Deferred Cord Clamping at Preterm Birth

Standard Operating Procedure

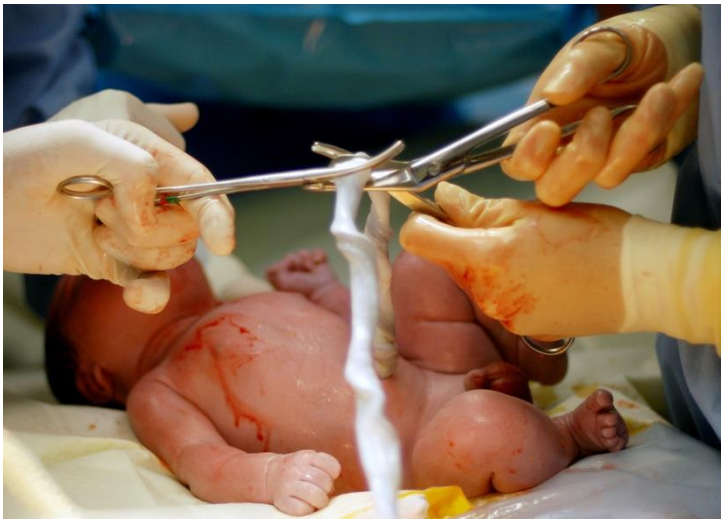
Purpose

This document describes the process for deferred cord clamping for preterm pēpi.

This document has been developed to support hospitals and healthcare professionals to operationalise the recommendations of Taonga Tuku Iho. The background and summary of evidence to support these recommendations can be reviewed on the Carosika Collaborative Taonga Tuku Iho website www.bestpractice.carosikacollaborative.co.nz.

Deferred cord clamping is recommended for:

- All pēpi born preterm (<37^{+0} weeks gestation) including at the threshold of survival (23^{+0} to 24^{+6} weeks).
- Regardless of the mode of birth, number of pēpi, indication for preterm birth or type of analgesia/ anaesthesia.



Deferred cord clamping is not recommended for:

- Pēpi requiring immediate resuscitation (determined in consultation with the neonatal team).
- Major concern for wāhine wellbeing – haemorrhage, shock, seizure.
- Placental circulation is no longer intact – cord avulsion, placental abruption, placental incision for placenta praevia, uterine inversion or cord pulsation has ceased.
- Monochorionic twin pregnancies with confirmed twin-to-twin transfusion syndrome or twin anaemia-polycythaemia sequence (TAPS).
- Fetal hydrops.

For more information on deferred cord clamping including access to Taonga Tuku Iho (national best practice guide), you can access the Carosika Collaborative website ***www.carosikacollaborative.co.nz*** *or by using the QR code.*

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Deferred Cord Clamping Procedure

1.	**Discuss the plan** for deferred cord clamping with parents and whānau
2.	Ensure **all team members** including midwifery, obstetric, and neonatal team are aware of the plan for deferred cord clamping
3.	Prior to birth, prepare for thermal care to support deferred cord clamping: • birthing room temperature at minimum of 24°C • plastic wrap or pre-warmed linen is available
4.	Commence **stopwatch** or resuscitaire clock at time of birth
5.	For pēpi <30 weeks gestation • place pēpi in thermal wrap in a supine position • for vaginal birth, place pēpi on the bed • for caesarean section birth, place baby on thigh/abdomen of wāhine/person For pēpi >30 weeks gestation • place pēpi in pre-warmed linen • for vaginal birth, consider skin-to-skin on the abdomen/chest of wāhine/person or place baby on the bed • for caesarean section birth, place baby on the maternal thigh/abdomen
6.	Do not palpate the umbilical cord Do not perform cord milking for preterm pēpi
7.	Provide **simultaneous essential neonatal care** including stimulation, drying and thermal control of the pēpi. If the pēpi is not breathing regularly by 15 seconds, provide tactile stimulation by gently rubbing the back or torso
8.	Use **oxytocic drugs in the usual way**, and for caesarean section birth, clamp uterine bleeding vessels if blood loss is excessive
9.	Plan for cord clamping at **60 seconds** Continue assessment of neonatal wellbeing by observing breathing, tone and colour; the neonatal team should direct earlier cord clamping if required
10.	Clamp the umbilical cord in the usual way
11.	Document the time of birth, time of cord clamping and duration of deferred cord clamping in the clinical notes

Assessment of neonatal wellbeing: this should be reliant on neonatal breathing, muscle tone and colour. Assessment of heart rate within the first 60 seconds (via umbilical cord or chest palpation) is unreliable to determine pēpi wellbeing and the safety of ongoing deferred cord clamping.

Use of general anaesthesia: Where general anaesthesia is required for caesarean section, deferred cord clamping should still occur. In this setting, pēpi tone is less useful in the assessment of pēpi wellbeing.

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