

**URMC Delayed Cord Clamping (DCC) Protocol**

**Inclusion:**

* Agreed to be eligible by OB and NICU teams prior to delivery
* No known exclusions prior to birth

**Exclusions:**

**Fetal Maternal Anomalies**

**□** Infant with no tone/movement **□** General anesthesia **□** CDH (Diaphragmatic Hernia)

**□** IUGR < 5% **□** Abruption/bleeding **□** Hydrops

**□** RBC alloimmunization **□** Uterine rupture **□** Abdominal wall defect  **□** Uncontrolled DM  **□** Other anomaly requiring

 **□** Placental incision w/ C-section urgent resuscitation

**Twins/Multiples □** Placenta delivered before infant

**□** Discordant twins > 20% **□** Other urgent maternal complication

**□** Monochorionic twins

**□** High order multiple **Placental**

 **□** Velamentous cord insertion

 **□** Reverse end diastolic flow

**Procedure:**

1. **Ob will indicate on CPN board those that should be eligible during situational awareness**
2. OB/NICU “huddle” just prior to delivery to confirm plan for DCC, unless exclusion is met as noted above
3. OB Nurse will obtain pre-warmed blankets for OB team
	1. Sterile pre-warmed blankets should be used for C-sections
4. Once infant is delivered and DCC begins, NICU “baby catcher” watches clock
5. OB Team will:
	1. Gently dry and stimulate infant in warm blankets at the level of the perineum or on the mother skin to skin
	2. Suction mouth and nose with bulb syringe
6. **Timing of Delay:**
	1. For preterm infants <37 weeks--- After a total of 30-60 seconds, NICU (if present) or baby catcher will say “30 seconds complete” and “60 seconds complete” and OB team will clamp cord and hand infant to NICU team
	2. For infants >37 weeks--- typically 30-60 seconds (up to 3 minutes) depending on infant status and need for evaluation or resuscitation
7. Infant resuscitation continues with NICU team
8. OB Team to document in chart that DCC was completed

**Note: If at any point before or during delivery, mom or infant become unstable, plan for DCC may be aborted by OB or NICU team**

*Questions?*

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*-For OB/MFM questions or concerns contact: Courtney Olson-Chen, MD*