

Figure 2. Lotus Birth Guideline



Von Voigtländer Women's Hospital
Perinatal Joint Practice

Lotus Birth/Umbilical Non-Severance

VVWH-17-200

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I. **Applicability**

Use in patients who plan to leave their newborn's umbilical cord intact during the course of their hospital stay and after discharge.

II. **Purpose**

To provide a guideline for the safe management of Lotus Births/umbilical non-severance.

III. **Definitions**

A. Lotus Birth/Umbilical Non-Severance is the practice of leaving the umbilical cord uncut after the baby is born. The cord remains connected to the placenta and the baby until it detaches naturally, usually after 3-7 days.

IV. **Standard**

- A. AWHONN Standard X.
- B. Guidelines for Perinatal Care pg. 3-4

V. **Guideline**

A. Documentation

1. The prenatal maternity care provider is to document in the patient's chart that a discussion has occurred in the antenatal period with regard to the risks/benefits of a Lotus Birth as well as the possibility of the umbilical cord being clamped and cut.
2. The newborn provider is to provide documentation in the post-natal period with regard to the risks/benefits of non-severance of the umbilical cord in the postnatal period prior to the infant being discharged. The

risks/benefits are unknown as there is no current evidence based research on this subject. However, given that the placenta contains blood, once the umbilical cord has stopped pulsating, the placenta has no circulation and is essentially dead tissue. This environment could theoretically lead to infection which can significantly harm the newborn and could lead to death.

B. Labor and Delivery

1. If any risk factors arise during the labor and/or birth that indicate the need for active management of the third stage, the patient must be made aware as it means that a Lotus Birth may not be possible or advisable. However, it may still be possible to maintain an intact umbilical cord with active management of the third stage of labor.
2. If active bleeding occurs during the third stage of labor prior to delivery of the placenta and membranes, postpartum hemorrhage guidelines are to be followed. If there is not active bleeding but the placenta is retained, guidelines on management of retained placenta are to be followed. In either situation this may mean the umbilical cord will need to be clamped and cut urgently.
3. If the newborn is delivered via a cesarean section, the umbilical cord will be clamped and cut based on the medical provider's discretion.
4. Should the newborn require neonatal resuscitation the newborn is to be placed on the warmer. Guidelines for neonatal resuscitation are to be followed. This would mean the umbilical cord will need to be clamped and cut urgently.
5. If there is meconium stained amniotic fluid, the newborn may need to be placed on the warmer urgently. This would mean the umbilical cord will need to be clamped and cut.
6. If there is not an indication to clamp and cut the cord urgently, then keep the baby in direct contact with the mother, skin to skin, until separation and expulsion of the placenta and membranes occurs.
7. Ergometrine (trade name: syntometrine) must not be administered to the mother while the newborn is still attached to a retained placenta. If this medication is indicated the umbilical cord will need to be clamped and cut urgently.
8. Please note that there is not a specific form of placental preparation that is medically recommended and that some parents will chose to leave the placenta open to air without any placental preparation (salt preparation, essential oils) or storage (placenta bag). May consider straining the placenta with warm water and pat drying with gauze or towel.
9. In the case of chorioamnionitis, clamping and cutting the umbilical cord should occur due to potential risk of infection in the newborn.

VI.

Procedure

A. Umbilical Cord Care/Newborn Management

1. The umbilicus should be examined daily. Effort should be made to keep it clean and dry (including during the first bath). If there are any signs or symptoms of infection, then discuss with the physician.

a. Signs and symptoms of infection include (but are not limited to): erythema, warmth, swelling at or around the umbilical area; the newborn appears to be in pain; temperature > 38.0; tachycardia; poor feeding; and somnolence. Infection can quickly progress to sepsis and presents a potentially life-threatening state.

2. The placenta should be kept near the newborn to avoid unnecessary traction on the cord. Lifting, feeding and cuddling need special care.

3. The newborn should be dressed loosely with clothing that opens at the front.

4. If parent(s) would like to keep the cord moist they may do so with gauze or towel.

5. The newborn is to follow up outpatient with his/her primary care physician within 1-3 days after hospital discharge.

6. The attached umbilical cord and placenta should not impede car seat use. If the umbilical cord interferes with proper car seat buckling, consider moistening the cord with gauze and water as it may soften and allow for reshaping. Parents should be counseled on the risk and outcome of cord avulsion if a car accident were to occur.

7. If the newborn has erythema, warmth, swelling at or around the umbilical area, temperature > 100.4, poor feeding, or somnolence while at home it is recommended that the parent(s) seek immediate medical care.

8. If parent(s) at any point decide they would like the umbilical cord clamped and cut the newborn's physician or nursing staff will clamp and cut the cord. The outpatient provider may remove the placenta if decided by family after discharge. The placenta will be discarded as medical waste.

VII. **Exhibits**

A. Lotus Birth patient education handout

VIII. **References**

[1] Crowther S. (2006) Lotus Birth: Leaving the cord alone. *Pract Midwife*. 9(6):12-4. Review.

[2] Royal College of Obstetricians and Gynaecologists (2008) RCOG statement on umbilical non-severance or "Lotus Birth". London UK

[3] Hanel E. (2009) Is It "Time to Cut the Cord?" *Clinical Pediatrics*. (48)8. 875-877.

[4] Buckley SJ. (2003) Lotus Birth: a ritual for our times. *Midwifery Today Int Midwife*. (67):36-8

- [5] Westfall R. (2003) An ethnographic account of Lotus Birth. *Midwifery Today Int Midwife*. (66):34-6.
- [6] Murphy M. (2005) Lotus after cesarean. *Midwifery Today Int Midwife*.(76):6
- [7] Bashara R. (2001) Lotus Birth: a mother's perspective. *Midwifery Today Int Midwife*. (58):17
- [8] Lim R. (2001) Lotus Birth: asking the next question. *Midwifery Today Int Midwife*. (58):14-6
- [9] Burns E. (2014) More Than Clinical Waste? Placenta Rituals Among Australian HomeBirthing Women. *J Perinat Educ*. 23(1):41-9
- [10] Government of Western Australia Department of Health. (2015) *Intrapartum Care Management of a Lotus Birth*. Nursing & Midwifery Director OGCCU
- [11] American Academy of Pediatrics. (2012). *Guidelines for perinatal care. 7th ed*. Elk Grove Village, IL: American Academy of Pediatrics.

IX. **Related Policies, Guidelines, Standards**

[A] American Academy of Pediatrics (2016) Neonatal Resuscitation Program

X. **Authors & Consultants**

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XI. **Approval**

Perinatal Joint Practice Committee January 23, 2017

VVWH Perinatal Nursing Unit-Based Committee February 2, 2017



Lotus Birth/Umbilical Non-Severance: What to Expect

What is a lotus birth?

A lotus birth is the decision to leave your baby's umbilical cord attached after they are born. The umbilical cord remains attached to the placenta until it dries and falls off by itself.

What are the risks of lotus birth?

There are no research studies available on this topic. Therefore, we cannot recommend this practice. Once the umbilical cord and placenta are out of the womb, blood will stop circulating and the placenta will be dead tissue. The blood in the placenta could get an infection, and infect your baby.

What are the signs that I should seek immediate medical care for?

Seek immediate medical care if your baby:

- Has redness, warmth, swelling at or around the umbilical area
- Has temperature greater than 100.4
- Is feeding poorly, less than this schedule:
 - 24 hours - 48 hours of life: **at least 6-8 feedings** (2 urines & 2 stools)
 - 48 hours - 3 days of life: **at least 8-12 feedings per day** (3 urines & 3 stools)
- Is sleeping more than usual. You have to wake your baby up to feed more than you normally do

When Will My Baby's Umbilical Cord Detach?

It usually detaches after 5-15 days.

How Do I Take Care of the Placenta?

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- Keep the placenta next to your baby to avoid unnecessary pulling on the cord.
- Lift, feed and cuddle your baby carefully.
- Dress your baby loosely with clothing that opens at the front.
- There is not a specific way to preserve the placenta that is medically recommended. Some parents choose to leave the placenta open to air and some prepare the placenta with salt or essential oils and some store it in a placenta bag.

What If I Decide to Detach the Cord After I Get Home?

Do not do this by yourself. Take your baby to their doctor and they can clamp and cut the cord at the office.

Can My Baby Still Use A Car Seat?

Yes, all babies must travel in a car seat. The attached umbilical cord and placenta should not limit car seat use. If the umbilical cord gets in the way of the buckle, moisten the cord with gauze and water to soften and reshape it to fit under or over the buckle. If you are in a car accident, there is a risk of cord avulsion (the cord tearing away from the body).

When Should I Follow-Up with My Baby's Doctor?

Follow up with your baby's primary care doctor within 1-3 days. See your discharge paper for specific day.

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Lotus Birth or Umbilical Cord Non-Severance: What to Expect

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