



By the Society for Maternal-Fetal Medicine (SMFM) with the assistance of Lorelei Thornburg, MD, University of Rochester, Strong Memorial Hospital

What is delayed umbilical cord clamping?

Delayed umbilical cord clamping simply means waiting longer after a baby is delivered to clamp the cord. Immediate clamping is typically performed within 15 seconds of delivery, whereas delayed clamping is performed 25 seconds to 5 minutes after delivery. Delaying clamping allows blood to continue to flow to the infant, thereby increasing the infant's total blood volume.

What are the risks and benefits of delayed umbilical cord clamping in the preterm infant?

Babies born preterm (between 24 weeks' and 37 weeks' gestation) are more likely to have difficulty staying warm, to require immediate care by a pediatrician, to have low blood pressure, and to require a blood transfusion than are babies born full term. Delayed umbilical cord clamping may reduce a preterm baby's need for blood transfusions and risk of bleeding in the brain and of a serious bowel complication called necrotizing enterocolitis. It may also help increase a preterm baby's blood pressure.

However, delayed umbilical cord clamping is also associated with jaundice (yellowing of the skin caused by too much bilirubin in the infant's blood). The immediate benefits of delayed umbilical cord clamping to preterm infants have been documented but the long-term effects are largely unknown.

What are the risks and benefits in the term infant?

Compared to preterm infants, term infants (those born after 37 weeks of gestation) have lower risks of complications. In term infants, delayed umbilical cord clamping is associated with higher red blood cell levels 1–2 days after birth and lower risk of iron deficiency at 3–6 months of age. However, delayed umbilical cord clamping in term infants may increase the risk of jaundice, which may require phototherapy (light treatment). If untreated, severe jaundice can result in complications. Also, there is limited information about the long-term effects of delayed umbilical cord clamping in term infants.

Are there any risks to the mother?

The risks to the mother are not well studied. In theory, delayed umbilical cord clamping could increase the risk of blood loss

to the mother because delivery of the placenta is delayed. This may be especially a concern after a cesarean delivery.

What about 'milking' or 'stripping' the umbilical cord?

These terms refer to the practice of squeezing blood down the cord to the baby. Typically, the delivering provider will "strip" a segment of the umbilical cord toward the baby's abdomen 3–4 times before clamping the cord.

The aim of this procedure is to shorten the time from delivery to clamping the cord. It is not yet clear whether there are benefits to milking or stripping the umbilical cord and further study is necessary.

What do professional societies recommend?

Both the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) support delaying umbilical cord clamping in preterm infants for 30–60 seconds after delivery.

For term infants, ACOG states that there is currently insufficient evidence to routinely recommend delayed umbilical cord clamping.

When should delayed cord clamping be avoided?

Caution regarding delayed cord clamping is sometimes warranted. It has not been studied in pregnancies with multiple gestations, such as twins and triplets. Delayed clamping should not be performed in infants who require immediate evaluation and resuscitation (such as those with breathing problems or low heart rates). It is not recommended in cases of placental abnormalities such as placenta previa (placenta over the cervix), vasa previa (umbilical cord vessels over the cervix), or suspected placental abruption (a tear in the placenta), because of the increased risk of bleeding for the mother and possible need for immediate care of the infant.

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