Discuss

With parents the benefits of DCC and how it is performed, avoiding words like 'transfusion' and inviting their input

With the clinical team (e.g., obstetrics, paediatrics, anesthesia, nursing, midwifery):

- Review contraindications to DCC for infant and mother (which are few)
- Identify which member will call out times (e.g., 15, 30, 45, 60 seconds)
- Agree on a phrase to be used when any team member believes clamping should occur (e.g., "*It's time to cut the cord*"), avoiding potentially concerning statements about the baby's condition
- Check equipment and environment, ensuring appropriate room temperature, accessible plastic bags and towels
- Agree on holding IV uterotonics in preterm infants until DCC is complete in preterm but not term infants

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Infant born

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No contraindications to DCC

Examples of absolute contraindications:

Infant	Maternal
• Need for resuscitation* • Fetal hydrops • TTTS • TAPS	• Need for resuscitation • Interruption of utero-placental circulation (e.g., abruptions, bleeding vasa previa, or placenta previa)

Preterm (<37 weeks) — One person gently stimulates *back only*

POSITION infant:

Vaginal birth / Caesarean → At or below introitus or incision

- In warm towel, plastic bag, or plastic wrap

DURATION:

- DCC for 60 to 120 seconds

If 60 seconds is not possible, up to 30 seconds is preferable to ICC

ADMINISTER UTEROTONICS:

- IV – After clamping of the cord of last infant
- IM – With anterior shoulder of last infant

Term (≥37 weeks) — Gentle stimulation

POSITION infant:

Vaginal birth

- At or below introitus OR
- On the mother's abdomen

Caesarean

- At or below incision

- In warm towel

DURATION:

- DCC for 60 seconds

ADMINISTER UTEROTONICS:

- IV or IM with anterior shoulder of last infant

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Team member timing cord clamping confirms duration and ensures documentation

* Except in centres with appropriate experience and equipment. DCC deferred cord clamping, ICC immediate cord clamping, IV intravenous, IM Intramuscular, PPH postpartum hemorrhage, TTTS Twin-to-twin transfusion syndrome, TAPS twin anemia polycythemia sequence

Note: When DCC is performed with twins, it is suggested that the following 4 individuals be identified: 1) receiving Twin A; 2) monitoring status of Twin A and clamping cord; 3) delivering Twin B; 4) monitoring status of Twin B and clamping cord