

Delayed Clamping of the Umbilical Cord at Birth

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Timing of clamping of the umbilical cord has been topic of debate and research since long. There have been many opinions and verdicts of time at which the cord should be clamped after birth. There have been different school of thoughts for this. Some advocate early within 1 minute of birth. Whereas some are of the opinion that early cord clamping can deprive the newborn of about a quarter of blood and precious iron stores. WHO recommends delaying cord clamping i.e. till the pulsations cease or 1-3 minutes after birth. Delayed cord clamping in term neonates increases hemoglobin level and iron stores at birth which are associated with better developmental outcomes later in life. In preterms it provides better circulatory volume better transitional circulation, less chances of NEC and IVH. But there are some serious concerns regarding the practice of delayed cord clamping, especially in those neonates which require resuscitation after birth. However in those neonates umbilical cord milking can be done as an alternative. Delayed cord clamping does not have any deleterious effects on the mother in regard to postpartum blood loss or hemoglobin. However the decision to provide cord clamping in some circumstances should be best taken by the team taking care of the mother and child. A systematic review of delayed cord clamping in neonates between 24-36 weeks (738 infants) have reported hematological benefits of higher hematocrit and decreased blood transfusion, better hemodynamic stability, decreased risk of IVH and necrotizing enterocolitis (NEC) (2). However higher bilirubin levels in those with delayed cord clamping didn't increase the need for phototherapy. It appears that provision of additional placental blood at birth in preterm neonates is associated with higher bilirubin levels, but may not be a matter of concern as it does not translate to increased interventions for hyperbilirubinemia [1,2].

However there is considerable evidence in literature to support the practice of providing additional blood volume to term and preterm neonates who are not in need of resuscitation at birth by delaying cord clamping. In underdeveloped and developing countries where anemia is quiet prevalent, delayed cord clamping could decrease incidence of anemia in early infancy, and also possibly im-

prove survival in preterm infants by decreasing morbidities such as IVH and NEC. There should be serious combined efforts from obstetricians and pediatrician in implementing such simple, easy and cost effective useful strategy in the delivery room settings globally to improve neonatal outcomes.

Bibliography

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