

## Appendix 2

Table 2

### Variability in guidelines

I don't think any of my colleagues routinely give it when they go to deliver the babies. I think they sometimes think about it, and sometimes just it's done. (Site 4, CN)

I think at the moment we don't have a champion. If we had a champion, then I suspect it would happen much faster. (Site 4, CN)

Usually, I start with delayed clamping. But if the baby looks abnormal, I'll get them to strip the cord and get on with it...(Site 4.CN)

I mean I suppose a baby with a very low Apgar ... I wouldn't be sitting there waiting for the placenta to drain into the baby, I'd just milk it, clamp it and pass it to the team. (Site 7.CO)

And then some [members of the team] are more concerned about the length of time [of delay] or the state of the baby when it comes out; I would suggest they do cord stripping. (Site 4.CN)

*Who's decision would it be?*

That would be the obstetrician bringing the baby out of the uterus. (Site 1.CO)

### Assessment of eligibility

If the baby came out pink, beginning to wriggle and beginning to make a respiratory effort, I would sit back and watch and, if they delayed cord clamping, that would be fine. (site 4, CP)

I think, if it came out with no heart rate – and it depends how you define 'no heart rate' – you would want to either cut the cord immediately, or strip it and then cut it. (site 4, CN)

*You talked about babies that you wouldn't contemplate it with.*

Well, baby's come out not moving and looks white, not breathing, then I think you would not want to be wasting time ... Usually, in those babies the cord is pretty ropery because there's no circulation, nothing to milk anyway... in that case, I would just cut. (Site 2, CO)

*So, if you have a baby that is pale, floppy and flat, that wouldn't be a reason for not doing cord-clamping?*

No, there are still benefits from that... so here is an opportunity to try and get some blood back into the baby, as long as we are receiving that baby about a minute of age. (site 7, CN)

My wish would be to delay the cord in all pre-term babies... But what actually happens is the paediatricians.... if this baby is floppy and not doing anything, they want to take the baby straight away. (Site 6, CO)

### Competing Priorities: Anxiety about the timing of cord clamping

...if someone is bleeding from an angle, put a clip on or clamp on and stop the bleeding ... so we are fine with it and it actually didn't increase PPH, but it was just a perception [that it did]. (Site 5, CO).

I would hold my nerve for a full 30 seconds (Site 3, CP)

I guess it's much more to do with when there's a senior paediatrician there than the juniors. And cos I'm sure the juniors don't [delay clamping] (Site 4, CN)

*You don't have a set time?*

There's no agreed time in this unit.

*So what would be an average length of time?*

I'll hopefully delay for a minute or so. But I don't know how long we should leave the baby for. Nobody knows. (Site 4, CO)

You quite often get looks from other people saying, "Get on with it". (Site 7, CO)

I sing *The Archers* in my head to work out my seconds (Site 7, CO)

Yeah, you know the benefits of DCC and, with your sensible head..... all of that, the physiology. But, when you've got the baby in front of you, you tend to want to get the baby away from the mother, wrapped up and warmed and start inflating their lungs. (Site 6, MW)

If I'm there I'd have to say that I watch the clock and I go ten...twenty...and 30..., and we exchange a right smile cause we all know that I'm ... making sure the baby gets the full 30 seconds (Site 3, CP)

I think human beings are very uncomfortable with gaps or silences or not to be doing something they are trained to do. It is our way to say, we are still doing something but you are just slightly changing the order that you do it. (Site 7, CN)

Sometimes it can feel like a long time, but there are other things you can do ..... you can still put your baby in a bag and get a wee swab to dry baby off, and it kind of makes you feel you're kind of doing something, and we like to do stuff. (Site 5 MW)

Yeah...no, no, I've not even thought of the relevance of it. (Site 3.NN)

### **Persisting uncertainty**

*When would that (uterotonic drug) be given in relation to all this – possible delays?*

Very good question. I suspect after we stopped. But I don't know for sure.

*Who would I need to ask?*

Midwives. They'd give it. We let them do it. It's a midwife decision entirely. (Site 4.CN)