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Biography

Dr David Hutchon, a fellow of the Royal College of Obstetricitians and Gynaecologists, has 30 years experience as a consultant obstetrician in the UK. For the past 15 years he has been researching and teaching about the harm of early cord clamping, organizing conferences on the subject, publishing over 40 papers, speaking at neonatology meetings and ran an international workshop in Edinburgh on motherside neonatal resuscitation with an intact cord. He recently co-authored the chapter on cord clamping in the second edition of Golden Hours, Care of the Very Low Birth Weight Neonate.

How to Provide a Physiological Transition at Birth

Abstract:

The importance of providing a physiological transition at birth is increasing recognised. Heart rate is the essential sign of life. Fetal heart rate monitoring throughout labour monitors the health of the fetus, and this paramenter continues to provide evidence of health immediately after birth. Monitoring by doppler ultrasound has been established over the last 60 years and patterns such as heart rate can be used to determine the health of the fetus. At birth it is recommended that the neonatal heart rate is measured using a stethoscope. This is notoriously inaccurate and undocumented in real time. The contrast to fetal heart rate monitoring is clear, however we demonstrate the fetal doppler ultrasound device can be used very effectively on the neonatal chest immediately after birth, providing an almost continuous record. We have modified a standard fetal doppler device to provide an even simpler hands free transducer which can be transferred from the maternal abdomen for fetal monitoring to the neonatal chest for neonatal heart rate monitoring.