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BEHAVIOR PROFILE: DELAYED CORD CLAMPING

HEALTH GOAL

Goal has not been set

BEHAVIOR

The proportion of live births in which the cord was clamped after a minimum of 60 seconds post-delivery

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Provider delays clamping umbilical cord for 60 seconds post-delivery, or until cord stops pulsating

Steps

1. Facility might lack timer to measure interval post-birth for DCC
2. Wait 30-60 seconds or until cord stops pulsating, while continuing active management of the third stage of labor (AMTSL) and implementation of other newborn care protocols
3. Clamp and cut cord after 30-60 seconds, or after cord stops pulsating
4. Ensure multi-disciplinary care team is present at birth, especially in instances of complications or cesarean

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Service Provider Competencies: Provider Capacity and Commitment: Providers are unconvinced of the benefit, especially to healthy babies

Service Provider Competencies: Provider Capacity and Commitment: Providers with many years of experience cut cord immediately out of habit

Service Provider Competencies: Provider Capacity and Commitment: Providers are anxious about babies born with complications and unsure of DCC's importance in those settings

Service Provider Competencies: Provider Capacity and Commitment: Although not adding extra work, DCC represents a process change and often feels like a burden to an already overwhelmed provider

SOCIAL

Norms: Social/Colleague Support and Internal Motivation: Some providers feel they have been successfully delivering babies for their whole careers and are reluctant to change their practice

Norms: Social/Colleague Support and Internal Motivation: Providers are heavily influenced by the practices and beliefs of colleagues, especially in resource-limited settings. DCC is not the norm, so providers are reluctant to attempt it

Norms: Social/Colleague Support and Internal Motivation: Some providers adopt DCC after introduction to it but revert to immediate clamping without reminders and supervision

Norms: Social/Colleague Support and Internal Motivation: Providers want to support mother-baby dyad and the family's interest in immediately drying and wrapping the baby

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior, and what actions must they take?

INSTITUTIONAL

Policymakers: Clarify DCC policy and disseminate to all providers

Managers: Ensure ongoing training opportunities on key issues and practices relating to newborn survival like DCC

HOUSEHOLD

Family Members: Learn about DCC and encourage any birth attendant to implement it

STRATEGY

POSSIBLE PROGRAM STRATEGIES

What strategies will best focus our efforts based on this analysis?

Strategy requires Communication Support

ENABLING ENVIRONMENT

Institutional Capacity Building: Ensure post-natal policies and all clinical care guidelines include DCC for all babies

Institutional Capacity Building: Incorporate DCC as a clinical quality standard and collect data on it as routine

Institutional Capacity Building: Make DCC protocol explicit (exact timing, when it should be performed, if there are cases when it should not, etc.)

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Use Knowledge-to-Action training approach, including simulation, to train providers on new skills (DCC); elicit and resolve important feedback on learning and capacity

Quality Improvement: Create support mechanisms for provider peer groups to discuss new protocols and practices and to hold each other accountable

Quality Improvement: Identify senior clinical provider as champion to promote or influence practice

Quality Improvement: Use tools like the Delivery Room Brief and Debrief tool to provide quality assurance and follow-through for guidelines like DCC

Quality Improvement: Provide ongoing or continuous site-specific informal and formal clinical education fora to relay new global data on best practices such as DCC and discuss local implementation

DEMAND AND USE

Advocacy: Convince mothers of importance of DCC and encourage them to ask all birth attendants to implement it

Communication: Clearly communicate safety of DCC and mitigate clinicians' concerns over side effects (if relevant in context)

Communication: Include the idea of DCC in ANC counseling to mothers to help them prepare and welcome it