



Revert to the original: Time to re-establish delayed umbilical cord clamping as the standard approach for preterm Neonates

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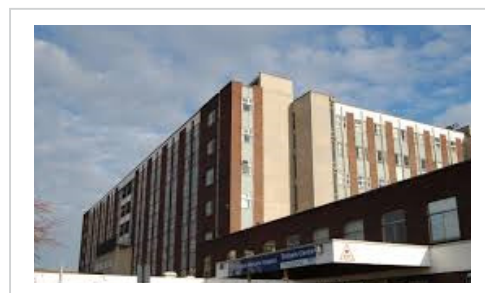
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Abstract

Delayed cord clamping, the common term used to denote placental-to-new-born transfusion at birth, is a practice now endorsed by the major governing bodies affiliated with maternal-new-born care. Despite considerable evidence, delayed cord clamping, not early cord clamping, continues to be viewed as the “experimental” intervention category when discussed in research studies. We provide a brief overview of placental-to-new-born transfusion in relation to birth transitional physiology and discuss areas where we may need to modify our interpretation of “normal” vital signs and laboratory values as delayed cord clamping becomes standardized. We also assert that delayed cord clamping should now be viewed as the standard of care approach, especially given that multiple randomized controlled trials have revealed that early cord clamping, which lacks evidence-based support, is associated with a greater risk for morbidity and mortality than delayed cord clamping.

Biography

David Hutchon is an Emeritus Consultant Obstetrician at Memorial Hospital in Darlington, UK. He was a Consultant Obstetrician at the Memorial Hospital, Dalington, UK until 2010. Since then he has been developing equipment to assist in Motherside neonatal resuscitation with an intact cord circulation. He has organised numerous conferences describing the harm of early cord clamping and courses on providing effective resuscitation with an intact cord.



Publication

1. Mother side care of the term Neonate at birth
2. Ventilation, Chest Compression and Placental Circulation at Neonatal Resuscitation –ILCOR Recommendation 2015

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