



Birth & transfer

Cord management at the delivery of term infants

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Statement of the standard

In vigorous vaginally born term infants, management of the umbilical cord includes waiting before clamping and cutting the cord for at least three minutes or until the cord is pale and collapsed. For vigorous term infants born by caesarean section a one-minute wait is adhered to before clamping and cutting the umbilical cord.

Benefits

Short-term benefits:

- Improved oxygenation, Apgar score and earlier establishment of regular breathing
- Improved transition of circulation with better blood pressure
- Increased haemoglobin concentrations after birth
- Provides no negative impact on the mother's health
- Improved iron stores after delayed cord clamping for infants of HIV mothers with low viral load
- Improved haemoglobin and haematocrit during the first days after birth

Long-term benefits:

- Improved iron stores and decreased iron deficiency at 2-8 months
- Reduced risk of anaemia at 8 and 12 months of life
- Improved myelination at 4 and 12 months of age
- Improved development at 12 months of age in low-resource settings
- Increased fine motor and social domain scores at 4 years of age, particularly for boys
- Improved long-term outcome if resuscitation with cord intact
- Improved bonding between parents and babies



For parents and family

- Parents are informed by healthcare professionals about keeping the umbilical cord intact initially, the benefits and practical management.
- Parents are informed by healthcare professional about the role of cord clamping in cord blood banking.
- Cord clamping preferences of parents are reported in the birth plan.



For healthcare professionals

- A unit guideline on umbilical cord management is adhered to by all healthcare professionals.
- Delayed cord clamping (DCC) for vaginal (3 minutes) and for caesarean birth (1 minute) are recommended.
- 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 anaesthetist).
- Training on optimising neonatal transition and cord clamping technique, including neonatal stabilisation, sample for UA pH strategies with intact cord is adhered to by all professionals.
- The definitions/terminology regarding cord clamping are shared.



For perinatal unit

- A guideline to ensure a standardised approach to third stage management, including cord traction and DCC, is available both for low- and high-risk pregnancies/deliveries, and both for vaginal and caesarean birth.
- Mode and timing of cord clamping are reported in medical records.
- A protocol for cord clamping approach in special situations (asphyxia, sentinel events, twins, infection, immunisation etc.) is available.
- The best strategy of cord clamping 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).



For hospital

- Training on umbilical cord management is ensured.
- The hospital's policy regarding umbilical cord management is provided easily accessible at the official website.



For health service

- A national guideline on umbilical cord management is available and regularly updated.
- Local implementation tools such as teaching slides, leaflets, checklist at delivery are available to use for clinical services.



european standards of
care for newborn health

Here you can access the full standard:
<https://newborn-health-standards.org/cord-management-at-the-delivery-of-term-infants/>



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