



## Birth &amp; 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.

