Optimal cord clamping

‘If the cord is white, the time is right’ to clamp the umbilical cord post-partum, write Amanda Burleigh, Hannah Tizard and Deirdre Munro

THE umbilical cord is clamped and cut following birth of baby. Immediate cord clamping (ICC) occurs immediately, delayed cord clamping (DCC) occurs after one minute, up to five minutes or longer. Non-severance of the cord known as a lotus birth occurs when the umbilical cord is uncut after childbirth and the baby is attached to the placenta until the cord naturally separates at the umbilicus, usually a few days after birth. Optimal cord clamping (OCC) considers the optimum time for baby, currently deemed a salutogenic term and best practice. Timing and clamping of the umbilical cord can vary depending on policy and practice.

Midwife Amanda Burleigh spent a decade campaigning for babies to have more time attached to their umbilical cord before being clamped and cut. The National Institute for Health and Care Excellence (NICE) changed its guidelines, stating doctors and midwives should not routinely clamp the cord ‘earlier than one minute from the birth of the baby’, currently deemed a salutogenic term and best practice. Timing and clamping of the umbilical cord can vary depending on policy and practice.

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A randomised control trial by Andersson et al. reported a higher incidence of iron deficiency anaemia at four months of age in the ICC group. Follow up identified decreased fine motor and social skills in boys at four years of age. Prof Judith Mercer reports all babies benefit from DCC with fewer incidences of intra-ventricular haemorrhage and necrotising enterocolitis in premature babies and states all babies should have delayed cord clamping for at least five minutes.3

Recommendations

The WHO, RCOG, RCM, European Resuscitation Council, and now NICE, recommend at least one minute delay before clamping.

- Do not clamp the cord earlier than one minute from birth of baby unless there is concern about the integrity of the cord or baby has a heartbeat below 60 beats/min and not increasing.
- Clamp the cord before five minutes in order to perform controlled cord traction as part of active management.
- Timing of clamping the umbilical cord and reasons for early clamping and cutting should be documented in the delivery and newborn notes.
- Whenever possible resuscitation with the umbilical cord intact should be performed. NICE recommends all babies receive a delay of at least one minute before the cord is clamped, hospitals should devise ways of delivering this evidence based practice.

OCC and active management should occur in following scenarios:

- Haemorrhage
- Undelivered placenta within one hour of the birth of the baby
- Parental request (with informed choice)

Next steps

Informing parents of OCC benefits for premature and compromised babies may allay potential anxiety allowing resuscitation of the baby at the bedside with the cord intact.

What can you do?

- ‘If the cord is white, the time is right’ – practice OCC. The baby is entitled to receive their full blood benefit.
- Be aware of physiology, new evidence and research.
- Discuss OCC with mothers and partners antenatally, document preferences using #BloodtoBaby stickers, available on NHS Change Day website.
- Join your hospital policy group, question how NICE guidelines for OCC can be introduced into local policy. Get involved, write new guidelines.
- Oxytocics can be administered after the cord has stopped pulsating, defer administration with the anterior shoulder, wait until baby and cord are assessed.
- Practice skin to skin.
- Facilitate bonding, breastfeeding and microbiome transfer to baby.
- Share your knowledge.

Delaying for one minute is a welcome change for all babies, facilitating transition from inter-uterine to extra-uterine life. As transfusion is known to continue during the first three to five minutes of life, we suggest this process is not interrupted.

Midwives should be competent in both active and physiological third stage of labour management. “Physiological management can be seen as the logical ending to a normal physiological labour”. Practitioners have a responsibility to advocate for newborn babies and the future health of populations.

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References on request from nursing@medmedia.ie

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