



DELAYED/OPTIMAL CORD CLAMPING

DCC is a birth practice where the umbilical cord is not clamped or cut until after pulsation have ceased

DCC (not earlier than one minute after birth)

Is recommended for improved maternal

and infant health and nutrition

outcomes. (WHO, 2014)

At birth baby has only

66%

of their blood supply



When cord finished pulsing

100%

of their blood supply



Immediate skin to skin care is appropriate while awaiting umbilical cord clamping. Blood transfer occur efficiently when the baby is placed on the mom's abdomen

LET THE BABY

KEEP ITS BLOOD!!!



Supplies extra iron (20-30)mg/kg sufficient for the needs of a newborn

Supplies stem cells for healing

Lower incidence of Necrotizing Enterocolitis & intravascular hemorrhage

Keeps mother and baby together for bonding

- Hemodynamic instability
- Hemorrhage
- Abnormal placentation (Previa, abruption)



CAUTION

- Need for immediate resuscitation
- Placental circulation not intact
- IUGR with abnormal cord Doppler evaluation



GOLDEN MINUTE



The amount of oxygen in this minute is important for the baby's long-term health

Implications for clinical practice

- Facilitate education with staff
- Redefines clinical guidelines
- Participate in research
- Monitor practice of DCC

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Milking the cord does not increase the blood transferred and may increase the risk of clinically significant jaundice.