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HOT ISSUE: CUTTING THE CORD TO DELAY OR NOT?
IMMEDIATE OR DELAYED CORD CLAMPING: YOU DECIDE

To wait or not to wait? That is the question, with no clear-cut answer

BY CAMILLA RANKIN

Standard policy in most South African hospitals and birth clinics – government or private – is to clamp and cut your baby’s umbilical cord within two to three seconds of birth. Until recently this routine practice has not been questioned, and no scientific evidence for or against immediate cord clamping (ICC) has been put forward: it was simply the way things were done. Now this practice is polarising the birthing community: are you for or against immediate cord clamping?

WHAT IS CORD CLAMPING?

During pregnancy your baby is attached to the placenta via the umbilical cord. Oxygen, nutrients and passive immunity are passed from the blood circulating through the placenta via the umbilical cord to your baby, and waste is removed in the same way. In most births, as soon as your baby emerges – in both a vaginal or a c-section birth – a clamp that looks like a flat clothes peg will be attached to the cord to stop blood flowing through it. The cord is then cut forming the umbilical stump. The stump eventually dries out and drops off (after about a week to ten days) to form your baby’s belly button. Don’t worry: there are no nerves in the umbilical cord, so cutting it is not at
all painful for either you or your baby. Many women are now requesting that clamping and cutting of the cord be delayed for at least three to five minutes or until the cord has stopped pulsating.

This means that the blood has stopped flowing through the cord, so that all the blood from the placenta is passed into your baby. Although still considered very controversial, the practice of a ‘lotus birth’ is also gaining in notoriety, but the actual practice is still rare. In a lotus birth, the umbilical cord is never clamped or cut. Your baby remains attached to its placenta until the cord dries out naturally and falls off at the site of the belly button. This can take over a week to ten days, and in the meantime the placenta is kept wrapped in an absorbent towel. Sometimes sea salt or essential oils are added to help it dry out, neutralising the smell of decomposition and for their antibacterial properties.

TO WAIT…

In the camp supporting delayed cord clamping is the argument that your baby needs all of its placental blood – that cord blood is baby’s blood. The iron in cord blood goes through to your baby to prevent anaemia or iron deficiency in the first six months of its life – which is a key concern in developing countries where “half of all children become anemic in their first year, putting them at risk of developmental problems”, says researcher Dr Kathryn Dewey, “A two-minute delay in cord clamping can increase the child’s iron reserves, which could help prevent iron deficiency from developing before six months of age”.

Another argument for allowing the cord blood to flow into the baby before clamping is that for nine months the umbilical cord has been your baby’s lifeline providing her with oxygen while her lungs grow and develop. At birth your baby’s lungs need time to kick fully into action and take over oxygen supply. If the cord is cut immediately there is a brief period where oxygen supply to your baby’s brain is halted as it can no longer come from the cord blood, and the lungs are not working efficiently yet, which can be traumatic for your baby. In this instance it is argued that the umbilical cord is your baby’s first line of resuscitation and that your baby is unnecessarily traumatised while its lungs adjust to the outside world. Delaying cord cutting lends itself perfectly to a gentle, woman- and baby-centred birth experience.

…OR NOT TO WAIT?

In the opposing camp, the reasons for clamping the cord immediately are three-fold. Firstly many doctors have not questioned the practice as they have been trained to cut the cord immediately, or find that implementing a delay is difficult. Secondly, those practitioners opposed to delaying clamping believe that the contractions during your third stage of labour (birthing the placenta) push unnecessary blood into your baby’s system, which is harder for your baby to process, increasing the baby’s risk of becoming jaundiced. In most cases, during the third stage of labour,
the mother is given a drug called oxytocin to help contract the uterus and expel the placenta. This too, will push excess blood from the umbilical cord into the baby’s blood stream.

Other doctors state that ICC, in conjunction with the oxytocin injection, reduces the rates of postpartum haemorrhage, and others feel that in the case of a c-section birth, delaying cord-clamping means leaving the wound site open for longer, increasing the risk of infection. In the case of ‘crash’ or emergency c-sections where the baby has acute foetal distress, has a slow heart rate or in a c-section due to placenta abruptio or praevia, then delaying cord clamping is not an option.

The most popular reason women and practitioners give in favour of ICC, goes hand in hand with the advance in the medical use of stem cells in the treatment of various blood-related disorders and cancers. Stem cells are blood cells found only in the umbilical cord. These cells can be saved and stored for about 20 years, and should your child develop one of these dread diseases, your child’s stem cells can be used in new (and developing) life-saving treatments. In order to collect and store these stem cells however, it is recommended that your baby’s cord is clamped and cut immediately so that a practitioner can collect as much of the cord blood as possible. While delaying cord clamping and stem cell storage are not mutually exclusive, delaying cord clamping increases the chance that the sample collected may not have a high enough cell count to be meaningful. Netcells’ (a private stem cell storage company) medical director, Dr Yvonne Holt, explains, “What needs to be considered is the time of delay. You can do delayed cord clamping for up to five minutes and still collect stem cells, but there is the risk that if you wait too long, the placenta will start to detach and start coming out of the uterus and then the blood left in the cord will not flow easily in the cord blood collection bag. If there is not enough blood to process, we contact the parents and tell them. We always check the number of stem cells before storage – if there are not enough cells, we call the parents to discuss. No guarantees can be given – sometimes it is successful and sometimes not. Each case has to be evaluated individually, and parents are always counselled on this.” In opposition to this, the midwives and doctors who support delayed cord clamping agree that the cord blood is full of hugely beneficial stem cells: however they argue that your baby needs those stem cells now, not ‘just-in-case’ and that letting your baby benefit from these stem cells at birth may in fact prevent dreaded diseases from actually developing in childhood and later life.

“It is true that there is a 1 in 20 000 chance that your child will develop one of the rare diseases that with today’s technology, cord blood stem cells can be used to treat, “ says Dr Holt, “however more and more work is being done using cord blood stem cells, like treating hearing loss in babies, and even if the stem cells all went into the baby they are not ‘stored’ in the body for later use. All excess cells will go on to differentiate into blood cells and live out their life cycle, they will not necessarily prevent disease in later life.”

If parents do want to delay cord clamping, but also benefit from storing cord blood stem cells, they have the option to do so, knowing that the blood sample may not be ‘good’ enough for storage. You can also store cord tissue stem cells which are used to regenerate the connective tissues of the body (cartilage, bone, muscle, skin, heart muscle and nerves). “These stem cells are harvested from a piece of cord tissue that is cut off after the birth. There is no effect on delayed clamping and is therefore also an option for parents wanting to do both – bearing in mind that cord blood stem cells and cord tissue stem cells do not treat the same diseases and are not interchangeable”, explains Dr Holt.

**YOUR CHOICE**

The research around cord clamping shows that there are both health and emotional benefits to your baby in delaying cord clamping to allow placental blood to flow. In the same breath, the research also says there are no negative long-term consequences to cutting the cord immediately, so the choice is entirely up to you. YP