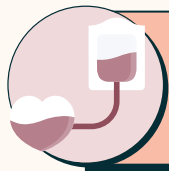


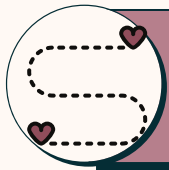
# Delayed Cord Clamping Evidence-Based Facts



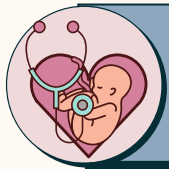
In late pregnancy, over **450 ml (15 ounces)** of blood passes through the placenta per minute.<sup>1</sup>



At birth, a typical umbilical cord holds **60–80 ml (2–2.7 ounces)** of blood.<sup>2,3</sup>



The goal of Delayed Cord Clamping is for some of the cord blood to transfuse into the newborn.<sup>4–6</sup>



If all the blood in the umbilical cord entered the baby, it would add **20%** to the baby's blood supply.<sup>2</sup>



Delayed Cord Clamping is not possible for all births and does not ensure the infant will receive extra blood.<sup>2,3,6</sup>



Full term babies benefit from Delayed Cord Clamping with higher iron levels for up to **6 months**.<sup>5</sup>



Premature babies benefit from Delayed Cord Clamping with reduced complications from prematurity.<sup>5,6</sup>



Delayed Cord Clamping has become the standard of care, but no one agrees how long to delay.<sup>4,5</sup>

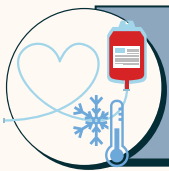
**Midwives**  
**2–5 Minutes**

**vs.**

**Obstetricians**  
**30–60 Seconds**



There is a trade-off between Delayed Cord Clamping and collecting umbilical cord blood.<sup>7,8</sup>



Preserving umbilical cord blood can give lifelong access to stem cells for future medical use.<sup>9</sup>

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