Why Optimal Cord Clamping is a MUST

Just Wait a Minute

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- dysplasia Other congenital anomalies- decision to be individualized
- Known genetic abnormalities- decision to be individualized IUGR with reversed end diastolic flow- Discuss utility with OB



Every baby (term and preterm), should receive the benefit of Optimal Cord Clamping for <u>60 seconds</u> unless contraindicated. (*up to 5 minutes)

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Why Optimal

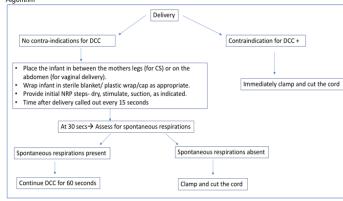
Contra-indications



Algorithm Delivery No contra-indications for DCC Contraindication for DCC + Place the infant in between the mothers legs (for CS) or on the abdomen (for vaginal delivery). Wrap infant in sterile blanket/ plastic wrap/cap as appropriate. Immediately clamp and cut the cord Provide initial NRP steps- dry, stimulate, suction, as indicated. Time after delivery called out every 15 seconds At 30 secs→ Assess for spontaneous respirations Spontaneous respirations absent Spontaneous respirations present Continue DCC for 60 seconds Clamp and cut the cord

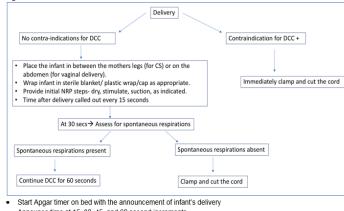
- Start Apgar timer on bed with the announcement of infant's delivery
- Announce time at 15, 30, 45, and 60 second increments
- Communication must be maintained at all times between two teams.

Algorithm



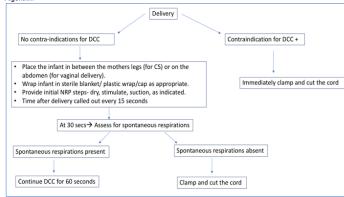
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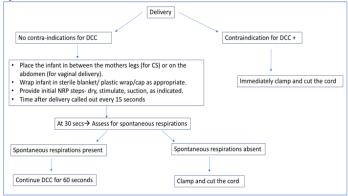
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Continue DCC for 60 seconds



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