WHO recommendation on delayed umbilical cord clamping

17 February 2018

Recommendation

Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved maternal and infant health and nutrition outcomes.

(Recommended)

Publication history

First published: September 2014

Updated: No update planned

Assessed as up-to-date: September 2014

Remarks

- These recommendations have been integrated from the WHO Guideline: delayed cord clamping for improved maternal and infant health and nutrition outcomes, in which the GDG for that guideline determined them to be strong recommendations based on moderate-quality evidence.
- Delayed cord clamping should be performed during the provision of essential newborn care.
- Some health care professionals working in areas of high HIV prevalence have expressed concern regarding delayed cord clamping as part of management of the third stage of labour. These professionals are concerned that during placental separation, a partially detached placenta could be exposed to maternal blood and this could lead to a micro-transfusion of maternal blood to the baby. It has been demonstrated that the potential for mother-to-child transmission of HIV can take place at three different points in time: micro-transfusions of maternal blood to the fetus during pregnancy (intrauterine HIV transmission), exposure to maternal blood and vaginal secretions when the fetus passes through the birth canal in vaginal deliveries (intrapartum transmission), and during breastfeeding (postnatal infection). For this reason, the main intervention to reduce the maternal-to-child transmission is the reduction of maternal viral load through the use of antiretroviral drugs during pregnancy, childbirth and postnatal period. There is no evidence that delaying cord clamping increases the possibility of HIV transmission from the mother to the newborn. Maternal blood percolates through the placental intervillous space throughout pregnancy with a relatively low risk of maternal–fetal transmission before delivery. It is highly unlikely that separation of the placenta increases exposure to maternal blood, and it is highly unlikely that it disrupts the fetal placental
circulation (i.e. it is unlikely that during placental separation the newborn circulation is exposed to maternal blood). Thus, the proven benefits of a 1–3 minute delay, at least, in clamping the cord outweigh the theoretical, and unproven, harms. Late cord clamping is recommended even among women living with HIV or women with unknown HIV status.

- The evidence supporting this recommendation can be found in the source guideline document, available at:

  [http://apps.who.int/iris/bitstream/10665/148793/1/9789241508209_eng.pdf](http://apps.who.int/iris/bitstream/10665/148793/1/9789241508209_eng.pdf)

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