

ACOG: Delaying cord clamping advised for preterm infants

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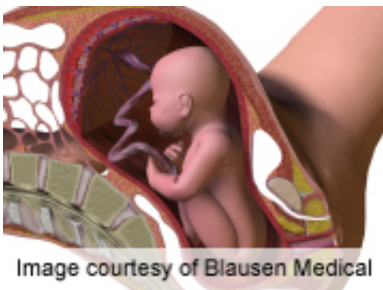


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(HealthDay)—Evidence supports the benefits of delayed umbilical cord clamping for preterm infants, while for term infants, the evidence is unclear, according to a Committee Opinion published in the December issue of *Obstetrics & Gynecology*.

Tonse Raju, M.D., and researchers from the American College of Obstetricians and Gynecologists, with the assistance of the American Academy of Pediatrics, reviewed the evidence to examine the ideal timing for [umbilical cord](#) clamping.

The authors note that several systematic reviews suggest that delaying clamping by 30 to 60 seconds, with the infant maintained at or below the

level of the placenta, has neonatal benefits, including increased blood volume, decreased requirement for blood transfusions, lower incidence of intracranial hemorrhage in preterm infants, and reduced frequency of iron deficiency and anemia among term infants. For preterm infants, the evidence supports delayed umbilical clamping when feasible, with the most significant clinical benefit being a nearly 50 percent reduction in intraventricular hemorrhage. For term infants, current evidence is insufficient to confirm or reject the potential benefits of delayed clamping.

"Currently, insufficient evidence exists to support or to refute the benefits from delayed umbilical cord clamping for term infants that are born in settings with rich resources," the authors write. "However, evidence supports delayed umbilical cord clamping in [preterm infants](#)."

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