Appendix to Camilla Lundberg, Pål Øian, Claus Klingenberg:
Umbilical cord clamping at birth – practice in Norwegian maternity wards. Tidsskr Nor Legeforen 2013; 133: 2369–73.

This appendix is a supplement to the article and has not been editorially processed.

1. Introduction

Dear colleague!

We have prepared a brief questionnaire to investigate the practice of umbilical cord clamping in Norwegian maternity institutions.
The results will be used in a student assignment and are planned for publication in a medical journal.
We would highly appreciate it if you or somebody else in a managerial position in your maternity unit could spare the time
to respond to our questionnaire, which we assume will take less than five minutes.

Best regards, and thanks for your cooperation,

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2. Background information

*** Please note the name and location/city of your maternity institution**

***2. Please classify your institution**

- ◯ Large obstetric department
- ◯ Small obstetric department
- ◯ Midwife-led unit

***3. Please describe the routines in your institution with regard to taking a blood-gas sample from the umbilical cord**

- ◯ We never take a blood-gas sample from the umbilical cord
- ◯ We take a blood-gas sample from the umbilical cord in selected cases
- ◯ We always take a blood-gas sample from the umbilical cord

Please provide comments if you wish

***4. Does your unit have written routines for umbilical cord clamping of term neonates (>36 weeks)?**

- ◯ No
- ◯ Yes

***5. Does your unit have written routines for umbilical cord clamping of premature neonates (<37 weeks)?**

- ◯ No
- ◯ Yes
- ◯ Not relevant, since we have no planned premature births

3. Umbilical cord clamping

The next questions pertain to routines for umbilical cord clamping in your maternity institution. Please state the procedures routinely undertaken in your institution (not what you personally believe to be the best/optimal procedure).

∗1. What is the "usual" timing of umbilical cord clamping in healthy full-term neonates in your institution?

- ◯ Immediately after delivery
- ◯ Within 30 seconds
- ◯ Usually, we wait for approximately one minute
- ◯ Usually, we wait for approximately two minutes
- ◯ Usually, we wait for approximately three minutes
- ◯ Usually, we wait until pulsation in the umbilical cord has ceased

Other (please specify)

∗2. What is the "usual" timing of umbilical cord clamping in premature neonates in your institution?

- ◯ Immediately after delivery
- ◯ Within 30 seconds
- ◯ Usually, we wait for approximately one minute
- ◯ Usually, we wait for approximately two minutes
- ◯ Usually, we wait for approximately three minutes
- ◯ Usually, we wait until pulsation in the umbilical cord has ceased

Other (please specify)

∗3. At what level is the child usually held before the umbilical cord is clamped?

- ◯ Below the introitus
- ◯ Above the introitus
- ◯ Placed on the maternal abdomen
- ◯ Other (please specify)

∗4. Do you milk the umbilical cord?

- ◯ No, never
- ◯ Yes, always
- ◯ Yes, but only in very premature neonates (e.g. <32 weeks)

Other (please specify)

4. Timing of umbilical cord clamping - advantages/disadvantages

On this page, you will see several statements. Please indicate what best describes the practice in your maternity institution and what you think of these statements.

1. What do you see as the advantages of early/quick umbilical cord clamping in full-term neonates?

	Agree fully	Agree partly	Disagree partly	Disagree fully
It permits us quickly to take a correct blood-gas sample according to the STAN protocol	◯	◯	◯	◯
The child can be resuscitated quickly if needed	◯	◯	◯	◯
It reduces the maternal blood loss during birth	◯	◯	◯	◯
Quick umbilical cord clamping reduces jaundice in the child	◯	◯	◯	◯
Quick umbilical cord clamping reduces respiratory problems in the child	◯	◯	◯	◯

2. In premature neonates, late umbilical cord clamping may:

	Agree fully	Agree partly	Disagree partly	Disagree fully
Cause increased jaundice in the child	◯	◯	◯	◯
Increase the haemoglobin concentration in the child	◯	◯	◯	◯
Cause circulatory instability in the child	◯	◯	◯	◯
Increase the risk of brain haemorrhage in the child	◯	◯	◯	◯
Cause a detrimental delay in the start of resuscitation	◯	◯	◯	◯

5. Last page

We greatly appreciate your participation in our survey. If you have questions or comments, you are welcome to contact us (clu006@post.uit.no)

Yours sincerely,

Camilla Lundberg, Claus Klingenberg and Pål Øian