If you have any further questions one of the neonatal, obstetric or midwifery team will be available to answer them

East of England Neonatal Operational Delivery Network

Collaborative working to deliver high quality care to our babies and their families

Optimal Cord management at preterm births

What is Optimal Cord Management?

Optimal cord management involves the process of deferred cord clamping (DCC) after delivery. Upon delivery of your baby, we will not immediately stop the flow of blood from the placenta to your baby by clamping the cord. The blood flow will continue for at least 60 seconds before the cord is clamped and cut. Deferred cord clamping can be performed at both vaginal births and caesarean sections.

What are the benefits of DCC?

Many research studies have been conducted showing specific benefits of DCC in babies who are born prematurely:

- Provides a gentler transition between life in the womb and life following birth
- Acts as a way of increasing the volume of red blood cells in the baby (Placental Transfusion)
- Reduces need for blood transfusions and blood pressure support
- Reduces the risk of death
- Reduces the risk of bleeding in the brain
- Reduces the risk of developing necrotising enterocolitis (NEC), a serious condition where the intestines become damaged.

What does the process involve?

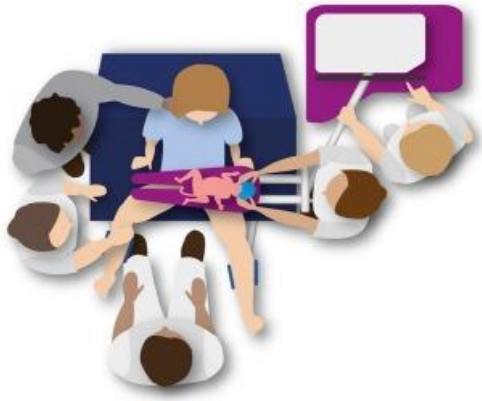
When your baby is born, they will be place either onto your bed or on a specially adapted piece of equipment for carrying out DCC in preterm babies. This equipment will be positioned near to your bed and there will be several healthcare professionals present. If your baby requires medical support, this can still be provided by the neonatal team during DCC. After 60 seconds, the cord will be clamped and cut and your baby will be moved to another resuscitaire, the neonatal team will continue to support your baby throughout this time. There may be some instances where your baby is stable enough to stay with you for a short while before being moved.

What are the risks associated with DCC?

The biggest risk to your baby with DCC is that your baby may become cold whilst we are allowing for the placental transfusion to take place. However, we will be reducing this risk by monitoring your baby's temperature and performing the procedure on specialised equipment which will keep the baby warm throughout this time. DCC poses no risks to the mother but there are some circumstances where DCC is not appropriate.

When will we not perform DCC?

The neonatologist will be working closely with the obstetric team to decide if DCC is appropriate for you and your baby. There are some recognised cases where DCC is not recommended. For example, if there is a significant risk of bleeding from the mother or from the cord then DCC may not be performed. You can find out more about these circumstances from the obstetric and neonatal team.



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