



## **Delayed Cord Clamping and Severance**

*“Almost every baby lying in a hospital crib today and receiving phototherapy has been subject to this harsh protocol of immediate cord clamping and cutting. Doesn’t it seem strange that it’s efficacy has never been questioned.”*  
– Wil Hemmerle, an outraged father

*“Anti-vivisectionists have pointed out that there is evidence that the same experiments can be carried out on placentas, which respond to stimulus just as if they are alive, for the first five hours following birth. To me this further establishes the need for us to leave the baby, cord and placenta intact for many hours following birth. If the placenta behaves as a living being for up to five hours following birth, it must indeed still be functioning to assist the baby, just as it did in the womb.”*  
Robin Lim, Midwife

It is very common in Western culture that birth is a rushed, chaotic and often times traumatic experience for mothers, babies and placentas. Although families are starting to regain control of the way they give birth and the process of bringing a life earth side, early cord clamping and cutting is still extremely common. More and more studies are showing that delaying the clamping (sometimes not at all) and cutting of the cord has many benefits for a newborn and continues to offer positive outcome throughout the child’s life.

### **The 3 main benefits of delayed cord clamping and cutting:**

- Lower incidence of jaundice in newborn babies
- Higher iron levels in the newborn.
- Less chance of anemia and clotting issues as the child ages.

“Two hundred seventy-six healthy women with uncomplicated pregnancies were randomized into three groups: cord clamping immediately after birth, at 1 minute and at 3 minutes. Venous hematocrit (to measure anemia) and bilirubin (to measure pathologic jaundice) were drawn at 6 hours and 24-48 hours after birth. Newborn physical exams were performed by clinicians who did not know to which group the infant was assigned. Anemia at 6 hours of age was significantly more common in newborns who were randomized to the immediate cord clamping group. There was also a significant difference at 24-48 hours of age (16.8% of newborns in the immediate clamping group versus 2.2% at 1 minute and 3.3% at 3 minutes). Significantly more infants in the 3-minute group had elevated hematocrit levels (polycythemia) at 6 hours of age. However, none of the polycythemic babies exhibited symptoms or required treatment, and this difference did not persist to 24-48 hours of age. There were no significant differences in bilirubin values, rates of neonatal adverse events, or the infants’ weight gain and rate of exclusive breastfeeding in the first month of life. There were no significant differences in maternal outcomes such as blood loss or maternal hematocrit levels.”



*“Immediate cord clamping is clearly identified as a cause of newborn neurological (brain) injury ranging from neonatal death through cerebral palsy to mental retardation and behavioral disorders. Immediate cord clamping has become increasingly common in obstetrical practice over the past 20 years; today, rates of behavioral disorders (e.g., ADD/ADHD) and developmental disorders (e.g., autism, Asperger’s, etc) continue to climb and are not uncommon in grade school.”*

– George M. Morley, M.B., Ch. B., FACOG

*“It is common practice nowadays for the cord to be doubly clamped while the child is on the mother’s abdomen and the scissors are handed to the parents to complete the job. Most mothers refuse, leaving it to the husband; some mothers recoil in horror, and if the cord is left intact, most mothers will not touch it. If they do, and especially if it is pulsating, the cord is treated as gently and tenderly as is a tiny finger or an ear of the child. New mothers are strongly inhibited from damaging the cord.”*

– Dr. G. M. Morley

*“Delaying clamping the umbilical cord for a slightly longer period of time allows more umbilical cord blood volume to transfer from mother to infant and, with that critical period extended, many good physiological “gifts” are transferred through ‘nature’s first stem cell transplant’ occurring at birth.”*

– Mankind’s first natural stem cell transplant, Journal of Cellular and Molecular Medicine, 2010

What other options do I have?

Delayed cord clamping and cutting, cord burning and lotus birth.

### **Delayed cord clamping and cutting:**

It is recommended to wait at least 3 minutes before clamping a newborns umbilical cord. Instead of using a plastic clamp, umbilical string or tape is preferred. Waiting up to 3 hours has the most effective results for the newborn. The placenta is still functioning for the newborn and even passes on cancer fighting T-Cells through the umbilical cord into the newborn post-birth. Allowing time for the nutrient and stem-cell rich blood to enter the newborns body ensures that the newborn will have the best possible start to a healthy, long life.

### **Cord Burning:**

Cord burning is a very personal, spiritual and gentle way to sever the bond between baby and placenta. In Old China, cord burning is believed to help the Qi that is left in the placenta travel to the new baby. Cord burning also brings the element of fire and warmth into the birth. When the cord burning is taking place baby is often very quiet, alert and happy. The Qi moving into baby gives the baby a sort of natural high and warmth. This is a great time for breastfeeding and is also a good time to talk to your baby about his/her placenta.

### **Supplies Needed for Cord Burning:**

-A piece of cardboard covered in foil. You will need to cut a slit in the middle big enough for the umbilical cord to snugly fit without it being clamped.



- 2 long stemmed candles
- A lighter
- Something to catch the wax from the candles as they burn
- A small roll of gauze

Cord burning requires two sets of hands. The mother should be holding the baby on her belly or chest, skin to skin. Place the piece of foil-covered cardboard 4-6 cms away from baby's belly and around the umbilical cord using the slit that you cut. The foiled side should be facing the placenta. Baby, cord and placenta should remain attached until the cord separates from the baby during the process. Holding both lit candles on a thin section of the umbilical cord, begin rotating the cord making sure all sides of the cord are being burned. Use the end of the flame as it contains the most heat. Hold the cord taught, but do not pull, especially from baby's belly. The cord will crackle and pop as the gases are released from inside. It does not smell. This process can take anywhere from 10-15 minutes depending on the thickness of the cord. Once the cord has separated, wait a few minutes until the baby's end is cool before letting the cord touch baby's skin. Position the remaining cord into a spiral on baby's stomach and wrap with gauze. The gauze should be removed the next morning and the spiraled umbilical left to air dry. Most mothers notice that the remaining cord falls off with 1-2 days.

### **Lotus Birth**

*"In many faiths throughout history, the Trinity is sacred. The ancient mother religions honored the three stages of female life: Maiden, Mother and Crone. The Christian religion blesses the Father, the Son and the Holy Spirit – three divine persons in one divine substance. The ancient Greeks revered the Graces: Aglaia, Thalia, and Euphrosyne, daughters of Zeus, known as the Charities. They were believed to personify and bestow charm, grace, and beauty. \* Hindus worship Brahma the creator, Vishnu the protector and Shiva the destroyer. Their Hindu female counterparts are Lakshmi, Parvati and Kali. Perhaps the Trinity is so deeply ingrained in our consciousness because we humans begin life as a triad being: baby, cord and placenta, the trinity of our sacred roots." - Robin Lim, Midwife*

Lotus birth is growing in popularity in Western mothers. The act of lotus birthing is leaving baby, umbilical and placenta attached for days while the umbilical and placenta dry out, naturally and gently detaching from baby.

Once the placenta is born and has been given proper time to finish its job with baby, the placenta is washed and salt is rubbed into the maternal side of the placenta. Make sure to get salt into all of the cotyledons and lakes. The placenta is then turned back over, fetal side up and placed in a cloth diaper or towel and then in a woven basket. The placenta diaper or towel will need to be changed every few hours as it soaks up the placenta moisture encouraging drying. You can add dried herbs such as cardamom, lavender, chamomile and nutmeg to avoid any smells. The placenta needs to be kept very close to baby and baby needs to be handled very carefully as to not pull on the drying cord. It can take 3-9 days for the separation to be completed. The salt preserves the placenta and it can actually be steamed using Traditional Chinese Medicine, dehydrated and put into capsules.