1869-1876
2. Qian Y, Lu Q, Shao H, Ying X, Huang W, Hua Y, Timing of umbilical cord clamping and neonatal jaundice in singleton term pregnancy, *Early Hum Dev*. 2020 Jan 8;142:104948. doi: 10.1016/j.earlhumdev.2019.104948
3. Fogarty M, Osborn DA, Askie L, Seidler AL, Hunter K, Lui K, Simmes J, Tarnow-Mordi W, Delayed vs early umbilical cord clamping for preterm infants: a systematic review and meta-analysis, *Am J Obstet Gynecol*. 2018 Jan;218(1):1-18. doi: 10.1016/j.ajog.2017.10.231
4. Welsh S, Elwell J, Manister NN, Gildersleeve RK, Implementing Delayed Umbilical Cord Clamping in Cesarean Birth Using a Novel Method: A Pilot Study of Feasibility and Safety, *J Midwifery Womens Health*. 2020 Jan;65(1):109-118. doi: 10.1111/jmwh.13075

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