

AAP backs delayed umbilical cord cutting for term, preterm infants

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Umbilical cord clamping should be delayed in term and preterm infants due to several health benefits, according to AAP-endorsed guidance from the American College of Obstetricians and Gynecologists (ACOG).

Released today, *Delayed Umbilical Cord Clamping After Birth* is an update to a 2012 ACOG committee opinion.

The new guidance, which will be published in *Obstetrics and Gynecology* in January, “recommends a delay in umbilical cord clamping in vigorous term and preterm infants for at least 30-60 seconds after birth.” It cites several benefits to term and preterm infants, and the position concurs with recommendations from several organizations.

The Academy previously supported the ACOG recommendation to delay clamping for preterm infants. In 2015, the Neonatal Resuscitation Program issued guidelines recommending delayed cord clamping for at least 30-60 seconds for most babies born at term or preterm (<http://bit.ly/2h3Tji1>). The World Health Organization recommends that the umbilical cord not be clamped earlier than one minute after birth for term and preterm infants.

“While there are various recommendations regarding optimal timing for delayed umbilical cord clamping, there has been increased evidence that shows that the practice in and of itself has clear health benefits for both preterm and term infants,” Maria A. Mascola, M.D., lead author of the committee opinion and ACOG liaison to the AAP Committee on Fetus and Newborn, said in a news release. “And, in most cases, this does not interfere with early care, including drying and stimulating for the first breath and immediate skin-to-skin contact.”

According to the new committee opinion:

- Delayed clamping in term infants increases hemoglobin levels at birth and improves iron stores for several months after birth, which may favorably affect infant development.
- For preterm infants, delayed clamping may improve transitional circulation and help increase red blood cell volume. It also reduces the need for blood transfusions and the incidence of necrotizing enterocolitis and intraventricular hemorrhage.
- Delayed cord clamping could lead to a slight increase in cases of jaundice that would require phototherapy in term infants. ACOG urges the adoption of mechanisms to monitor and treat neonatal jaundice.

Delayed clamping does not put mothers at greater risk of postpartum hemorrhage, the committee noted. However, immediate clamping is necessary in cases of maternal hemorrhage or hemodynamic instability,

abnormal placentation or if there is a need for immediate resuscitation of the infant or if infant placental circulation is not intact.

More research is needed on the benefits of umbilical cord milking, according to the committee opinion. This practice of rapidly transferring umbilical cord blood to the infant is used when a delay in umbilical cord clamping after birth is not possible.

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