Infants have a right to all the blood they’re born with. Why are doctors keeping it from them?

Are we allowing our health providers to rob our babies of their full potential of health, intelligence, immunity and longevity? At the time of birth, up to one-third of a baby’s blood supply is traveling from the placenta via the umbilical cord to the baby. Calling this blood “cord blood” is doublespeak, intentionally ambiguous language meant to fool parents into not realizing that the blood in the umbilical cord is truly the baby’s blood.

New Blood

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No parent would knowingly sign a waiver giving away any amount of their baby’s blood, let alone one-third of it. Yet, thousands of times, every day and night, parents are deluded into giving away part of their baby’s precious blood supply! The majority of parents in the world are not even asked if their baby’s umbilical cord may be immediately severed. Other times, the idea is presented in fine print as part of a long informed-consent form given to a laboring mother when she arrives at the hospital.

I am quite sure that if I removed one-third of an adult patient’s blood without his or her consent, it would be considered a crime. There would be media outcry against me, and I would be prosecuted. How is it, then, that people tolerate the same unfair treatment of human neonates?

A mountain of research points to the fact that by simply delaying the clamping and cutting of babies’ umbilical cords, our newborn children would suffer less trauma, fewer inner cranial hemorrhages, and have higher stores of iron at 4 months of age (and even up to 6 and 8 months). The nutrients, oxygen and stem cells present in the blood transfused into babies by the placenta when cord severance is delayed ensures the bodies’ tissues and organs are properly vitalized, supplied with energy, and nourished. This translates into improved health, heightened immunity, increased intelligence and potential longevity.

In addition, by not severing the umbilical cord at birth, the baby must stay skin-to-skin with her mother. This eliminates or greatly reduces the potential for birth trauma. Research has proven that babies born without trauma enjoy an intact capacity to love and trust.

The simple, natural, common-sense practice of giving the placenta time to deliver the baby’s full blood supply has been criticized and not implemented by the very doctors and hospitals who have taken an oath to do no harm.

By definition, an intervention is an action that intervenes or interferes; therefore, the clamping and cutting of human babies’ umbilical cords is an intervention. Surgery is an intervention, in some cases a life-saving one. Yet in medical literature, I have repeatedly seen the delay of umbilical cord severance called an “intervention.”
Expedience Over Wellness

The practice of immediately clamping and cutting babies’ umbilical cords has not been with us so long—a little more than 200 years—and yet it is considered “normal” and “necessary.”

Immediate umbilical cord clamping and cutting began being customary in the 1960s when an unproved hypothesis that immediate cord severance would prevent jaundice arose among physicians. If this were true, why do so many babies who have had their cords immediately clamped and cut need phototherapy for pathological jaundice? Research has proven that there is no greater risk of pathological jaundice for newborns whose cord clamping and cutting was delayed.

Another theory was that early cord clamping would prevent polycythemia, or too much hemoglobin. Some research does show an increased concentration of hemoglobin in the delayed-cord-clamping group, but it has not harmed babies, nor is it a significant argument for immediate cord severance.

When immediate umbilical cord clamping and cutting was introduced, it was never questioned. No research was conducted to determine if it was a safe practice. It was just done for convenience. Doctors, nurses and midwives began to follow the trend, like sheep wearing blinders. Later, they justified it with myths about delayed cord severance causing jaundice. Few considered babies’ human rights, or asked if the practice and protocol of immediate umbilical severance was harming children, sabotaging breastfeeding and bonding, or impairing children’s birthright to their full potential of health and intelligence. Now many people are asking these very questions.

The research proves that immediate or early umbilical cord severance is detrimental to our newborn children, but no one seems alarmed. Are we hypnotized?

Thinking, caring parents and grandparents have concluded that OBGYNs and midwives who insist on immediately severing the umbilical cords of newborn babies, are simply protecting their right to practice with impatience, and what they deem “efficiency,” with no regard for the rights of the baby, who cannot protest.
In 1995 the American Academy of Obstetricians and Gynecologists (ACOG) released Educational Bulletin #216, which recommended immediate cord clamping in order to obtain cord blood for blood-gas studies in case of a future lawsuit. They did this because deviations in blood-gas values at birth can reflect the presence or lack of asphyxia. Lack of asphyxia at birth is viewed as proof in a court of law that a baby was healthy at birth.

After receiving an unpublished letter from Dr. George M. Morley, ACOG withdrew bulletin #216 in the February 2002 issue of its journal, Obstetrics and Gynecology. This action released them of the liability that resulted from it. But if ACOG has withdrawn its erroneous instruction to doctors to immediately clamp and cut babies’ umbilical cords, why does the practice continue?

Midwives and doctors who propose to preserve the healthy process of placental transfusion at birth by delaying umbilical cord clamping and cutting are criticized and charged with proving that letting nature take its course is safe.

“Another thing very injurious to the child, is the tying and cutting of the navel string too soon; which should always be left till the child has not only repeatedly breathed but till all pulsation in the cord ceases. As otherwise the child is much weaker than it ought to be, a portion of the blood being left in the placenta, which ought to have been in the child.” —Erasmus Darwin, Zoonomia, 1801

Lotus Births

At the health, education and childbirth centers in Indonesia and the Philippines I operate through the nonprofit Bumi Sehat Foundation, we have received nearly 7,000 babies safely into the world in high-risk, low-resource settings. All of these babies enjoyed delayed umbilical cord clamping and cutting. Normally we wait three hours before doing anything with the cords, and many parents choose cord non-severance, or “full lotus birth.” Full lotus birth is simply allowing the umbilical cord and placenta to stay intact, until the cord naturally dries and falls away, with no violence. (Both of my grandsons had a full lotus birth.) Normal lotus birth happens anytime we see trinity of the baby, cord and placenta. This means we do not clamp or cut babies’ umbilical cords before the placenta has been safely born. Certainly we would never clamp and cut a baby’s cord until all pulsation had stopped.
At Bumi Sehat we have experienced no ill effects for the babies, despite this practice. A study was done which compared a small sample of 30 babies from Bumi Sehat (greatly delayed cord severance) and 30 babies from a local hospital with immediate cord severance. The Bumi Sehat group suffered no increased rate of jaundice, and those babies enjoyed higher hemoglobin levels.

Our mothers and babies enjoy a breastfeeding rate of 100 percent upon discharge from our three childbirth centers in Indonesia and the Philippines. We attribute our mothers’ breastfeeding success to the bright, enthusiastic way in which babies born at our birth centers bond, wide-eyed, and go directly to the breast to self-attach and feed. Delayed umbilical cord clamping and cutting makes it possible for babies to be bright and energetic. Babies subjected to immediate cord severance suffer from newborn anemia, and all their bonding and breastfeeding activities are impaired.

Babies compromised by newborn anemia are withered in comparison to other babies, and have more difficulty finding the energy required to self-attach and robustly feed at their mothers’ breasts. After all, babies who suffer cord severance only seconds after birth have been denied up to one-third of their natural blood supply and stem cells—of course they have trouble breastfeeding. Severe anemia makes any and all newborn activities nearly impossible: gazing, crawling toward the breast, nuzzling, staying awake, latching and suckling. I sing praises to the determined mothers who manage to bond and breastfeed their infants in spite of immediate cord severance. Humans are super-resilient, but that is no excuse to abuse them at birth.

No other mammal except humans routinely interferes with bonding and breastfeeding by quickly severing the umbilical cords of their offspring. And yet no matter who you are—rich or poor, old or young, educated or not, of any race or religion—if you go to a medical institution for childbirth, your baby will be robbed of up to one-third of his or her natural blood supply.

Why? Stem cells are valuable. Blood is valuable. Hospitals sell babies’ blood for transfusions and for research. Many parents are asked to donate their babies’ cord blood to science or to help others. Is this blood not meant to help the baby it belongs to? If adults may only donate up to 10 percent of their blood, why are doctors taking up to 33 percent of our babies’ blood, without their consent? Some hospitals and clinics impede the natural transfer of blood from placenta to baby, only to throw it away as medical waste. Umbilical cords are marketed for transplants. Placentas have been sold to cosmetic companies to be used in beauty supplies.
Just say, “No, I will not allow anyone to abuse my newborn by immediately clamping and cutting my baby’s umbilical cord!”

Immediate or early clamping and cutting of babies’ umbilical cords is the most widespread medically sanctioned human rights issue on earth. If you were born in a hospital or clinic, it happened to you. If you plan to have your birth in a medical institution, it will happen to your baby…unless you stop it.

**Infant Blood Volume: The Figures**

According to the Red Cross, children under the age of 17 (16 with parental consent in some states) are not eligible to donate blood. Blood donations are generally no more than 1 pint, which is one-tenth of the average adult blood volume. Blood donors must weigh at least 110 pounds (a little under 50 kg) to donate.

Yet, all over the world, in nearly every single medical institution where babies are born, newborn infants (usually weighing only between 2 and 5 kilograms) are being denied up to a third of their blood volume.

At the moment of birth, newborn infants are estimated to have a blood volume of 78 ml/kg (which, multiplied by an average newborn weight of 3.5 kg, totals 273 ml) with a venous hematocrit of 48 percent.

When the umbilical cord-clamping was delayed for 5 minutes, the blood volume increased by 61 percent to 126 ml/kg (averaging 441 ml). This placental transfusion amounted to 168 ml for an average 3.5-kg infant, one-quarter of which occurred in the first 15 seconds, and one-half within 60 seconds of birth.

Is taking one-third of a mammal’s blood supply harmful? How, then, can it be legal for hospital protocols and practices to harm newborns by robbing them at birth of so much of their blood? I have reviewed the research, and found absolutely no benefits for newborn babies when their umbilical cords are immediately clamped and cut at the time of birth. In fact, studies prove this to be a harmful practice.