

# Can gentle pressing of the chest of newborns delivered by Caesarean section simulate the squeezing of fluid from the baby's lungs during vaginal delivery and improve the baby's breathing in the hours after birth?

<b>Submission date</b> 03/03/2019	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 25/04/2019	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/03/2023	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

This is a new maneuver designed to improve the respiratory outcome of the newborns delivered by caesarian section. The idea is simple; the researcher suggests a maneuver through artificial compression of the chest of newborns delivered by caesarian section to simulate the squeezing effect of the normal vaginal delivery in order to evacuate the lung fluid as much as possible.

### Who can participate?

Term and near term babies (> 35 weeks gestational age)

### What does the study involve?

This is a new maneuver designed to improve the respiratory outcome of the newborns delivered by caesarian section. It involves artificial compression of the chest of newborns delivered by caesarian section to simulate the squeezing effect of the normal vaginal delivery in order to evacuate the lung fluid as much as possible. The maneuver will be trialled on term and near term babies (> 35 weeks gestational age) from the three participating centres throughout the study period.

### What are the possible benefits and risks of participating?

The technique of this maneuver is important that it should be done with repetitive gentle compression of both sides of the chest; too little compression is of no benefit; whereas too much compression may cause fracture of the ribs and cardiac arrhythmias.

### Where is the study run from?

1. Al-Batool Teaching Hospital, Mosul
2. Al-Khansa teaching hospital, Mosul
3. Nineveh private hospital, Mosul

When is the study starting and how long is it expected to run for?  
February 2018 to December 2018

Who is funding the study?  
Nenavah health office, Mosul, Iraq

Who is the main contact?  
Dr Mohammed Hamid Al-sabawi  
mhmdalsabawi2@gmail.com

## Contact information

### Type(s)

Public

### Contact name

Dr Mohammed Hamid Al-sabawi

### ORCID ID

<https://orcid.org/0000-0001-6950-9444>

### Contact details

Ibn Sena Teaching Hospital  
Mosul  
Iraq  
41001  
+9647701607988  
mhmdalsabawi2@gmail.com

## Additional identifiers

## Study information

### Scientific Title

A new maneuver for initial resuscitation of newborns after Caesarean delivery

### Study objectives

This study is designed to improve the respiratory outcome of the newborn delivered by caesarean section and to decrease the incidence and duration of transient tachypnea among these newborns due to wet lung syndrome.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Primary study design

Interventional

**Study design**

interventional case-control study

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Transient tachypnea of newborns

**Interventions**

The researcher suggests a maneuver through gentle artificial compression of the chest of newborns delivered by caesarian section to simulate the squeezing effect of the normal vaginal delivery in order to evacuate the lung fluid as much as possible. This "Mohammed's maneuver" is done by upside-down position of the baby then gentle compression on the lateral sides of the chest of newborn for several times either by one or both hands of the obstetrician while the assistant is carrying the newborn or by carrying of the newborn by one hand of the obstetrician and compression of the chest by the other hand. It is preferably accompanied by suction of fluid from nose and mouth of newborn. This maneuver is safe and should not takes >30 seconds. The pressure of compression should be neither be too little or too severe.

**Intervention Type**

Procedure/Surgery

**Primary outcome(s)**

Respiratory outcome of the newborns delivered by caesarian section measured using APGAR score assessed at 1, 5, 10, 15, and 20 min after birth.

**Key secondary outcome(s)**

The length of time the newborn displays transient tachypnea following birth.

**Completion date**

31/12/2018

**Eligibility****Key inclusion criteria**

1. Term and near term babies (> 35 weeks gestational age)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Key exclusion criteria**

1. Preterm (< 35 weeks gestation) neonates

**Date of first enrolment**

01/02/2010

**Date of final enrolment**

10/12/2018

**Locations****Countries of recruitment**

Iraq

**Study participating centre**

**Al-Batool Teaching Hospital (Gynaecology And Obstetrics)**

Nenaveh

Mosul

Iraq

14004

**Study participating centre**

**Al-Khansa teaching hospital**

Nenaveh

Mosul

Iraq

14004

**Study participating centre**

**Nineveh private hospital**

Nenaveh

Mosul

Iraq

14004

**Sponsor information****Organisation**

Nineveh Health Directorate Training Center & Human Development

# Funder(s)

## Funder type

Hospital/treatment centre

## Funder Name

Nenavah health office

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request and will be included in the subsequent results publication.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		11/11/2020	23/03/2023	Yes	No
<a href="#">Basic results</a>		12/12/2019	12/12/2019	No	No