Clinical Practice Procedures: Obstetrics/Nuchal umbilical cord

Date        April, 2018
Purpose     To ensure a consistent procedural approach for Nuchal umbilical cord.
Scope       Applies to all QAS clinical staff.
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Nuchal cord occurs in 20% to 30% of births, and most babies will deliver without incident. Clamping and cutting the umbilical cord prior to delivery of the neonate should be avoided and only be considered as a last resort.

**Indications**
- Umbilical cord wrapped around the neonate’s head

**Contraindications**
- Nil

**Complications**
- hypoxic-ischemic encephalopathy
- cerebral palsy [1]
Procedure – Nuchal umbilical cord

The essential element for the management of a nuchal cord (cord around the neonate’s neck) is avoiding the early clamping or cutting the cord, before the neonate’s body is delivered:

1. **If the cord is loose**, slip it over the head (cord reduction).

2. **If the cord is too tight to slip over the baby’s head but not tight around the neck**, slip it over the shoulders as the baby’s body is born and deliver the baby through the cord loop.
3. **If the cord is too tight to slip back over the shoulders, but has a little give to it**, somersault the baby out, as follows:

   a) Slowly deliver both shoulders without manipulating the cord.

   b) As the shoulders are delivered, flex the baby's head so the face is pushed toward the mother's thigh.

   c) Deliver the baby's body flexing torso gently and somersaulting out.

   d) Loosen the cord and commence newly born assessment and cares.