

# THERMAL CARE OF VERY PRETERM INFANTS AFTER BIRTH: A NATIONAL SURVEY

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## BACKGROUND

Hypothermia in newly born very preterm infants is an independent risk factor for death<sup>1</sup>. For infants <32 weeks' gestation, the Neonatal Task Force of the International Liaison Committee on Resuscitation (ILCOR) recommend using a combination of interventions to prevent hypothermia<sup>2</sup>. There are no national guidelines on the provision of thermal care for very preterm infants in Ireland. We aim to describe the routine thermal care that is provided to infants born <32 weeks' gestation in level 2 and 3 units in Ireland.

## AIMS

To describe the routine thermal care that is provided to infants born <32 weeks' gestation in level 2 and 3 units in Ireland.

## METHODS

We performed a survey of all level 2 and level 3 neonatal units in Ireland in October 2020. Surveys were emailed to centres with an invitation to participate and a copy of the survey attached. We then phoned participants to gather the data.

Inclusion Criteria (n=10): Level 2 or level 3 centre in Ireland

Exclusion Criteria (n=0) : None

Recommended Guidelines: ILCOR 2015

## RESULTS

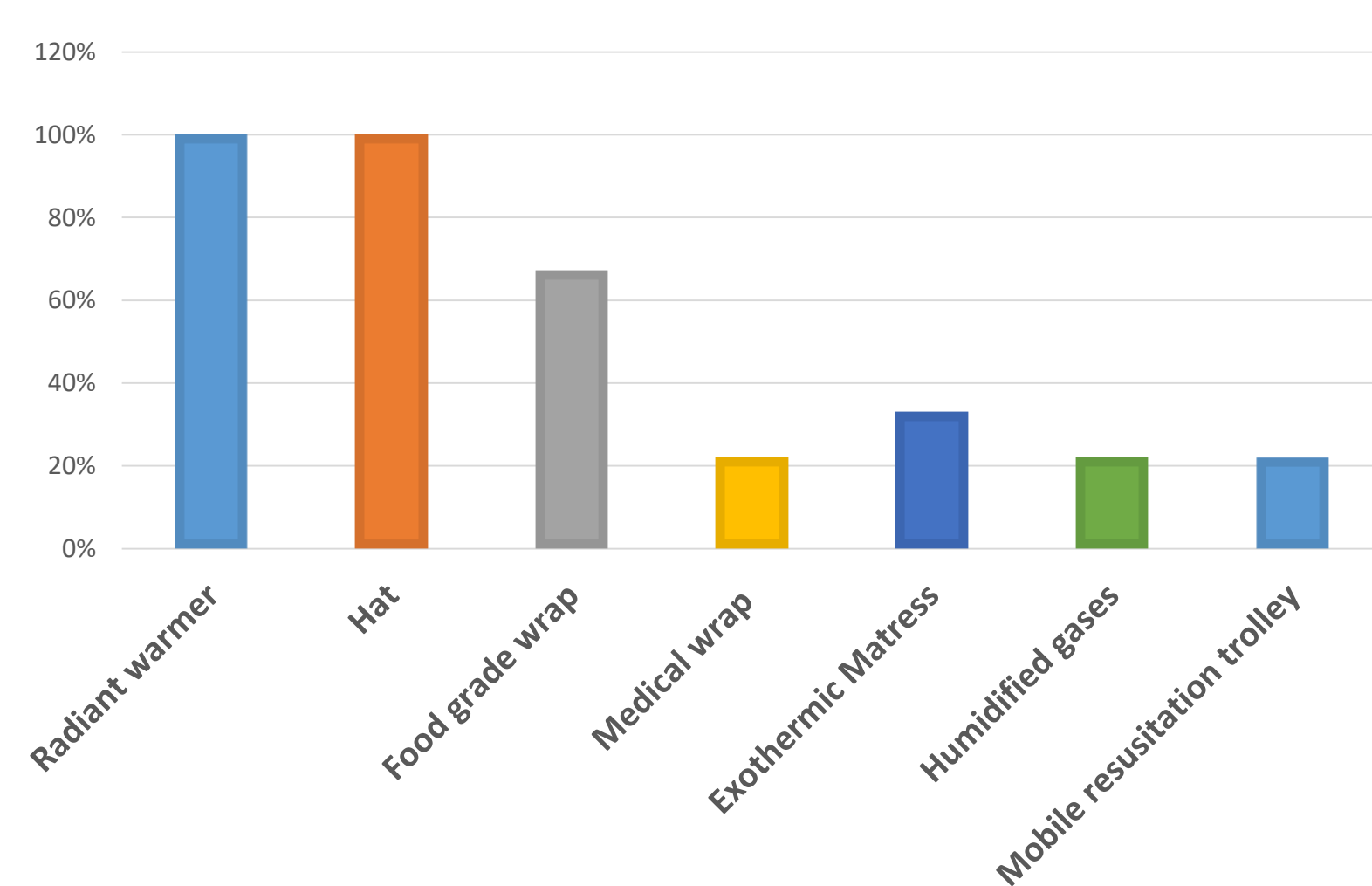
### Respondants

Nine centres (90%) responded to the survey (89% ROI, 11%NI).

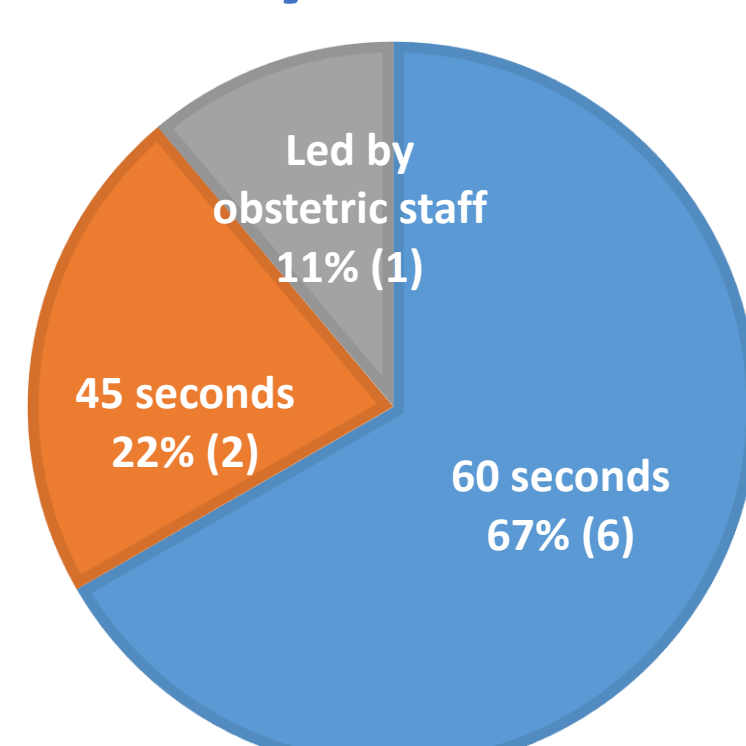
Five respondents (56%) were advanced nurse practitioners (ANP) and 4 (44%) were clinicians.

### Routine Use of Warming Adjuncts

All (100%) centres use a radiant warmer, hat and a plastic bag / wrap in the DR for infants born <32 weeks' gestation. Thermal care is not routinely initiated in any centre prior to cord clamping.



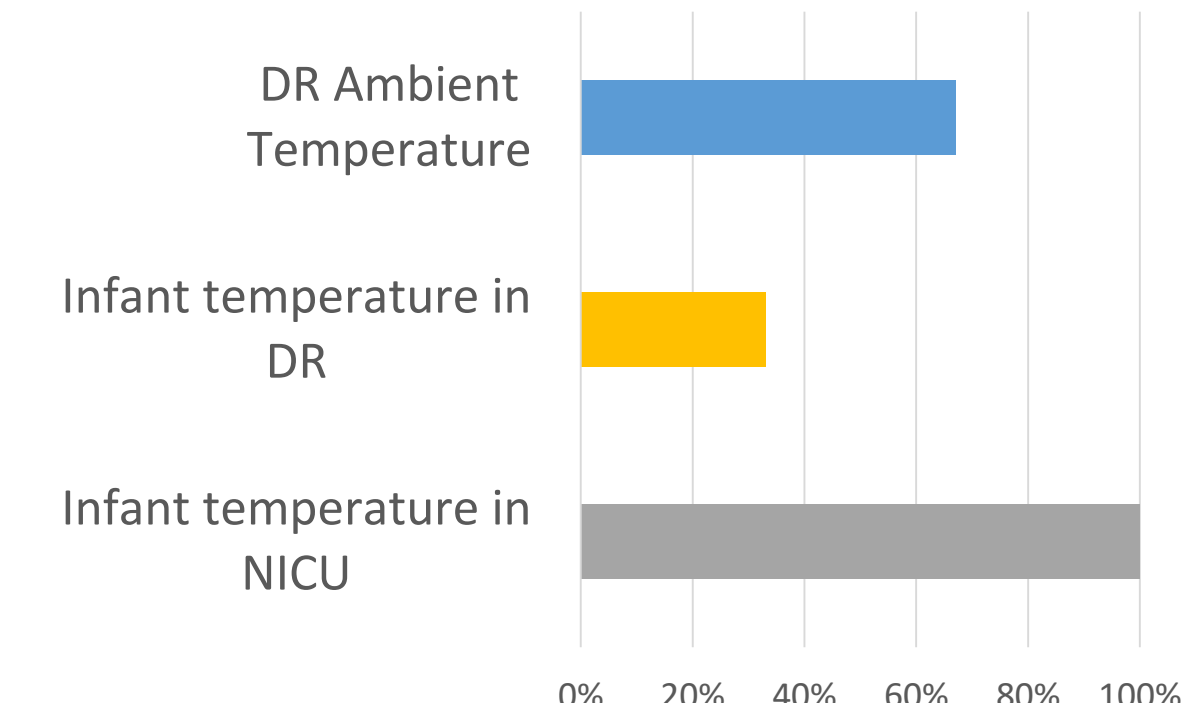
### Time to delayed cord clamping



## RESULTS

### Measurement of Temperature

All centres measure temperature at the axilla on admission to the NICU; eight (89%) centres use the Welch Allyn Suretemp thermometer and one (11%) centre uses an electronic digital thermometer.

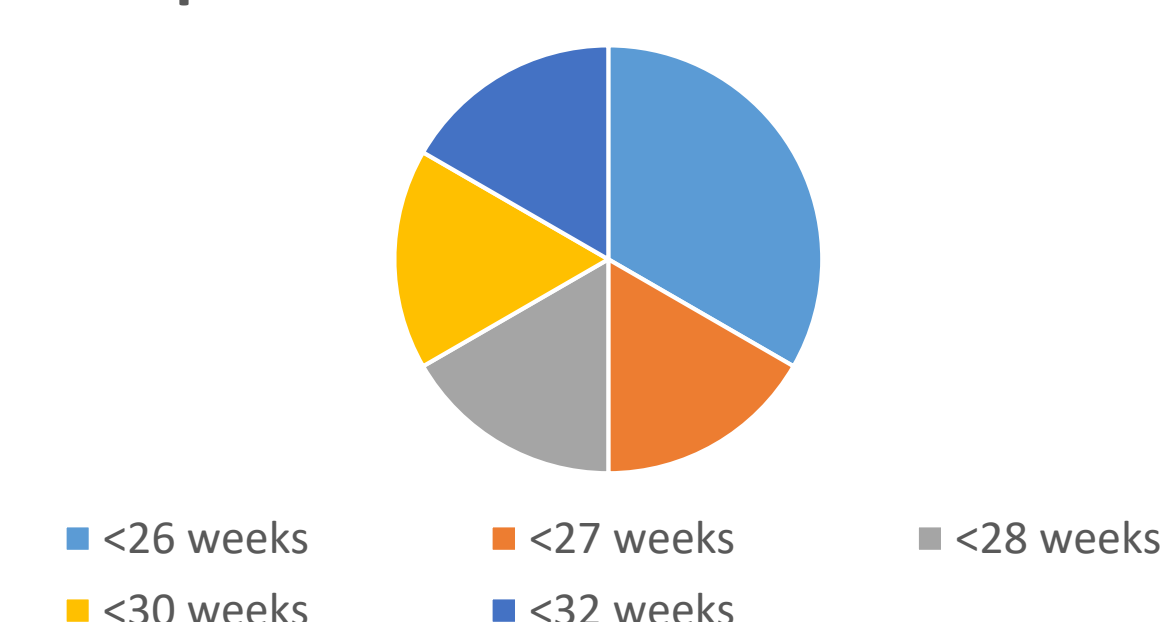


### Procedures

Eight (89%) perform umbilical catheter insertion on an open table under radiant heat and one (11%) centre places umbilical catheters through the portholes of a closed incubator.

All centres report measuring skin temperature and using servo control during umbilical catheter placement.

### Gestational age criteria for placement of umbilical lines



## CONCLUSION

We report a variation in practice amongst level 2 and 3 neonatal centres.

Further research is necessary to determine best practice for thermal care in the delivery room, with particular attention to the provision of thermal care before CC.



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**REFERENCES**  
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