INTRODUCTION

The use of alcohol and other anti-microbials has been shown to delay separation of the umbilical cord. Cord separation is shorter doing nothing more than keeping the cord clean. However the primary objective of cord care is to prevent infection and the use of antimicrobials has not been completely abandoned. The greatest period of risk for umbilical stump colonization is the first 3 days of life. Signs of swelling or redness in the peri-umbilical region extending from the umbilicus requires assessment for omphalitis. Skin-to-skin contact with the mother is encouraged to promote colonization of the umbilicus with non-pathogenic bacteria from the mother’s skin flora.

POLICY

Upon admission, ensure cord clamp has been correctly applied and secure.
A registered nurse removes the cord clamp at about 24 hours and when the exposed end of the cord stump is dry and crisp.
The umbilical stump is to be kept clean and uncovered to promote healing, drying and cord separation. Natural healing is encouraged.
Water or a mild cleanser with a neutral pH. (e.g. cetaphil) may be used if umbilicus is soiled. Chlorhexidine is a favorable choice of antiseptic when developing infection is suspected.
Infant may be tub bathed once cord clamp removed.
No study has investigated umbilical care with an umbilical catheter in place.
Following shedding of the umbilical stump, granulation tissue may persist and lead to bleeding or a persistent lesion. Silver nitrate, over several occasions, may be applied after consulting physician.
Families will be taught principles of cord care before discharge home, including
1. Cleaning cord with water only
2. Wash hands before and after cord care
3. Seeking medical care with any signs of swelling, redness, or drainage in peri-umbilical area. Fever, lethargy and change in feeding behaviour may indicate system infection.

PROCEDURE

Gather equipment
1. Cord clamp remover
2. Water/sterile water/ low alkaline soap/Dexidin 2 solution (2% chlorhexidine gluconate with 4% isopropyl alcohol solution).
3. Sterile q-tips
4. Clean gloves

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<tr>
<th>Procedure</th>
<th>Notes</th>
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<td>1. Collect equipment.</td>
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<td>2. Wash hands.</td>
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<td>3. Glove.</td>
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<td>4. Clean around base of cord using q-tip and clean or sterile water and/or mild cleanser. (i.e. Cetaphil)</td>
<td>Use sterile water for cord care for infants &lt; 32 weeks gestation. Separation of the umbilical stump occurs by inflammation of the junction of the cord and the skin of the abdomen. During the normal process of separation, small amounts of cloudy mucoid</td>
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UMBILICAL CORD CARE

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<td>Material may collect at the junction and may be interpreted as pus and the cord may appear moist, sticky and smelly. After the cord separates, the umbilicus continues to emit small amount of mucoid material until complete healing takes place, usually a few days after separation.</td>
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<td>5. <strong>Clean</strong> with Dexidin 2 solution around base of the cord if developing infection is suspected. <strong>Note</strong>: for infants &lt; 1000 grams, if Dexidin is used to clean the cord, remove the Dexidin residual on the cord using sterile water after cleaning is done.</td>
<td>The greatest period of risk for umbilical stump colonization is the first 3 days of life. Signs of swelling or redness in the periumbilical region extending from the umbilicus require assessment for omphalitis.</td>
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<td>6. <strong>Fold</strong> diaper below level of umbilicus</td>
<td>Exposure to air enhances drying and separation.</td>
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<td>7. Cord clamps should be <strong>soaked</strong> in 70% alcohol.</td>
<td>Must be cleaned before immersing in the solution as organic material can affect the concentration of the disinfectant.</td>
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<td>8. <strong>Discard</strong> used supplies appropriately. Wash hands.</td>
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**DOCUMENTATION**

**Nursing Flowsheet:**
- Tick box to indicate cord care given
- Cord condition, drainage etc.

**REFERENCES**


