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Delayed cord clamping

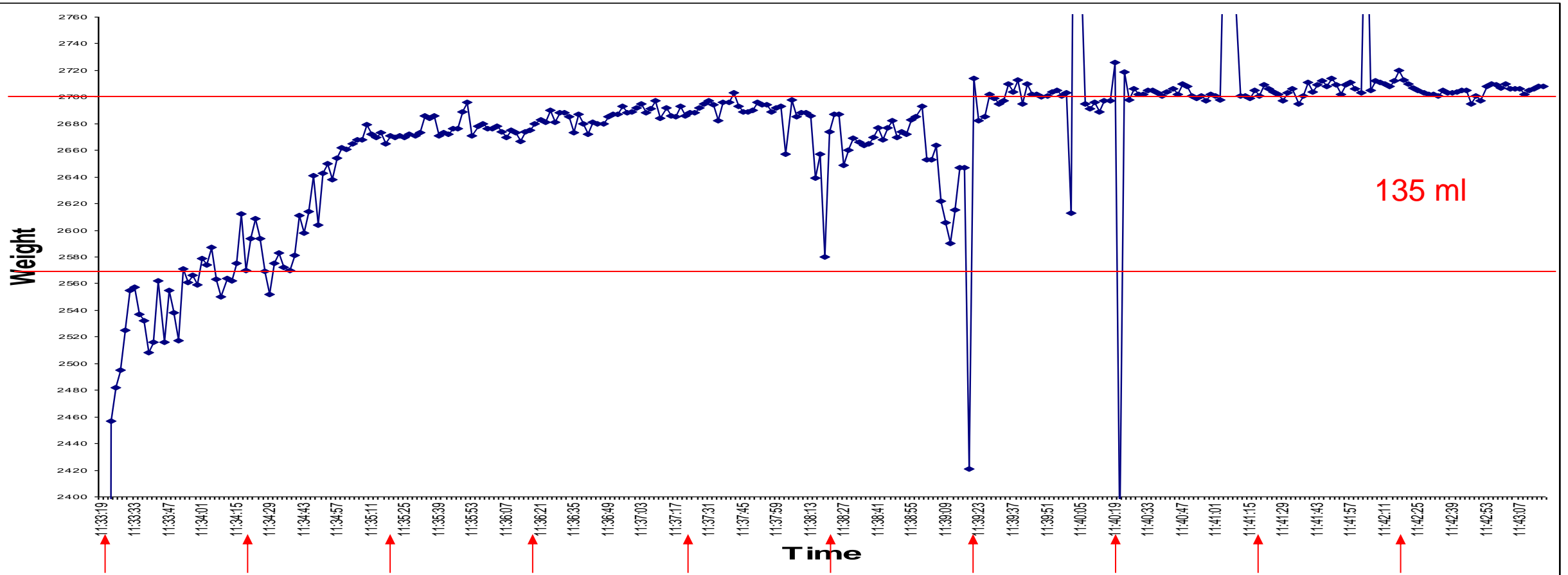
What to do.....

- Input needed from everyone!
- Evolving practice
- Communication
- Some kit





Baby weighing: vaginal, no uterotonic



When not to do delayed cord clamping



- When mother needs intervention
 - When baby needs immediate resuscitation
-unless evolving evidence suggests cord intact resus is the way to go.....

Kit

Plastic bags

Hats



Plastic bags - cheap



Plastic bags - expensive



Expensive plastic bags....

- Clean – protective packaging helpful
- Sterile – so good for LSCS
- Reassuringly expensive but cheap compared to almost everything else we do!



Everything else is standard

- Hats
- Stethoscope
- Pulse oximeter
- Obviously more complicated if planning cord intact resus



This is simulation!



On the bed most straightforward



Into the bag



Into the bag



Assess baby but keep bag closed



It can be done like this:



Then assistant helps roll the bag down



Avoid drafts - needs tucking in around baby



Communication neonatal <-> obstetric teams

- Agree a plan!
- For example: at LSCS baby into sterile plastic bag, lie on mum's legs and watch for breathing efforts, don't feel cord for pulsation, we'll start clock and aim for 30-60 seconds before clamping

LSCS more challenging



- If concerns about mother clamp the cord!
- If all well, get baby into plastic bag
- All the way in!
- Neonatal team start the clock
- Don't feel for cord pulsation
- Assess condition – look for breathing efforts
- Count down to clamping and record exact time

Risks...

- Hypothermia
- Keep the room warm
- Shouldn't be a problem with brief cord clamping then onto preheated resuscitaire
- Tuck the bag up around baby



Benefits

- All the evidence already presented

Plus....

- Enhanced communication with maternity staff!



Deferred cord clamping

- Cheap
- Even if using expensive 3M bags!
- Baby friendly
- Potential to significantly improve outcome
- And improve team working!!

