



## DELAYED CORD CLAMPING 2.0

- Delayed cord clamping, usually defined as cord clamping at least 30 to 60 seconds after birth, is recommended for improved maternal and infant health and nutrition outcomes.
- In term infants:
  - Delayed umbilical cord clamping increases haemoglobin levels at birth and improves iron stores in the first months of life, which may have a favorable effect on developmental outcomes.
  - There is a slightly increased risk of jaundice requiring phototherapy hence healthcare workers should monitor for this complication and have facilities for treatment thereof.
- In preterm infants:
  - Delayed umbilical cord clamping is associated with significant neonatal benefits including improved transitional circulation, better establishment of red blood cell volume, decreased need for blood transfusion, and lower incidence of necrotizing enterocolitis and intraventricular hemorrhage.
- Immediate skin-to-skin care is appropriate while awaiting umbilical cord clamping.
- Delayed cord clamping can be practiced at both vaginal and caesarean deliveries. In the case of caesarean delivery, the newborn can be placed on the maternal abdomen or legs or held by the surgeon or assistant at close to the level of the placenta until the umbilical cord is clamped.
- Individualise the practice of delayed cord clamping according to clinical scenario and maternal and fetal condition.
  - In newly born term or preterm babies who do not require positive-pressure ventilation, the cord should not be clamped earlier than 1 minute.
  - Newly born babies who do not breathe spontaneously after thorough drying should be stimulated by rubbing the back 2-3 times before clamping the cord and initiating positive – pressure ventilation.
  - When newly born term or preterm babies require immediate positive-pressure ventilation, the cord should be clamped and cut to allow effective ventilation to be performed. Early umbilical cord clamping (less than 1 min after birth) is recommended

when the neonate is asphyxiated and needs to be moved immediately for resuscitation.

- Delayed umbilical cord clamping does not increase the risk of postpartum haemorrhage but should not interfere with active management of the third stage of labor, including the use of uterotonic agents after delivery of the newborn to minimize maternal bleeding.
- Delayed cord clamping does not interfere with stem cell collection.

## References

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/delayed-umbilical-cord-clamping-after-birth>

WHO guideline: Delayed umbilical cord clamping for improved maternal and infant health and nutrition outcomes

## Authorship

**These guidelines were drafted by a clinical team from Mediclinic and were reviewed by a panel of experts from SASOG and the BetterObs clinical team in 2019 and revised by the Scientific Subcommittee of BetterObs in 2022. All attempts were made to ensure that the guidance provided is clinically safe, locally relevant and in line with current global and South African best practise. Succinctness was considered more important than comprehensiveness.**

**All guidelines must be used in conjunction with clinical evaluation and judgement; care must be individualised when appropriate. The writing team, reviewers and SASOG do not accept accountability for any untoward clinical, financial or other outcome related to the use of these documents. Comments are welcome and will be used at the time of next review.**

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