The Future Decided in 3 Minutes After Birth

Delayed Cord Clamping —
Your Baby's First Gift

A plain-language guide for parents giving birth in Japan

Free E-Book

Contents

Introduction Why I wrote this book

Chapter 1 The last blood your baby receives

Chapter 2 Why stem cells matter most

Chapter 3 Is jaundice really the risk to fear?

Chapter 4 What global research shows

Chapter 5 The gap between Japan and the world

Chapter 6 Voices of mothers

Chapter 7 What you can do

FAQ Common questions answered

Introduction

> *This book began with a question I asked my own doctor — and a surprising answer.*

When I was pregnant, I stumbled across the term "delayed cord clamping" (DCC). What I found surprised me: the WHO recommends it for all births, Sweden and the UK do it routinely, and research links it to better development outcomes for children.

Yet in Japan, it is rarely practiced. Most hospitals cut the cord within seconds of birth — a habit formed decades ago that has never been widely reconsidered.

I wrote this book so that every pregnant person in Japan can make an informed choice. Not to criticize hospitals or doctors — but because the information exists, and you deserve to have it.

What is DCC?

Delayed cord clamping (DCC) means waiting until the umbilical cord stops pulsating before cutting it — usually 2 to 5 minutes after birth. No cost. No special equipment. Just time.

Chapter 1 The Last Blood Your Baby Receives

> *At birth, up to 30% of your baby's blood is still in the placenta. What happens to it depends on when the cord is cut.*

What is in that blood?

The blood still flowing through the cord at birth contains:

- **Stem cells** — the most important component. Cannot be replaced after birth.
- Iron (40–50mg per kg of body weight)
- Immune immunoglobulins

What early clamping means

When the cord is cut immediately, the blood remaining in the placenta — along with its stem cells, iron, and immune factors — is discarded with it.

Blood volume lost (full-term)	**Up to 30%**
Red blood cells left in placenta	**Up to 50%**
Blood transferred by waiting 3 min	**~100 mL**

Stem cell loss	**Irreplaceable**

Iron and brain development

Iron is essential for the production of myelin — the sheath that insulates nerve fibers. Myelin formation is most active in the first year of life, and iron deficiency during this window can affect cognitive development, memory, and learning.

Japan has notably high rates of iron deficiency anemia in infants and young children. DCC directly increases the iron available at birth.

Key point

Iron from DCC is not a supplement — it is the iron your baby was **supposed to receive** in the first place. Cutting the cord early is what removes it.

Chapter 2 Why Stem Cells Matter Most

> *Of everything transferred through the umbilical cord, stem cells are the most valuable — and the most irreplaceable.*

What are stem cells?

Stem cells are the body's master builders. They can differentiate into many types of cells — blood cells, immune cells, and tissue repair cells. The cord blood at birth contains two key types:

- **Hematopoietic stem cells** — produce all blood and immune cells throughout life
- **Multipotent stem cells** — capable of repairing a wide range of tissues

What they are worth

Cord blood stem cells are the same cells used in regenerative medicine treatments. In Japan, a single stem cell therapy session can cost ¥1,000,000 to ¥4,000,000.

The core issue

When the cord is cut immediately, these stem cells flow back into the placenta and are discarded. They **cannot be supplemented later** — unlike iron, which can be given through diet or supplements. This is the most significant and irreversible loss from early cord clamping.

Cord blood banking — is it enough?

Some parents choose to bank cord blood by collecting it at birth. However, cord blood banking requires cutting the cord early — which is precisely what prevents the baby from receiving the blood in the first place.

DCC and cord blood banking are not compatible. If you choose DCC, the cord blood stays with your baby.

Chapter 3 Is Jaundice Really the Risk to Fear?

> *The most common reason Japanese hospitals give for not doing DCC is the risk of neonatal jaundice. Let's look at the evidence.*

What is neonatal jaundice?

Jaundice occurs when bilirubin — a byproduct of red blood cell breakdown — accumulates in the blood. It causes yellowing of the skin and eyes. In most newborns, it is mild and resolves on its own within 1–2 weeks.

Does DCC increase jaundice risk?

Yes — but modestly. Studies show DCC increases the rate of jaundice requiring phototherapy (light therapy) by approximately 1.6%.

Increase in phototherapy-treated jaundice	**~1.6%**
Treatment	**Light therapy, resolves in days**
Severe jaundice (kernicterus) risk increase	**Not significant**
Overall WHO recommendation	**DCC for all births**

Putting the risk in perspective

Jaundice from DCC is real but manageable. It is treated with phototherapy — a non-invasive light treatment — and resolves within a few days.

Compare this to the losses from early clamping: stem cells that cannot be replaced, and iron that shapes brain development for the first year of life. The global medical consensus — WHO, ACOG, UK NHS — has weighed these trade-offs and recommends DCC.

Why Japan is cautious

Japan's high rates of ABO blood type incompatibility, East Asian physiology, and breastfeeding jaundice create a context where doctors are especially alert to jaundice risk. This caution is understandable — but the research still supports DCC.

Chapter 4 What Global Research Shows

> *The evidence for DCC comes from multiple countries, thousands of births, and years of follow-up.*

Study 1 — Sweden: 4-year developmental follow-up

382 full-term infants were randomized to DCC (cord clamped after 180+ seconds) or early clamping. At age 4, the DCC group showed significantly better:

- Social development scores
- Fine motor skills
- Prosocial behavior

Notable finding

The effect was especially pronounced in **boys**, who showed improvements in processing speed, fine motor skills, and social development across all measures.

Study 2 — China: Preterm infant outcomes

163 preterm infants (34–36 weeks). The DCC group showed:

- Higher hemoglobin and red blood cell counts at birth through day 5
- Improved oxygen circulation
- Higher hemoglobin at 5–6 months
- Significantly lower rates of anemia

Study 3 — iCOMP Meta-analysis (6,000+ infants)

Reduction in pre-discharge mortality (preterm)	**32%**
Reduction with 120+ seconds of delay	**69%**
Reduction in need for blood transfusion	**Significant**

Study 4 — ACOG Committee Opinion (USA)

The American College of Obstetricians and Gynecologists officially recommends DCC for both full-term and preterm births, citing improved hemoglobin, iron stores, and developmental outcomes.

200 years of evidence

> *"One of the most injurious things to a newly born child is the tying and cutting of the navel string too soon. The navel string ought not to be tied and cut until all the pulsation in it has ceased." — Erasmus Darwin (grandfather of Charles Darwin), 1801*

Chapter 5 The Gap Between Japan and the World

> *Why does a practice recommended by the WHO remain rare in one of the world's most advanced healthcare systems?*

Global status

WHO	**Recommends DCC for all births**
UK	**Standard in nearly all hospitals**
Sweden	**Standard in nearly all hospitals**
USA	**Practiced in ~50% of hospitals**
Japan	**Rarely practiced in hospitals**

Why Japan hasn't adopted DCC widely

1. Entrenched hospital protocols

As birth moved from home to hospital in the 20th century, efficiency and standardization took priority. "Cut the cord immediately" became embedded in medical education and has been slow to change.

2. Limited domestic research

Japan has very little domestic research on cord clamping. Without local data, many practitioners default to established habits rather than international guidelines.

3. Risk-averse culture around jaundice

Japanese newborns have higher rates of jaundice due to physiological factors. This makes hospitals especially cautious — even when the overall benefit-risk calculation favors DCC.

> **Important**
>
> This is not a criticism of Japanese medicine. Doctors and midwives are making sincere judgments with the information available to them. That is exactly why it matters that **you** go into the delivery room informed.

Signs of change

The situation is slowly shifting:

- Most midwifery homes (josanin) have practiced DCC for years as standard

- Growing word-of-mouth among parents who requested and received DCC
- Some hospitals now accommodate DCC requests noted in birth plans
- Rising awareness of WHO guidelines among Japanese OBs and midwives

Chapter 6 Voices of Mothers

Real experiences from parents who requested DCC in Japan.

Editor's note

[Placeholder — to be replaced with 3–5 real testimonials. Ideal stories include: how they asked the hospital, how staff responded, and what the experience was like. Recruit via social media or personal contacts.]

"I wrote it in my birth plan, and the midwife was happy to accommodate. Watching the cord still pulsing after birth was one of the most moving moments of my life." — (Sample testimonial)

Chapter 7 What You Can Do

> *Knowing this, you have the power to act for your baby before the birth even begins.*

Can you get DCC with a cesarean birth?

Yes — in many cases. Even in cesarean deliveries, the cord does not need to be cut immediately. After the baby is lifted out, the cord can be left intact for 1–3 minutes before clamping.

It requires coordination between the surgeon, anesthesiologist, and midwife — and depends on clinical conditions. Discuss it with your doctor well in advance.

Tip

Even if you are planning a cesarean, tell your doctor you would like DCC "if the clinical situation allows." More doctors than you might expect will try to accommodate this.

Ask the hospital

When choosing or visiting a hospital, ask:

Sample questions

"Do you practice delayed cord clamping (DCC)?" "If mother and baby are stable, can you wait until the cord stops pulsating before cutting it?"

Write a birth plan

A birth plan communicates your wishes clearly — even if you are not in a position to speak during delivery. Include:

> *"If mother and baby are stable, I would like the umbilical cord to be left intact until pulsation has fully stopped before clamping and cutting."*

Brief your partner

On the day, you may be overwhelmed. Make sure your partner knows your wishes and can speak up on your behalf if needed.

When to defer to medical judgment

If there is any emergency — fetal distress, placental abruption, maternal hemorrhage — defer completely to your medical team. DCC is a preference, not a non-negotiable. The safety of you and your baby comes first.

Midwifery homes (Josanin)

If you are considered low-risk, a midwife-led birth at a midwifery home is the easiest path to DCC in Japan. Almost all josanin practice it as standard.

Confirmed DCC-friendly facilities in Japan

Nationwide	**Midwifery homes (josanin) — standard practice**
Tokyo	**Todoroki Obstetrics & Gynecology**
Kanagawa	**Sola Clinic (female director)**
Okinawa	**Yui Clinic (female director)**

Frequently Asked Questions

> *Questions we hear most often from parents.*

Can I get DCC with twins?

In many cases, yes. However, the need to deliver the second twin quickly may limit the window. Discuss this specifically with your doctor in advance.

Can premature babies receive DCC?

Yes — and research shows preterm infants benefit the most. The 69% reduction in mortality in the iCOMP meta-analysis was for preterm births. That said, medical intervention may take priority; follow your team's judgment.

How long should I wait?

WHO recommends at least 1–3 minutes. Ideally, until the cord stops pulsating completely — usually 2 to 5 minutes after birth.

Will my baby get too many red blood cells (polycythemia)?

DCC does slightly increase red blood cell count. However, studies show that DCC-related polycythemia is almost always mild and resolves without treatment.

What if the cord is around the baby's neck?

Nuchal cord (cord around the neck) is common and in most cases can be gently loosened without cutting. Your medical team can handle this.

What if the placenta separates early?

Placental abruption is an emergency. In any emergency, defer entirely to your medical team. DCC should never take priority over safety.

Will my baby cry later if the cord isn't cut immediately?

No. Babies breathe and cry normally with the cord still intact. DCC and the first cry are completely compatible.

Closing

A few minutes at birth. That is all DCC asks of us.

Those minutes allow your baby to receive what it was always meant to have — the blood, the stem cells, the iron that belong to it. No cost, no pain, no equipment.

> *"The navel string ought not to be tied and cut until all the pulsation in it has ceased." — Erasmus Darwin, 1801*

Two hundred years later, the WHO agrees. And now you do too.

Wishing you a safe and joyful birth.

Share this book

If this helped you, please share it with another parent. Every birth where DCC happens is a direct result of a parent who asked.