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 uterotonic in preterm infants until DCC is complete in preterm but not term infants

Infant born

No contraindications to DCC

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
- Caesarean
- At or below introitus or incision

DURATION:
- DCC for 60 seconds

ADMINISTER UTEROTONICS:
- IV or IM with anterior shoulder of last infant

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

Examples of contraindications:
- Infant
  - Intrauterine growth restriction
  - TTTS
  - TAPS
- Maternal
  - Need for resuscitation
  - Intermittent uterine contractions
  - Fetal distress

Discuss with the clinical team:
- 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 uterotonic in preterm infants until DCC is complete in preterm but not term infants

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.