

Informed Consent for Clamping the Umbilical Cord

Immediately after a baby is born, the cord and placenta continue to supply it with food and oxygen; blood from the placenta flows into the child. This “placental transfusion” establishes the lung circulation, essential for normal breathing, and ensures good blood flow to all other vital organs, including the brain. After the child is breathing well, and after a sufficient amount of placental blood has been transferred, the umbilical cord blood vessels clamp themselves – they close naturally.

If the cord is clamped immediately, the oxygen supply is cut off, and a very large amount of the child’s blood may be clamped in the placenta. This may result in the baby being very pale and weak; the lungs and all other vital organs may not function well due to defective blood flow. In extreme cases, multiple organ damage from poor blood flow may occur, including brain damage. The child may become anemic; infant anemia is associated with mental retardation in childhood.

If cord clamping is delayed until the child is breathing and pink, and until all pulsations in the cord have ceased, and especially if clamping is delayed until the placenta has delivered, the child will have received the best possible amount of blood for a healthy life. Infant anemia is prevented; mental retardation is prevented.

Delayed clamping is very important for any child delivered by cesarean section or for any child born “depressed.” Resuscitation requires transfer of a large amount of oxygenated blood from the placenta. Oxygen in the lungs will not revive a child if no blood is flowing through the lungs. The depressed child needs a placental transfusion.

Instructions regarding treatment of the umbilical cord:

After the birth of my baby, the umbilical cord shall not be clamped or cut until the baby is breathing and pink, and until all pulsation in the cord has ceased, and until the placenta has delivered.

Signed: _____ parent(s)

Signed: _____ MD. _____ RN

Explanation and Guidelines for the Physician

There are two (rare) indications for immediate cord clamping (**ICC**):

1. When a short cord ruptures spontaneously and bleeds during birth.
2. When a c-section for anterior placenta previa involves incising or damaging the placenta.

In these cases, cord blood should be stripped into the child, and the placenta should be preserved; any blood left in it may be used for auto transfusion.

Physicians should be familiar with management of a nuchal cord using the “somersault maneuver.” Never clamp a nuchal cord. See “The Cerebral Palsy Baby” (CP) at www.autism-end-it-now.org

The newborn should always be positioned at or below the placental level, even at c-section, if the cord is long enough to permit this.

Maternal blood loss is decreased and placental transfusion is hastened with use of intravenous oxytocin during the third stage.

Neonatal depression

If a child is born very depressed, (limp, pallid and unresponsive) with a pulsating cord, the placenta is the only organ sustaining life; it should not be amputated. There should be no hurry to ventilate. The child is in a state of generalized vasoconstriction; it may take a few minutes of placental transfusion to reverse this, to establish pulmonary circulation and to restore breathing reflexes. Lower the child well below the placenta.

If the heart rate stays above 100 bpm for a minute or two, a cold sponge placed on the back or chest momentarily will usually start respiration; if this does not, bag-mask the child. A cord pulse rate >100 bpm indicates an adequately oxygenated child. Even with a very depressed child at birth, resuscitation using placental oxygenation and placental transfusion will usually result in a five-minute Apgar of nine or ten. If the heart rate is below 100 bpm, “milk” cord blood into the child.

Standard of Care: Standard care (ICC with instant resuscitation and ventilation) has not reduced the incidence of CP or litigation. Ischemia is visualized on MRI in the CP child. ICC is a proven cause of infant anemia, and the ICC epidemic of **standard care** coincides with the current autism epidemic. Physician, heal thyself!

Physiology has never been shown to harm a child. The physiology of natural resuscitation is discussed at the web site www.cordclamp.com