



Ventilation, Chest Compression and Placental Circulation at Neonatal Resuscitation –ILCOR Recommendation 2015

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Abstract

ILCOR now recommends delayed cord clamping of at least 30 seconds in term and preterm neonates. Due to insufficient evidence they provide no specific advice about the neonate that requires resuscitation. Hypovolaemia is well recognised to lead to a neonate who will not respond to positive pressure ventilation until the hypovolaemia is corrected. It is therefore essential that any clinical situation which may result in hypovolaemia is avoided if possible. Until the specific evidence becomes clear, the case for the default to be delayed cord clamping in all babies is provided.

Biography

David Hutchon is an Emeritus Consultant Obstetrician at Memorial Hospital in Darlington, UK. He was a Consultant Obstetrician at the Memorial Hospital, Darlington, 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. Revert to the original: Time to re-establish delayed umbilical cord clamping as the standard approach for preterm Neonates
2. Ventilation, Chest Compression and Placental Circulation at Neonatal Resuscitation –ILCOR Recommendation 2015

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