

Patient information factsheet

Deferred cord clamping

What is deferred cord clamping?

After birth, the baby's umbilical cord will be clamped and cut, separating the baby from the placenta. There is evidence that babies benefit from a delay before clamping the cord, allowing time for extra blood to flow from the placenta into the baby. This is called deferred (or delayed) cord clamping (DCC) and we advise this for almost all babies.

This leaflet is intended to give you more information about DCC, but if you have any questions or wish to discuss anything further, your midwife will be happy to talk to you.

What are the benefits of DCC?

Deferred cord clamping allows extra blood to be transferred from the placenta, increasing the amount of iron transferred to your baby. Iron is essential for brain development and infants with better iron levels seem to do better on tests of neurodevelopment later in childhood.

DCC makes babies more stable after birth. If the cord is clamped immediately, there is a sudden drop in blood pressure due to the movement of blood into the lungs when the baby takes their first breaths. DCC allows extra blood from the placenta to replace the blood, keeping the blood pressure more stable.

What will happen after birth?

Once the baby is born, they will be dried, wrapped and assessed. If all is well, we will wait at least two minutes before clamping and cutting the cord. The baby can still be placed skin to skin, for example on the mother's chest (if the cord is long enough). If the baby is higher than the level of the placenta, blood flow is slightly slower as the blood has to be pushed 'uphill'. In this case we may wait slightly longer (up to five minutes) before clamping the cord.

If you have a caesarean section, the baby will still be dried and assessed and, if well, we will clamp the cord after two minutes. Once the cord is clamped, the baby will be held up for you to see them.

If I have the injection to deliver my placenta, can DCC still happen?

Yes, even with the injection it usually takes at least 5 to 10 minutes before the placenta is delivered and during this time the cord can remain intact allowing for the transfer of the blood.

What happens if my baby is premature or sick?

Premature babies benefit even more than babies born around their due date. Babies who are born early have more fragile organs, which can be damaged by low blood pressure.

The improved blood pressure that results from DCC can help protect the baby's delicate organs and reduce the risk of some of the complications linked to prematurity (for example, having bleeding into the brain or problems with the gut). Sick babies can also have problems with low blood pressure, so benefit from DCC in this way too.

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DCC also gives premature or sick babies more blood volume, so they need fewer blood transfusions, and fewer medicines to increase their blood pressure after birth. They also benefit from the increased iron stores associated with DCC.

For this reason we perform DCC in all premature or sick babies if we can. Premature babies are held below the level of the placenta and we only wait for one minute before clamping the cord. Very premature babies are also placed inside a plastic bag and we may use a heated mattress and to keep them warm during the delay.

Sick babies will be individually assessed and if they have a good (or improving) heart rate, we will wait the full two minutes before clamping the cord. If the heart rate is slow, gets worse, or the baby is born without a detectable heart rate, the cord will be clamped straight away, to allow the baby to be resuscitated.

Are there any risks?

DCC has been shown to be safe and effective, and is recommended worldwide by the World Health Organisation (WHO).

There is a small increased risk of jaundice in babies who have received deferred cord clamping, but this is usually mild and can be easily treated by placing the baby under blue light (phototherapy). There have also been concerns that babies could get cold during the delay, but as they're still getting warm blood from the placenta, and can be dried and wrapped in warm towels while waiting, this does not seem to be a problem.

Are there some babies that can't have DCC?

Monochorionic twins (twins who share the same placenta) are the only babies who absolutely should not have deferred cord clamping. This is because the two babies are connected via the single placenta and there is a small risk that blood could move from one twin into the other at the time of delivery. If one twin has too much blood, DCC would make the situation worse for that baby.

DCC may not be possible to perform if there is a problem with either mother or baby at the time of birth, and in that case, cord clamping will be done immediately so resuscitation or other medical treatment can start as soon as possible. If there is bleeding from a tear in the cord or placenta, DCC will not work and the cord will be clamped immediately to stop the bleeding. It may also be technically difficult to perform in some situations, such as in twins (who do not share a placenta) or if the cord is very short.

Some babies with antenatally diagnosed abnormalities may need medical intervention immediately after birth, and the risks and benefits of DCC will be discussed in order to make a unique birth plan for that baby. Similarly, babies at high risk of a blood based infection (such as newly diagnosed HIV or hepatitis) may have individual plans made to clamp the cord immediately. However, most mothers who have low viral loads can safely have DCC and DCC is recommended by the World Health Organisation, even when mothers are HIV positive.

Where can I find out more information?

You can read more about DCC on these websites:

americanpregnancy.org/labor-and-birth/delayed-cord-clamping-risks-benefits/
www.cordclamping.org/

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.