

Deferred Cord Clamping at Preterm Birth

Whānau Information

What is deferred cord clamping?

Deferred cord clamping, also known as delayed or optimal cord clamping, is when the pito/umbilical cord connecting your whenua/placenta to pēpi is left open for a short while straight after the birth.

Deferred cord clamping is routine for pēpi who are born at term. We now have strong evidence that it is also good for preterm pēpi, even if they are born very early.

For preterm pēpi we recommend waiting 60 seconds (1 minute) from birth until clamping the pito/cord. During the 60 seconds of waiting, the team caring for you will continue to check in on pēpi, keep them warm, start to provide the newborn care they need and, if required, clamp the pito/cord for any extra treatment.



What are the benefits of deferred cord clamping for preterm pēpi?

Deferred cord clamping allows the pito/cord to continue to deliver blood and oxygen to pēpi. It provides a more gentle transition for pēpi from life in the womb to breathing for themselves on the outside and allows extra blood to be transferred (known as a 'placental transfusion').

Evidence from research trials shows that for preterm pēpi, deferred cord clamping by at least 60 seconds:

- Increases the chance of pēpi surviving
- Increases the chance of pēpi avoiding major complications like bleeding in the brain
- Reduces the chance of pēpi needing a blood transfusion.

Are there any risks to deferred cord clamping?

The placental transfusion from deferred cord clamping will give pēpi some extra blood. This is usually good for pēpi, but for a few it may increase the red blood cell count to above the normal level (called polycythemia). This may cause pēpi to have jaundice. If jaundice occurs this is usually easily treated with light therapy (phototherapy). Deferred cord clamping does not increase the chance of needing more intensive treatment for jaundice (such as an exchange blood transfusion).

Deferred cord clamping does not increase the chance of bleeding for māmā/people and the medicines given to prevent bleeding can still be given in the usual way and at the usual time.

When should deferred cord clamping for preterm birth be used?

Deferred cord clamping will be recommended and planned for most preterm births. It can be done:

- If you have a vaginal birth or a caesarean section
- If pēpi is being born very early including at 23 and 24 weeks
- For most reasons for early birth
- If you need general anaesthesia for a caesarean section birth.

When should deferred cord clamping for preterm birth not be used?

The team caring for you and your pēpi will advise you if deferred cord clamping should not be used.

These reasons are:

- Pēpi requires immediate resuscitation treatment
- You have excessive bleeding or are otherwise seriously unwell
- It is suspected that an interruption to the blood flow in the placental circulation has already happened e.g. an abruption – the whenua/ placenta has separated from the uterus (this is rare)
- You are expecting twins with a shared whenua/placenta and unequal sharing of blood, called twin-to-twin transfusion syndrome or twin-anaemia polycythemia sequence (this is rare)
- Pēpi is known to be very sick before birth with a condition called hydrops (this is rare).



Other questions you may have?

Can I, my partner, or whānau member still cut the pito/cord?

Deferred cord clamping should make no difference to this decision. Talk to your midwife or doctor about who you would like to do this for you (it may not be possible at a caesarean section birth).

Does deferred cord clamping stop us having immediate skin-to-skin contact?

Deferred cord clamping after a vaginal birth can still be done whilst pēpi is on māmā puku/tummy or chest. For pēpi born very early (e.g. before 30 weeks) the neonatal team may recommend that pēpi is cared for on the bed so that they can continue to monitor pēpi and keep them warm during the 60 second wait.

Can muka (harakeke/flax) ties (muka tītiki) be used for preterm pēpi?

Some whānau use muka tītiki to close the pito/cord at birth. The Carosika Collaborative acknowledges the tikanga of the pito and whenua and the importance of cultural birthing practices. Muka tītiki can still be used with deferred cord clamping. There is limited evidence to guide practice for preterm pēpi and muka tītiki. If you were planning to use a muka tītiki for a term birth, we recommend talking to your midwife or doctor about doing this for your preterm birth. It is likely to still be appropriate for later preterm births and/or can be applied after birth if a conventional clamp is placed with approximately 10 cm of pito/cord left. For some preterm pēpi a line may be placed through the pito/cord to give pēpi fluid after birth, muka tītiki may need to be removed to facilitate this.

This Carosika Collaborative whānau information tool should be provided and used to support conversations between whānau and healthcare providers.

For more information including access to Taonga Tuku Iho (national best practice guide), you can visit the Carosika Collaborative website www.carosikacollaborative.co.nz or use the QR code.

A short video resource on deferred cord clamping is also available on our website.



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