Delayed cord clamping

Many problems can arise from premature cutting of the umbilical cord. The umbilical cord is attached to a functioning organ, the placenta. An infant will cry when the cord is cut, because it is still a part of their body. Your baby has been living and thriving for 9 months inside your body with the help of this organ. In order for your baby's other organs to function optimally they will need the extra blood and oxygen that is being provided through the umbilical cord even after birth.

At birth it is still pulsating with oxygen rich blood. This is blood that is intended to go back into your baby's body to help increase their blood volume (up to 50% of their total blood volume), antibodies, iron and oxygen levels. Premature infants whose cord was cut at a later time had less need for transfusions, and less respiratory distress.

Clamping the cord early can cause the placental blood to be pushed back into the mothers blood supply during contractions. If you are Rh- this could cause sensitization problems. Some studies have also shown that there is less risk to the mother of postpartum hemorrhage.

So when should it be cut? There is no set time. Everyone is different, but it should not be clamped or cut until it has fully stopped pulsating. Leaving the cord attached is not going to harm your baby, so why not do it for their sake?

By now you are probably wondering why doctors would cut the cord so early if it is better to leave it. This is a relatively new practice in the western world. With the early cutting of the cord the baby can immediately be removed from the room for their examinations and tests. Letting the doctor shorten the amount of time he is spending on each patient. After all if the baby needs blood or oxygen you are in a hospital equipped with transfusion and resuscitation equipment.

Five Good reasons to delay clamping

1. Leaving the cord to pulse does “no harm” and therefore should be encouraged. If you can think about what Nature intended, our ancestors way back before scissors and clamps were invented must have had to wait to deal with the cord/placenta until the placenta was birthed. They probably chewed it, ground it with rocks, or burned it through with hot sticks from the fire. The little teeth on the clamps indicate that traumatizing of the vessels is necessary to quell bleeding. Some midwives say that if you delay cutting the cord until an hour or so after the birth, there will be no bleeding at all from the stump.

2. Scientists are now discovering that umbilical cord blood is full of valuable T-cells which have cancer fighting properties. A whole industry has sprung up to have this precious blood extracted from the placenta, put in a cooler with dry ice, and taken to a special storage facility to be ready in case the child gets cancer at some time in the future. This is human insanity of the first order. That blood is designed by Nature to go into that child’s body at birth, not 30 yrs later! We need to acknowledge that there are things about the newborn circulation and blood composition that we just don’t know and we need to bet that Mother Nature had things figured out pretty well for us to survive this long. Maybe the supposed need for Vitamin K in the newborn comes out of early cord clamping?

3. Leaving the cord slows down the “fire drill” energy that many birth attendants get into after the baby is born. Leaving off the busyness of midwifery for a half hour allows the mother and baby undisturbed bonding time without a “project “ going on i.e. the cord cutting instructions, explanations, jokes, etc. The father, too , is undisturbed and able to enjoy this “high” time
without focusing on a job at hand.

4. Educator Joseph Chilton Pearce in his book “Magical Child” makes reference to studies that were done on primates who gave birth in captivity and had early cord clamping. Autopsies of the primates showed that early cord clamping produced unusual lesions in the brains of the animals. These same lesions were also found in the brains of human infants when autopsied.

5. For women with an Rh Negative blood type, there is a growing belief that the clamping of a pulsing cord that causes the blood of the baby to transfuse into the blood stream of the mother causing sensitization problems. Robert S Mendelsohn, M.D., in his book “How to Have a Healthy Child... In Spite of Your Doctor” blames the whole Rh neg problem on too quick clamping of the cord. Especially in Rh neg mothers I urge midwives to wait until the placenta is out before thinking about cord clamping.

Source www.withwoman.co.uk