



Birth & transfer

Cord management at the delivery of preterm infants

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Statement of the standard

Preterm infants receive optimal umbilical cord management for smooth transition at birth by waiting before clamping and cutting the cord for at least one minute.



For parents and family

- Parents are informed by healthcare professionals about the role of cord management at birth and timing of cord clamping both in vaginal and caesarean birth, as well as short- and long-term effects.
- Parents are informed by healthcare professional about the role of cord clamping at preterm delivery and/or in cord blood banking.
- Cord clamping preferences of parents should be reported in the birth plan.



For perinatal unit

- A guideline to ensure a standardised approach to third stage management, including cord traction and timing of cord clamping, is available both for low- and high-risk pregnancies/deliveries and both for vaginal and caesarean birth.
- Mode and timing of cord management are reported in medical record.
- A protocol for cord clamping approach in special situations (e.g. asphyxia, sentinel events, twins, infection, immunisation) is available.
- The best strategy of cord management for every neonate both in low- and high-risk pregnancies/deliveries is planned/ensured (individualised) by a multidisciplinary team (midwives, obstetricians, paediatricians, neonatologists, nurses and anaesthetist according to the case).

Benefits

Short-term benefits:

- Reduced mortality and morbidity
- Reduced risk of brain injury and infections
- Lower incidence of IVH and necrotising enterocolitis
- Improved transition of circulation with better blood ressure
- Reduced exposure to potentially painful and/or unnecessary interventions (blood transfusion, heel pick)
- Minimised separation of mother and infant

Long-term benefits:

- Improved neuro-cognitive outcomes such as fine motor skills
- Improved bonding between parents and babies



For healthcare professionals

- Sessions to motivate the teams and update the evidence regarding cord clamping is promoted by a multidisciplinary team including leaders (midwives, obstetricians, paediatricians, neonatologists, nurses and anaesthetists).
- Training on optimising neonatal transition and cord clamping technique, including milking, neonatal stabilisation/resuscitation with intact cord, sample for umbilical artery pH strategies with intact cord is adhered to by all professionals.
- The definitions/terminology regarding cord management are shared.



For hospital

- Training of relevant staff about optimal cord management is ensured.
- Equipment for optimal cord management such as monitors, heated mattresses, plastic bags and bedside resuscitation trolleys are provided.



For health service

- A national guideline on optimal cord management is available and regularly updated.
- Local implementation tools are available to use for clinical and ambulance services (such as teaching slides, leaflets, checklist for use at delivery).
- Place of birth is ensured to be adequate for the provision of required level of neonatal care.

