Why Optimal Cord Clamping is a MUST

Just Wait a Minute

Contra-indications-

Maternal:
- Hemorrhage
- Cardiovascular instability
- CS under general anesthesia

Neonatal:
- Placental abruption, Previa, Cord prolapse
- Hydrops
- Monochorionic twin gestation (risk of acute inter-twin transfusion at birth)
- HIV + mother with unknown or high viral load (> 1000 copies/ml) or did not received treatment in pregnancy
- Critical CHDs that are more likely to require immediate resuscitation
- Known severe congenital anomaly with anticipation for immediate resuscitation- CDH, CCAM, lethal skeletal 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 60 seconds unless contraindicated. (*up to 5 minutes)

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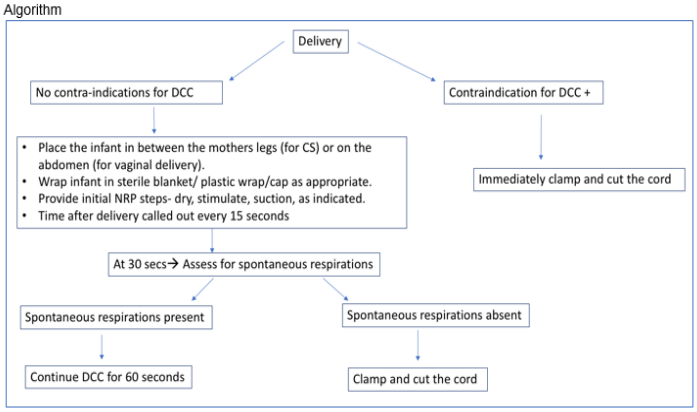

- Start Apgar timer on bed with the announcement of infant's delivery
- Announce time at 15, 30, 45, and 60 second increments
- Communication must be maintained at all times between two teams.

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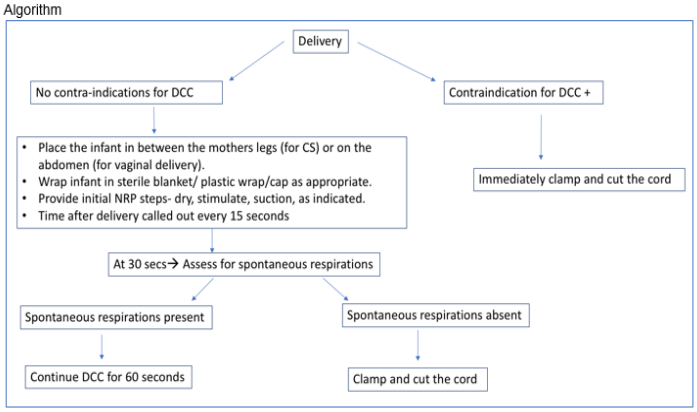

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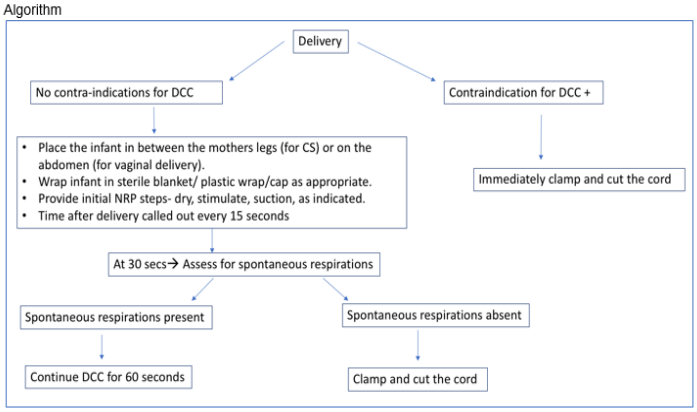

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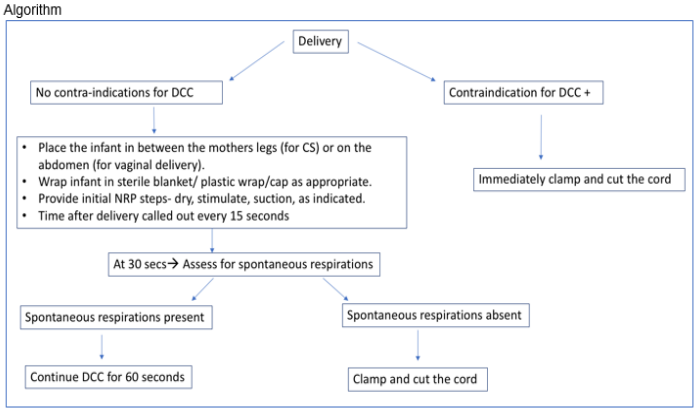

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