

TIPQC OPTIMAL CORD CLAMPING

MONTHLY CAPTURE OF OUTCOMES & BALANCING MEASURES

Use the following tables to capture the outcome and balancing measures for the Optimal Cord Clamping (OCC) TIPQC inter-institutional QI project.

- Frequency of data capture: *monthly*

OUTCOME MEASURE

- Percent of infants who had their umbilical cord clamped at least 60 seconds (or more) after birth
 - Denominator (D) = total number of live births in the month
 - Numerator (N) = among the denominator, number of infants who had their umbilical cord clamped at least 60 seconds (or more) after birth
- “Overall” numerator & denominator counts will be captured as well as counts disaggregated by mother’s race/ethnicity (defined as Non-Hispanic (NH) White, NH Black, and Hispanic).
 - The denominator would translate to (for example), the number of live births for mothers who self-identified as White Non-Hispanic (NH White). The numerator would then count the number of these NH White live births where the infant had their umbilical cord clamped at least 60 seconds (or more) after birth among.
 - In turn, the denominators for each of NH White, NH Black, and Hispanic groups should be smaller than the Overall denominator (unless all live births in one month were all the same race/ethnicity).
 - *If mother’s race/ethnicity is not one of these values or is missing in her medical record, the infant will be included in the “overall” numerator/denominator counts, but excluded from the disaggregated counts.*

WORKING DEFINITIONS FOR THIS PROJECT:

Live birth

“Live birth” is defined as the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

For this project, this should include all viable babies for which active resuscitation was decided upon and/or attempted, regardless of outcome or gestation. It is recommended that all babies ≥ 22 weeks gestation should be reviewed. Active resuscitation would be indicated by an attempt of Bag Mask Ventilation (BMV), an attempted and/or placed endotracheal Tube (ETT), and/or occurrence of chest compressions.

If your facility is utilizing ICD-10 codes for data extraction and capture, the Z37 code for “Outcome of delivery” can be utilized – specifically Z37.0 (Single live birth), Z37.2 (Twins, both liveborn), Z37.3 (Twins, one liveborn and one stillborn), Z37.5 (Other multiples, all live born), and Z37.6 (Other multiple births, some liveborn). In the case of Z37.6, the infant records should be reviewed to determine the exact number of live born for each set of multiples.

