

23rd Edition of International Conference on **Neonatology and Perinatology**
&4th International Conference on **Pediatrics and Pediatric Surgery**

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**David James Riddell Hutchon***Darlington Memorial Hospital, UK***Mother side neonatal resuscitation with intact cord: The why and how**

Physiological transition at birth involves a range of changes in the neonatal circulation and use of the lungs as a respiratory organ for the first time. The sequence of these changes is important to maintain in resuscitation of the apnoeic neonate. The first change in physiological transition is the expansion of the lungs with air. This leads to an increase in pulmonary blood flow and all the other changes, closure of the cardiac shunts and closure of the placental circulation. Traditional clamping of the cord at birth disrupts these changes but the apnoeic neonate can maintain the sequence if ventilation is achieved with an intact cord. Mother side resuscitation with an intact cord requires a change in delivery room practice and co-ordination between the obstetric team and the neonatal team. Regular training and simulation of customized procedures with modified equipment can result in a seamless transition at birth for the compromised neonate.

Biography

David James Riddell Hutchon has 28 years of experience as a Consultant Obstetrician. In 2003, he realized that clamping the umbilical cord quickly after birth severely disrupted neonatal circulation and interfered with transition. He has published and lectured extensively on the subject and co-operating with UK and international colleagues developed equipment and ways of providing neonatal resuscitation at the side of the mother without clamping the cord. He has Co-authored a chapter on neonatal care immediately after birth, co-authored two Cochrane systematic reviews and has organized five international conferences on the subject of mother side neonatal resuscitation.

djrhutchon@hotmail.co.uk**Notes:**