Hello and Welcome

Optimal cord clamping.
Whose blood is it anyway?

Presenter: Amanda Burleigh
Frequently the child appears to be born dead or it is feeble but before the tying of the cord, a flux of blood occurs into the cord and adjacent parts. Some nurses squeeze the blood back out of the cord, into the baby’s body and at once the baby, who had previously been as if drained of blood, comes to life again.
How the Cord Clamp Injures Your Baby’s Brain (2002)
By George M. Morley, M.B., Ch. B., FACOG

- Cerebral Palsy
- Learning Disorders and Mental Deficiency
- Respiratory Distress Syndrome
- Intra - Ventricular Haemorrhage (IVH) (Brain Haemorrhage)
- Necrotising Entero-Colitis (NEC)
Cord Clamping the Evidence
Diane Farrar et al 2010

Weighing babies to assess placental transfusion
Studies on Infants with delayed cord clamping

- Increased red cell volume
- Increased Haematocrit
- Increased Perfusion
- Increased Temperature
- Increased Blood Volume
- Increased Urine output
- Increased Renal flow
- Increased Pulmonary vasodilation

- Decreased Hypovolaemia
- Decreased Iron deficiency Anaemia
- Decreased heart murmurs
- Decreased umbilical infections
- Decreased risk maternal fetal transfusion
Benefits for DCC for Premature babies

- Decreased Intraventricular Haemorrhage
- Decreased Necrotising Enterocolitis
- Decreased Late onset Sepsis
- Decreased Blood Transfusions
- Decreased need for Ventilation

- Increased haemocrit
- Increased Haemoglobin
- Increased Blood Pressure
- Increased Cerebral, Lung + Organ oxygenation
Cord Clamping the Evidence
What’s the rush?
No resus, No bleeding, No rush!
Informed Choice
The Golden Hour after delivery - Best start in Life

- Optimal Cord Clamping –#waitforwhite
- Immediate Skin to Skin.
- Breastfeeding.
- Time alone to bond
Cord Clamping the Evidence

Taking blood gases + Kleihauer Bloods (K2 success)

• Cord Blood samples can still be taken from a pulsating Cord. There is no need to clamp and cut.
• After taking the samples, apply gentle but firm pressure to the needle entry site as you would if taking venous blood.
Northumbria

• Babies requiring transfer to resuscitaire – was 15% reduced to 4.08%
• Admissions to SCBU – was 4.5% reduced to 2.5%

Increased Jaundice?

• In eight studies involving over 1000 neonates, there was no significant difference in risk of jaundice within 24–48 hours
• In the most recent meta-analysis of 1828 infants in five studies, there were no significant differences in clinical jaundice.
Resuscitation

• Currently Clamp – Airway -- Breathing

• A = Airway

• B = Breathing

• C = Circulation – then Clamp when stable or to transfer

• First 60 seconds can be achieved with intact cord
European Resuscitation guidelines 2015

- ERC Algorithm

Training recommendations:
- Dry baby
- Assess tone, breathing + HR. (30 seconds)
- If gasping or not breathing, give 5 inflation breaths. (30 seconds)
- Reassess + check HR. Transfer 1 minute.
Development of the ‘Bedside Assessment, Stabilisation & Initial Cardiorespiratory Support’ (BASICS) Trolley

AD Weeks, P Watt, D Hutchon, CW Yoxall, D Odd,
It’s my Blood – It belongs inside me
Please do not give it away
Really think - Why on earth would you cut this cord?
TED talk by Dr Alan Greene

https://www.youtube.com/watch?v=Cw53X98EvLQ

Ticc Tocc 90 seconds to change the world.
Optimal Cord Clamping/#Wait for White

Contacts and Information

• amanda.burleigh@ntlworld.com
• Optimal Cord Clamping/#Waitforwhite (Facebook page)
• @optimalclamping
• www.waitforwhite.com (in progress)