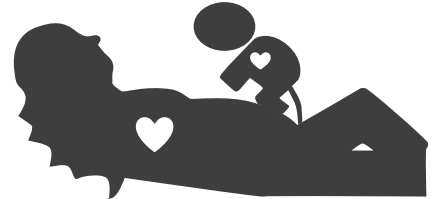
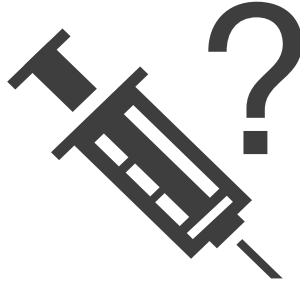
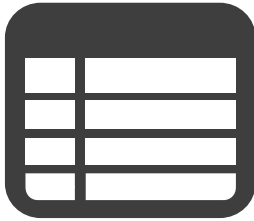


Optimal/Delayed Cord Clamping

by Hannah Tizard

#BloodToBaby

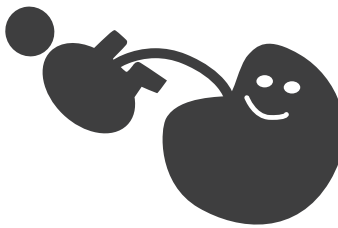


Birth plan

Start with the end in mind, let your birth attendants know your wishes, include optimal/delayed cord clamping

Based on your individual clinical situation a package of care will be recommended for delivery of the placenta. Either **physiological third stage or active management**

After baby's birth, the midwife will help you and baby get into a more comfortable position, **the cord will remain intact**



Delayed/optimal cord clamping will **improve baby's immediate and long term health**. Speak to your midwife for more information

By leaving the cord intact for as long as possible baby will receive more of their full circulating blood volume from the **placenta**

Skin to skin contact and breastfeeding will comfort baby and help build baby's immune system. More oxytocin will be stimulated which will aid placental delivery



Time to cut the cord? This is based on each clinical situation. If the cord needs to be cut in the first 5 minutes or less, the midwife can try keeping the baby at placental level to aid transition, otherwise wait until the cord is white or has stopped pulsating

When baby is weighed (usually at least 1 hour after skin to skin), baby will benefit from a higher birth weight due to the greater blood volume, **giving baby a better start**

Finally rest well, keep distractions to a minimum and enjoy this precious time making a **close and loving relationship with your baby**

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