

Make sure you enjoy this experience together as a family, this is the start of an amazing time for all of you and we are here to help every step of the way!

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A guide to...

Deferred or optimal cord clamping for preterm babies

Patient information

**Woodland Neonatal Unit
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What is deferred or optimal cord clamping?

Before birth, your baby receives nutrition, blood and oxygen through the umbilical cord. When your baby is born, the umbilical cord is immediately clamped and cut, particularly following a preterm birth. Recently, studies have shown that waiting to clamp the cord for 1-3 minutes after birth allows extra blood to flow from the placenta into the baby. This approach is referred to as deferred cord clamping or in its short form as **DCC**.

What are the benefits of DCC?

By regulating baby's blood pressure and blood flow to the lungs, DCC helps your baby to make the transition to life outside the womb more easily. Preterm babies have been shown to need fewer blood transfusions, are at a lower risk of bowel & other infections, and have a lower risk of bleeding in the brain. Survival rates are higher overall in babies who have received DCC. Long term, babies have higher iron stores and improved brain growth and development.

What will happen after delivery?

Once your baby is born, we will dry and assess your baby. If your baby is well, we will wait to cut the cord for 1-3 minutes. During this time, your baby can be placed skin to skin (when appropriate), or on the bed between your legs. If available, we may place baby on a special platform beside the bed. We will check the baby is kept

warm, and may provide stabilisation and support with breathing if required whilst the cord remains attached. After the cord is cut, the baby will be transferred to the resuscitaire (a warm platform away from the bed) for further assessment.

What are the risks?

DCC is widely used in delivery units around the world as the benefits greatly outweigh the risks. It is recommended by multiple organisations including the World Health Organisation (WHO).

There is a risk of the baby getting cold after delivery, but this can be mitigated by monitoring the temperature and ensuring baby is skin-to-skin, wrapped in warm towels, or placed on a warm platform. There is a mild increase risk of jaundice which does not require additional treatment.

When can DCC not be performed?

In certain situations, it may not be appropriate to perform DCC. These include if the baby has certain conditions diagnosed in pregnancy, or if there are problems with the cord or placenta. At birth, DCC may be stopped early if the baby needs additional medical support, or if you are having excessive bleeding. These issues will be discussed with you by the obstetric and neonatal doctors.