Attempt to discuss ACOG 348

I sent a letter-to-the-editor about ACOG 348. Perhaps I am the only person who submitted a response. I have not seen any published discussion. My letter is below. I received a reply telling me that my letter was forwarded to the ACOG department responsible for Committee Opinions, and that I should receive correspondence directly from them. I have had no correspondence from the committee.

11/18/2006
Letter-to-the-Editor submission on:

To the Editor:
I have concerns about ACOG Opinion 348. The technique indicates the umbilical cord should be clamped immediately after delivery. Not all infants breathe immediately at birth [1, 2]. With placental respiration no longer available, outcome will depend upon how quickly pulmonary respiration can be established.

Hemoglobin receives oxygen in exchange for carbon dioxide, in the lungs or placenta. Until blood is transferred into the capillary system supplying the alveoli, gas exchange cannot take place in the lungs [3]. Traditional textbooks taught that pulmonary function should be established before clamping the cord. See http://www.conradsimon.org/VIreferences.html#TextbookQuotes for how opinion has changed over the decades.

Hypoxia during late gestation was shown (in experiments with monkeys) to produce the neuropathology underlying cerebral palsy [4]. The brainstem pattern of damage caused by total asphyxia after birth was confirmed in the same experiments. The auditory pathway was most prominently involved. Even minimal impairment of the auditory system may interfere with language development.

Statistics on respiratory depression at birth are similar to those for increased prevalence of autism. Delay in establishing respiration is associated with autism, as are signs of newborn encephalopathy [5, 6].

Could a sample of cord blood, or blood from the newborn, be obtained without irreversibly clamping off continuing circulation to the placenta after birth?

REFERENCES


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