



# Optimal Cord Clamping

from healthy pregnancy to happy family



## CHOOSING OPTIMAL CORD CLAMPING

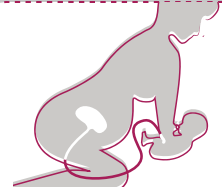
By Amanda Burleigh, August 2016



### Birth Plan

Have the end in mind. The placenta still transfers, via the cord, approx. 30% of baby's intended total blood volume while the baby's already outside the mother.

Speak to your birthing team about optimal cord clamping before birth.



The National Institute of Health and Care Excellence (NICE) 2014 guidelines, recommend delaying cord clamping for at least one minute regardless of delivery unless the baby's heart rate is less than 60bpm and not getting faster (an extremely rare occurrence).



If you choose to receive synthetic oxytocin after delivery, the administration for the drug can happen after the cord has stopped pulsating. In this way, the baby gets the full blood transfusion from its placenta with minimal interference.



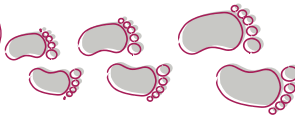
When the cord and placenta have fully completed their function, the cord will stop pulsating and the baby will have received all their intended blood volume and their will be empty and white.



Placing your baby skin to skin and breastfeeding will help to built babies immune system and comfort it. At the same time the mother will produce more oxytocin which will help placental delivery.



Immediate cord clamping can deprive the baby of their intended blood volume. Research shows that babies can gain up to 214g in the first five minutes following birth if the cord is left unclamped. (Farrar, 2010)



Research has shown optimal cord clamping will improve baby's immediate and long term health.

Speak to your healthcare provider for more information.

### References

Farrar D, Airey R, Law GR, Tuffnel D, Cattle B, Duley L. Measuring Placental Transfusions for Term Babies: Weighing Babies with Cord Intact. BJOG. 2011;118:70-75.

NICE (2014)

Intrapartum Care: Care of Healthy Women and their Babies During Childbirth. <http://www.nice.org.uk/guidance/CG190> Accessed 13th August 2016