Timed Cord Clamping Pathway

**Definition:** Clamping the umbilical cord in vigorous term and preterm infants for at least 30–60 seconds after birth to allow for placental transfusion to take place.

**Benefits:** Timed umbilical cord clamping (TCC) is associated with significant neonatal benefits in preterm infants, including improved transitional circulation, better establishment of red blood cell volume, decreased need for blood transfusion, and lower incidence of necrotizing enterocolitis (NEC) and intraventricular hemorrhage (IVH).

**Eligible patients:**
- All babies who are vigorous at birth or not anticipated to require immediate resuscitation at birth.
- C-section and vaginal deliveries
- Multiple gestation, at the discretion of the Obstetrical and Neonatology team.

**Consider immediate umbilical cord clamping when the following potential contraindications are present:**
- Maternal conditions
  - hemorrhage
  - hemodynamics instability
  - abnormal placentation
    - previa
    - abruption
- Fetal/Neonatal conditions
  - need for immediate resuscitation
  - placental circulation
    - previa
    - abruption
    - cord avulsion
    - IUGR with abnormal cord doppler evaluation

*A pre-delivery interdisciplinary huddle will allow for care providers to discuss safety concerns regarding TCC and determine if immediate resuscitation should occur.

**Steps:**
- Neonatal team will notify OB of time frame to clamp the cord or the need to terminate the procedure and expedite patient hand off to neonatal team
- Neonatal team member verbalizes time in 10 second intervals
- Obstetrician then clamps and cuts the cord at 30-60 seconds to allow for the placental transfusion to take place

**Documentation:**
- Document timed clamping in the EMR

**References:**
1) The American College of Obstetricians and Gynecologists’ Committee on Obstetric Practice Number 684, January 2017.
3) ACH Respiratory Management of the Neonate Pathway