Delayed Cord Clamping: A Multidisciplinary Approach
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PURPOSE
In evaluating adverse outcomes in our hospital, we recognized an opportunity to impact the rate of intraventricular hemorrhage (IVH) in our infants born less than 32 weeks. Labor & Delivery (L&D) and the neonatal intensive care unit (NICU) partnered together to develop and implement a process for Delayed Cord Clamping (DCC), with the end goal of improving patient outcomes.

BACKGROUND
In August 2013, the Women and Children’s Department implemented DCC for preterm infants based on the 2012 American Congress of Obstetrics and Gynecologists (ACOG) Committee opinion and World Health Organizations (WHO) recommendations. The perinatal/neonatal teams supported implementation of DCC in the preterm population. The key to our successful implementation was standardized protocols and education of the delivery team members.

LEARNING OBJECTIVES
1. Discuss the benefits of DCC in the preterm infant
2. Develop a policy specific to DCC
3. Identify steps necessary for a multidisciplinary approach to successfully implement DCC in the preterm infant

STRATEGIES
1. Identify infants that qualify for DCC
2. Recognize contraindications to DCC and exclusion criteria
3. Key steps for implementation:
   - Literature review & benchmarking
   - Develop a policy
   - Evaluate the process
   - Educate and train all staff on the DCC process

IMPLICATIONS FOR NURSING
Nursing involvement began at inception of this project through current implementation. Implementation of DCC involved specific processes to ensure success including the NICU staff actively communicating time frames to the delivery team, the labor and delivery staff regulating the delivery room temperature, and consistent communication throughout each preterm delivery. The team provided input to perfect the process and balance safety with practicality and efficiency. While DCC did not increase staff workload, it was a process change for the nurses and physicians.