

Case Report of Two Novel Umbilical Cord Dressings using Wondaleaf Adhesive Pouch®

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ABSTRACT

Introduction: Umbilical cord infection (omphalitis) and associated thrombophlebitis, cellulitis or necrotising fasciitis, are common causes of neonatal morbidity and mortality. To mitigate these risks, clean and dry umbilical cord care is usually practiced. However, contamination such as baby's vomitus, urine and faeces, unclean bath water or those inadvertently introduced by the carer, may make such practice difficult. **Objective:** To assess if covering the cord with a single Wondaleaf Adhesive Pouch® (WLAP), a waterproof but vapour permeable transparent polyurethane adhesive dressing with a centrally located non-adhesive pouch, until the cord's detachment can mitigate omphalitis via prevention of environmental contamination. **Methods:** The umbilical cord and its attached cord clamp were sterilised with alcohol wipe, then inserted into the pouch portion of WLAP. WLAP was then adhered to the abdominal skin to create a waterproof seal. The pouch remained in situ until spontaneous cord detachment occurred. The carers of neonates' were educated to closely monitor the umbilical cord for discharges, redness, tenderness and swelling. Daily photographic images were sent via mobile phone to the attending obstetrician for review. **Results:** Two neonates underwent this intervention. Spontaneous cord detachment, and thus removal of WLAP, occurred at six and fourteen days respectively. No adverse events occurred in either neonate. Both parents agreed that WLAP eased the care of the umbilical stump. **Conclusion:** WLAP may be useful as a waterproof umbilical cord dressing, with the advantage of being transparent for direct cord visualisation. Trials to assess its utility in reducing omphalitis and improving ease of cord care is warranted.

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Use of Transvaginal Cervical Length Measurement as a Potential Tool in Triaging Threatened Preterm Labour among Malaysian Cohort: A Preliminary Study in Hospital Seberang Jaya

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ABSTRACT

Introduction: Preterm labour poses a significant health and cost impact on health services. Nevertheless, almost 70% women presenting with threatened preterm labour do not progress to delivery until term. Several tests have been used to predict the risk of delivery in women presenting with threatened preterm labour such as actim partus and foetal fibronectin. However, these tests were expensive and not readily available in the government setting. Ultrasound measurement of cervical length has been used as an alternative as it is reproducible and easy to perform without requiring an extra cost. **Objectives:** To measure the cervical length using transvaginal ultrasound in women with threatened preterm labour and its potential in predicting labour within seven days of presentation. **Method:** A total of 25 women who were between 24-36 weeks gestation, presenting with regular and painful uterine contractions, with cervical dilatation of <4cm were examined. Women with rupture of membrane or active labour, defined as cervical dilatation of ≥4cm were excluded. Cervical length was measured using transvaginal scan during admission. **Results:** Twenty-three women were found to have cervical length of more than 2.5cm and none of these women progressed into labour within one week of presentation. Two women had short cervical length of less than 2cm, in which one progressed into labour. Another woman continued her pregnancy for three weeks with progestogen support. **Conclusion:** Transvaginal ultrasound measurement of cervical length showed promising results in triaging women presenting with threatened preterm labour among Malaysian cohort.