(introductory music)

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**MARGO:** Hello. This is Margo from Indie Birth. And today I am going to be trying my hand at creating a podcast for you all. Maryn has had her wildly successful *Taking Back Birth* series. And I have been sort of dragging my feet over the last year or two saying that I'd like to try my hand at it. And I think I've finally gotten brave enough to give it a whirl. And I've seen just how wonderful of a resource it's been for the Indie Birth community, and so I'm hoping that I can sort of bring my own flavor and come up with something that's useful for you all. And it's so new. This is my first time, like I said, that I haven't even come up with a name for my podcast series yet. Maybe you all can help me come up with one.

But I thought for the first one I would talk about this interesting phenomenon, this interesting topic, of cutting the cord or cutting the umbilical cord to be more specific. And I'm going to come at it from a few different angles. I'm going to try and keep it pretty brief but also throw in some information and quotes that maybe you haven't heard before. I'm going to talk about the way our culture treats cutting the cord, how to cut the cord, a little bit about when to cut it. That's not going to be the main focus. Maybe for another time. And who can do it since there is a lot of focus on that especially when people are planning unassisted birth.

So most people know that the cord is cut after birth. Out there in the world in general society. But they don't know much of anything about why or how, so I think that's always really fun to ask someone when the topic comes up about who is going to cut the cord. That's one of the main questions that I got from people when I talked to them about autonomous birth and undisturbed birth and unassisted birth or even midwife assisted birth. They're very curious about who cuts the cord and how do you do that. And there's this sort of belief or underlying feeling that it's this really technical, really difficult thing. And they don't really know much beyond that other than it's sort of typical that it's a job that's offered to the dad, and that's sort of a recent thing culturally. Here in the U.S.

So that's just a little intro. And I hope you find some of this interesting. I think that this podcast will be interesting for people who have heard and read about this before. But it also, hopefully, will be a good resource for people who are answering this question for family and friends who might be concerned or confused about what this process looks like especially during a home birth or an unassisted birth. All right. So I think the other

piece of this that's important or why I felt this was important is that this lack of knowledge about what the cord is—most people don't even know what the placenta is or what it does. So it's not surprising that they don't know what the cord—what the function really is or why we would cut it. But this lack of knowledge translates into a larger tendency to trust whatever an OB or midwife says at the time of birth. So in the spirit of Indie Birth, we're hoping to educate and empower people to make their own decisions. Knowing this information, even though some of it seems pretty basic, I think makes for a much more empowered and educated first hour of life with your new baby. And I think people—knowledge helps eliminate some of this fear and helps give people courage when maybe they're in a situation where they're disagreeing with the handling of this very special and sacred part of the birth process.

So let's talk about the cord itself. The umbilical cord. And I'll put a few links up at least on the page where we'll have the link to this podcast on the Indie Birth site. So you can see maybe some videos that help explain the anatomy more in depth than I'm about to. But the cord itself has three vessels. And it comes from the placenta. It inserts into the placenta, and the other end, of course, inserts into the baby. So there's three vessels, again. Two arteries and a vein. And it's sort of backwards from the adult body. The vein is what brings the baby oxygen and nutrients from the mom's system where it's been connected with the mom's supply. Not directly. The blood never actually mixes. But again, maybe that's for another podcast. Talking about how the placenta actually works.

But—so the vein is what brings baby oxygen and nutrients, and the arteries—there's two of them—bring the blood back to the placenta after it's been all the way circulated through the baby's body. So, again, that's opposite sort of how our bodies function starting immediately after birth which is pretty amazing. The vein has some valves in it that help sort of get the blood where it needs to go. And it's sort of a looser, larger blood vessel. So that's what's bringing the baby the oxygen again. And the arteries, which are smaller, are bringing the blood back to the placenta, and there is two of them.

So all of this is surrounded by what's called Wharton's Jelly, which is this really cool substance that protects those very important vessels that are the baby's life sustaining measure before they are born. And the Wharton's Jelly is really—it's not a very technical word—but sproingy, for lack of a better term. It's very dense and is able to sort of stretch and withstand some pressure without letting that pressure then apply to the vessels. And then another mechanism that's protective is that the cord is coiled. So, again, it can stretch, and it can just sort of withstand the rigors of labor more easily. Also the cord itself because of the Wharton's Jelly and the way that it's all constructed, it floats in the amniotic fluid. So that's a protective measure against the cord being down near the baby's head where it might be more able to be compressed during the birth

and protects against cord prolapsed when the waters do open at some point in labor, if they do.

And, again obviously, attaches to the baby's navel and inserts into the placenta on the other side where it branches out into all those smaller capillaries. Like I said, I'm going to give you a link to a really great video on the anatomy and physiology, if you're really into that. But that's sort of the basic information about the umbilical cord. And—oh, I didn't even think of that. But I will also post a video. We have one where I am showing and talking about one of Maryn's baby's placentas. And it's a pretty good visual that's with a real, live placenta which may be a helpful visual.

Cords can be long. Cords can be short. But the incidence of extremely short cords is pretty rare. I don't have the numbers right here in front of me at the moment, but it's pretty rare. And even when the cord is short, the baby is almost always able to be born at least to their belly button. And then they can sort of somersault the rest of the way. So even a short cord, the fundus, the top of the uterus, comes down as the baby is being born. So everything kind of lowers together. It's not a fixed system. Fixed set of organs. There is movement all around.

So on to talking about the history of cord cutting. All cultures really have agreed that there should be no cutting of the cord until the cord is done pulsing. Some cultures believe that the cord breathed for the baby which really is pretty true in a lot of ways. And they felt that that pulsing was breath, which we know, of course, is an actual pulse of a circulatory system. And that wisdom started to be lost as birth moved into the hospitals and became more medicalized. But, again, it was agreed that that was the best course of action among all cultures pre modern times. I guess another thing to mention is just that other mammals do not do what we do. They do not cut the cord immediately after birth. And there's different ways that that looks that I won't get into. But maybe I'll mention it in a little bit here when we talk about lotus birth.

So I wanted to share with you a piece of super interesting history that is from Gail Hart's book, *Research Updates for Midwives*. Again, I'm not going to spend the whole time talking about when to cut the cord and delayed cord clamping. I feel like there's a lot of information out there already about that topic. Not that I don't think maybe we'll do something of our own on it at some point. But I just sort of wanted to focus more in general on the cord today and how we treat it. But, again, this is a super interesting bit of history, and something that I hadn't really heard people talk about previously. So here it goes. It's a little bit long, so bear with me.

Doctors had begun to use gas anesthesia for childbirth and were just learning about the maternal side effects primarily hemorrhage and liver damage. But the primary fetal side effect was very noticeable. The babies didn't want to breathe after birth. They would be

born with a good heartbeat but little breathing reflex. They needed to be manually drained or suctioned of mucous and then roughly stimulated to take those first breaths and even a subsequent breaths. The birth routine of that time consisted of holding the baby by his heels and spanking him to stimulate gasping. The baby needed to be slapped awake and kept crying, or he would simply stop breathing. The baby's respiratory reflexes were anesthetized by his mother's medication, and it could take many minutes before the effects cleared from his immature system.

There's a little bit more. Let's see. But the cure for this side effect was clear and simple. Separate the baby from the maternal blood system as soon as possible to reduce the amount of anesthesia that he received through the umbilical cord and thus began the birth routine of clamping and cutting the umbilical cord immediately upon delivery. Isn't that so interesting? Again, I've learned a lot in my training and years of studying about why we need to move back towards delayed cord clamping but really hadn't heard where this strange practice originated from. So there you have it. And then, of course—and Gail goes on to talk about this more in her book, which is really wonderful and a resource we definitely suggest people invest in. She goes on to talk about how as we stopped using general anesthesia and started using local anesthesia this wasn't necessarily a problem anymore. The babies not wanting to breathe. But since this tradition, which is what it is, was already in place—or this routine was already in place it wasn't questioned. No one thought, "Oh, maybe we should go back to not cutting the cord right away," even though that was common knowledge and common practice even in the early years of medicalized birth and birth going into the hospitals. It wasn't until, again, this general anesthesia came into play.

And so they were doing what they thought was a good thing at the time. And the problem is that it was so entrenched that going forward people have now not seen it done any other way. OBs haven't seen it done really any other way. So even though there is really, really clear and compelling evidence that delayed cord clamping is the way to go, people are still—people in hospitals, doctors in hospitals, healthcare professionals in those settings, and even nurse midwives and others in some places are having a hard time with the notion that perhaps we should leave the cord alone for a long time. At least until the placenta has stopped—until the cord has stopped pulsing back and forth between the baby and placenta.

So let's talk about what it does look like right now. So currently, most hospital births—in most hospital births, the cord is clamped immediately. And by immediately, we mean that the cord is typically clamped between 15 and 20 seconds after the birth with the infant maintained at or below the level of the placenta. That's a quote from another source I'll include for you to check out on your own. So that's really soon after the birth. They probably would do it even faster if they didn't also do routine suctioning, routine drying of the baby, that sort of thing. So the problem with that, of course, is that it shuts

down the circulation immediately. Like amputating an organ. The cord, of course, doesn't have sensation, but there's up to a third of the baby's blood volume left in the placenta at the moment of birth. So by clamping it, you're depleting and depriving the baby of a serious volume of their own blood that in nature—the way we've been designed or evolved to be is to have that full transfer of blood at the time of birth. We were not meant to have that amount of blood sort of kept from us. And, again, I'm not going to go into all the details there. There's a lot of really fantastic information out there about why that's so important for the transition to life as a neonate.

But I wanted to mention it. And so something that we have heard from women and their partners is that some hospitals are starting to get tricky. So they're saying, "Oh, sure. We can delay the cord cutting. That's fine." But then when the moment comes, the baby is born. They get the clamp out immediately and go to clamp the cord. So they're saying that they aren't going to cut it, but then they clamp it instead. So if you're someone who is planning a birth where someone else is going to be in charge of clamping and cutting the cord and you have a specific way that you want that to look, that's just a warning that you need to be very specific that you do not want the cord clamped immediately either. So that's a pretty jerky thing that they've been doing that we've heard more than a few times.

So, again, there's immediate clamping, which is that 15 to 20 second range. And then there's delayed clamping, which in a lot of studies that they've done is defined as being between 30 and 60 seconds after birth which I think is just crazy. 30 to 60 seconds is not delayed. In our experience and the women that we work with near and far, most women when left to their own devices do not want or even think about clamping and cutting the cord for about an hour. Some much more. And we'll get to that in a little bit. But 30 to 60 seconds I think is a joke. But even that small amount of extra time is enough for them to find a definite benefit to delayed clamping and clamping between 30 and 60 seconds after birth as opposed to 15 to 20 seconds after birth.

So besides the physical issues there, I also think there is something energetically wrong about cutting the cord when the placenta is still attached as well. So the practice of immediate cutting—and I'm not the first person to say this—is a way, I think, for our culture to separate the mother and baby by literally cutting the cord before they are even physiologically supposed to be separate yet. We are, as a culture, very uncomfortable with this idea of two separate people inhabiting one body. And we're uncomfortable then after the birth with the bond that a mom and baby have and the extreme dependence and sort of mammalian nature of especially that first year with exclusive breastfeeding and cosleeping and that extreme dependence. And we're very much about—I'm not saying we here at Indie Birth. But we as a culture, again, are very much about establishing a baby's independence right off the bat and getting them to sleep on their own and really not supporting breastfeeding. And even if we do support

breastfeeding a little bit, then still also encouraging pumping so that the mom can leave the baby with other people which I'm not saying there's anything wrong with that. It's just an overwhelming sort of piece of American mothering culture and the way that we believe that parenting should look.

So I think this is sort of—it's certainly not the first example of this. There are many more examples of this during pregnancy as well. But after birth, this is really one of the first ways that we are sort of—have this belief imposed upon us that the baby is separate from the mother, and it makes everyone—it makes people feel much more comfortable for things to be separate and clear and neat and—even though there's sort of a return to, and rightfully so, the promotion of skin to skin and the baby being on the mom. I think there's still—you can see so much evidence of people being more comfortable with the separateness. And I think also there is an element of establishing power with the doctor as well. They're, a lot of times, cutting the cord. Or if the dad is cutting the cord—and we'll talk about that more—they're telling them when they're allowed to. And it's sort of this first symbolic and energetic separation, and the doctor is the one who is in charge. And I think there's just something really interesting and not totally life affirming to me or not affirming of the sort of culture I want to help be creating.

So I also think this brings up interesting questions about gender and fatherhood as well. So as we talked about cutting the cord immediately was something that came about when birth was really sort of first being highly medicalized, and, obviously, the doctors were the one doing it. Dads weren't even allowed in the room. That wasn't until much later. And when fathers started being allowed in the birth room, this was sort of the bone they were thrown. Like, "Oh, here you are. Let's have you participate. Here's something you can do." I'm not totally sure where that cultural tradition came about, but I think most people have heard about it. And that's a trope in our culture. Like dads get to cut the cord, if they want to. And, again, I just think it brings up some really interesting questions. And I think some men certainly like being involved in that way. And then others feel really, as I do, that this isn't the first thing they want to do as a dad. Again, this physically separating the baby from the mother. They don't feel that it's their place.

I'm all for it if a dad really wants to do it, and a mom really wants to do it and feels like that's a cool for them to be involved in that early time. But just as long as they're reflecting critically about what that is and why. It might not matter so much on an individual level, but I think it—again, it just brings up really interesting questions. I have a background in women's and gender studies, which is what I studied for my Bachelor's degree. And I would be curious, and I'm sure there's been some scholarly stuff written about that. Maybe I'll try and round some up to include on our list of resources too.

So that was long winded. Let's see. Thanks for hanging in there as I navigate this first podcast of mine. The last things I want to talk about are when and how we do cut the cord and who can cut the cord or who typically does in the families that we are privileged to work with. So how do we cut the cord? Well, we already talked about when. So we can skip that. But the how, there are a lot of different options. And I think this is where people get very funny about it like, "Oh, how do I do that?" It seems very scary, which, I think, probably is good in some ways because if people were left to their own devices hundreds of years ago and thousands and thousands of years ago I think that it would be a healthy fear. And I think probably a fear that's built into us that you don't cut the cord until long after the time of birth. It would not make sense for us to stand up from giving birth, cut the cord 60 seconds later, and have the placenta still inside of us. I mean it just doesn't make any sense at all.

So the most common way to cut the—clamp and cut the cord is to clamp on the baby's side, and there's different ways to do that. There's plastic clamps. There's reusable metal clamps. Both of them are very easy to find and order yourself, if you were going to be having an unassisted birth. And there's also some people who use dental floss. There are banders, cord banders. These interesting little devices that essentially put a rubber band around the cord. They're pretty neat. They're more expensive. Some people use embroidery floss. Some people just use a hemostat. That's one of my personal favorite ways to clamp the cord since it's so easy to take off. And I also like the reusable metal clamps. So anyways, that's one piece of the procedure, if you will.

And then the other piece is the how. So you can clamp just on the baby's side, and people have preferences as far—as to how far away from the navel you want to do that. But after it's been cut and as it dries up, it shrinks. So you don't want it to be too, too small that it gets kind of lost inside the baby's navel. And you don't want it super long just because that's not fun to deal with. I like to do two inches away from the baby's navel. Again, there's different theories and preferences out there. Some people like it closer, and some people like it farther. But that's about where I like to do it. And then you would cut the cord on the placental side. So if you're looking at it—let's see how we could describe it. So there's baby. The baby's navel. And then there's a section of cord and then your clamp. And then you cut on the other side of the clamp. That way if there is any flow still happening the blood is not going to come out of the baby once the cord is cut because there is a clamp there that's sealing those vessels off.

Some people also clamp on the baby's side. An inch or two away from the baby. And then clamp again a little—a ways farther down the cord and then cut in between. There's not really a reason to do it one way or the other necessarily unless we get into some other discussions about getting cord blood out for different purposes. But anyways, again, another topic for another day. So another thing you can do is just have a piece of gauze or a little piece of toilet paper sort of ready to go underneath when

you're about to cut because there's just a couple drops of blood that come out and should just be super minimal especially if you've left the cord alone for the first hour or more. And then as far as the actual cutting, it's really sort of anticlimactic because it's not terribly difficult. There are special cord scissors you can buy, and there are some cheap ones out there as well as fancy expensive ones. But a sterilized pair of scissors—any pair of sterilized scissors will do. Again, the cord is sproingy. There's that word again. And some people find that it's harder to cut the cord than they sort of imagined. Like force wise. Not that it's difficult, but just it takes some force because if you think about it, of course, it should. There's good reason for that. The cord is what was delivering life to the baby in the womb, and it's pretty—it's a pretty hardy thing even though maybe people think of it as being a thing cord.

So that's to say, don't be surprised if it takes a few snips or a few tries. It's probably thicker than a lot of people think too. Once it's all shriveled up—not shriveled up but limp and white and cold and there's no blood flowing through it, it can vary in size. But it's typically like half an inch in diameter all the way around, I would say. And I'm trying to think what else to say about that. Yeah. If you have questions, of course, ask as always. But, again, it just sort of feels anticlimactic when that's the question that this whole thing is based on. Someone just asked me the other day, "But who cuts the cored?" So I'll have to send them this when it's finished. And then there are some people who don't cut the cord but instead burn the cord. And you can do that with a fancy cord burning box, or you can do it by just holding two candles underneath the cord. It can take awhile, so the box is a good idea. And there's different templates or—what am I trying to say? Instructions for making those out there.

We know a woman locally who made a really beautiful cord burning box, which I think is neat and special and just sort of brings in a different element because some people think that the metal of the scissors is energetically not as good or not as optimal as the energy of fire separating the cord. And then, of course, there's the option to not cut the cord at all. And for people who are really new to thinking our birth practices, that can come as a huge surprises. Like, "What? How does that work? And what happens when you don't cut it? Or isn't that dangerous?" And the answer is no. That's not dangerous. It's called a lotus birth. And they've seen other animals—I believe gorillas. I always get this mixed up, so don't make fun of me. But maybe it was gorillas or chimpanzees. Not sure. I'll have to look it up. But they've seen other primates that didn't cut the cord at all and carried the baby and the placenta around with them instead. So, again, that's—it's just one other physical options, and then it's also for some people a spiritual thing. It's a way for the baby sort of to decide that it's done with the placenta and to release it on its own. So that usually happens somewhere between five and ten days that the cord just falls away naturally. And in the time in between, you

can pack the placenta with herbs and salt to keep it from getting stinky and put it in a special bag, and it's just sort of a package with the baby until it's time for it to be done.

So those are some of the answers for how we cut the cord. We talked about when, which the simple answer is at least wait until the placenta has been born. At least wait until the cord has stopped pulsing. And then other than that, it's up to you. I mean it's all up to you, but those are the guidelines that we suggest. And anything beyond that is fine. And if you really wanted to cut it before then, it would probably be all right too. I mean even if someone really wanted to cut the cord right away and they were having say an unassisted birth, for example, I highly doubt they would have their wits about them in the first 60 seconds to do that. So I just think it's fascinating that we think that that would make any sense when I don't think there are any circumstances under which a birthing mother would—even if she thought that was best, I don't know that she would even be capable of doing that in the first 60 seconds. All speculation, but I guess that's what a podcast is, eh?

I think I just said eh. I'm not Canadian. I am from Minnesota though, so maybe that's where that just came from. So who can cut the cord? Or who cuts the cord? We've already talked a little bit about this. That I think having the doctor cut the cord or the dad cut the cord, those are two options. But I think they're pretty limited. The mom can cut the cord. A sibling could cut the cord. I think as long as it's done with reverence for the job that it is and the knowledge that it is part of the baby's body that that's great and fine and wonderful. Anyone can cut the cord. But, again, we promote keeping it intact for the first hour or hours of life or, at the very least, until the placenta has been born. And yeah. I think that's the take home message that I'm hoping people hear is just that this is an extension of the baby. It's a part of the baby. It is the baby's tissue, and that we should respect that. And also respect that it's what attached that—it's what physically and perhaps on other levels connected the baby to the mother. And, again, I think it comes back to respecting what the mother wants almost or—not almost. Always. It comes back to that. And also, again, it is the baby's body too. And I think talking to the baby about what's happening is really respectful and letting them know what's about to happen and asking them if it's an okay time to do it. I think those are all good ideas, hopefully, that don't sound too woo woo since I am here in Sedona, Arizona.

My woo woo radar may be a little off, but I think that's part of respectful parenting. And it's one of the first ways that we can really—we can really demonstrate that and practice that for our precious little ones. So I think that wraps up what I wanted to say as far as who cuts the cord. Went off on lots of different paths there. And I hope you heard something interesting, something new. And if nothing else, that this will be a resource for you to share with friends and family, who may be less than you. That you're trying to introduce to these really exciting and potentially world changing ideas. Not to oversell it.

But—and, again, I'm not the first person who said most of this. I just was hoping to put together just a little bit of information, some facts, interpretation for our Indie Birth listeners and add a little bit of my own thinking and ideas as I think about these things too.

So if you have an idea about what I should call my podcast series or what you think I should talk about next, let me know. My email is margo@indiebirth.com. We love hearing from you. Check out our other resources that we have. All of our awesome articles, Maryn's amazing podcast series, our five-week class. It's quite the hit. All the other webinars and mini courses that we have. And, of course, we do our free consults every Monday night. And, again, we love hearing with—hearing from you and talking with you and getting to know our Indie Birth community more, so that we can better serve you. So thanks for listening. And, hopefully, you'll hear from me again soon. Bye.

(closing music)