Introduction Neonatal resuscitation guidelines routinely recommend delayed cord clamping.1 This recommendation is applicable to preterm neonates, provided they are born vigorous and crying. It is associated with increased haemoglobin, preventing neonatal anaemia.2 Failure to delay cord clamping may necessitate recurrent neonatal blood transfusions.3 Delayed cord clamping reduces the risk of parenteral nutrition associated liver disease, necrotising enterocolitis, and intraventricular haemorrhage.4 Case Series Two extremely premature neonates were born by spontaneous vaginal delivery, at 23+4 and 26 weeks respectively. Prior to delivery, the neonatal team requested delayed cord clamping. Both infants cried spontaneously and were vigorous at birth. At 1 minute, APGAR scores were 6 and 8 respectively. However both umbilical cords were immediately clamped. The first infant required five red cell transfusions during his neonatal admission. He developed necrotizing enterocolitis, managed medically. He had two episodes of suspected late-onset sepsis. Cranial ultrasound revealed a left-sided Grade 3 intraventricular haemorrhage. The second neonate required three red cell transfusions during her NICU admission. She developed parenteral nutrition associated liver disease. This was characterized by an elevated direct bilirubin. She also developed Klebsiella pneumonia.

Discussion Non-adherence to delayed cord clamping may cause chronic anaemia in preterm neonates. Multiple transfusions compound the risk of acute transfusion-related reactions. These include fever, haemolysis and anaphylaxis. Transfusions are an independent risk factor for parenteral nutrition associated liver disease. Transfusions also have an immunosuppressive effect, increasing the risk of pneumonia and late-onset neonatal sepsis. Transfusion-related alloantibodies increase the lifelong risk of organ transplant rejection. Delayed cord clamping is associated with a decreased risk of intraventricular haemorrhage. Among four-year-old children, it is correlated with improved fine motor and social development.

Conclusion Blood transfusions in preterm neonates should be avoided where possible.

Delayed cord clamping provides a practical, non-invasive method to prevent neonatal anaemia and transfusions. Clinical knowledge and communication between neonatal and obstetric teams is fundamental to optimising patient care.

REFERENCES