

Obstetric procedures: Suggested addendum for the IACC strategic plan
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Can members of the IACC engage in discussions with obstetric professionals?

Clamping the umbilical cord at birth can lead to a lapse in respiration.

The auditory system can become impaired by a brief lapse in respiration at birth.

Auditory system impairment can make it difficult for a child to learn to speak.

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Oxygen continues to be delivered from the placenta during labor and delivery.

Circulation to/from the placenta continues following birth unless clamped off.

Postnatal pulsations of the umbilical cord indicate ongoing circulation to/from the placenta.

Ongoing circulation to/from the placenta means that fetal shunts in the heart are still open.

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Resuscitation should be done with the umbilical cord intact.

The alveoli cannot receive oxygen until their capillaries are filled with blood from the placenta.

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Clamping the cord immediately at birth became a standard procedure in the 1980s.

Clamping the cord immediately at birth is done now for umbilical cord blood banking.

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The umbilical cord clamp was introduced late in the 19th century.

Through the end of the 1920s use of the umbilical cord clamp was widely condemned.

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Umbilical cord blood banking began in the 1930s.

Kanner's first patients were born in the 1930s, to intelligent parents.

Were these parents among the avant-garde who gave their infants' blood for banking?

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Following is from the Lancet 1899 May 20; 153(3951):1373 – See next page (p. 3)

A MIDWIFERY SURGICAL CLAMP

In the old method of dividing the umbilical cord the accoucheur after tying the first thread pressed the blood in the vessels some distance along the cord which was then held by an assistant until the second thread was tied, the object being to avoid the escape of blood on to the bedclothes. This part of the accoucheur's work may, however, be accomplished more conveniently by making use of a clamp which I have designed and which is represented open in Fig. 1 and closed in Fig. 2, for it by the same movement cuts the cord and compresses both the cut ends, thereby supplying the place of scissors and ligatures. The clamp having been opened, the cord when it has ceased to pulsate is placed between the blades, resting on the plain side; the knifed edge is then pressed firmly down and retained in position by the catch. The clamp is removed a few seconds after application, and if the accoucheur is afraid of haemorrhage (although French authorities say there is no need for ligatures) he can tie the cord on either side of the clamp before releasing the catch. The instrument is neat and easy to use. Messrs. Arnold and Sons, London, are the makers. EDWARD MAGENNIS, M.D. R U.I. Lurgan, Ireland.

Note the instruction to wait until the cord has ceased to pulsate before using the clamp.

Compare this with the current protocol to clamp the cord immediately at birth.

Compare the statistics for “respiratory depression” at birth with those for autism prevalence:

Autism: 2-6 per 1000, Respiratory depression at birth: 5.2 – 6.2 per 1000.

Autism prevalence

http://www.cdc.gov/ncbddd/autism/faq_prevalence.htm

Respiratory depression at birth

Baskett TF et al. Predictors of respiratory depression at birth in the term infant. BJOG. 2006 Jul; 113(7):769-74.

Milsom I et al. Influence of maternal, obstetric and fetal risk factors on the prevalence of birth asphyxia at term in a Swedish urban population. Acta Obstet Gynecol Scand. 2002 Oct;81(10): 909-17.

More, plus more references at <http://www.conradsimon.org/IACC.html>

From a few experiments which we have made with it we cannot allow that it is strictly speaking an allotropic form of mercury. Thus on heating it splits up into mercury and ammonia gas. It is a hard, brittle solid, somewhat resembling the black scales so often seen in the forge of a smithy.

(1) ANTITUSSIN; (2) FLUOR-RHEUMIN; AND (3) EPIDERMIN.
(T. CHRISTY AND CO., 25, LIME-STREET, E.C.)

These three compounds are derived di-fluor-di-phenyls. The formula for di-fluor-di-phenyl is $C_6H_4C_6H_4F_2$ and is obtained by acting upon certain phenyl compounds with concentrated hydrofluoric acid. Antitussin is an ointment containing di-fluor-di-phenyl and is described as "a certain cure for whooping-cough and diseases of the throat and neck," the ointment to be applied very energetically. Fluor-rheumin is another ointment containing as a basis fluor-phenetol di-fluor-di-phenyl and is said to give marked relief in rheumatism, lumbago, and influenza. Epidermin is a related compound but with xylol in the molecule. Contained in an ointment it is said to serve as a useful antiseptic in the treatment of unhealthy suppurations as well as of burns. Fluorine compounds have been known for some time as powerful antiseptics and their combination with phenyl groups would appear to afford a series of medicated unguents which deserve attention.

New Inventions.

ASEPTIC INSTRUMENTS.

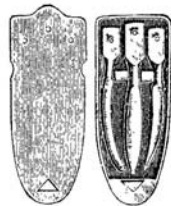
At the present day most surgeons will agree that any instrument which is to be employed in a surgical operation should be capable of being boiled and this is as necessary for pocket instruments as for those used in the more important operations. The figures illustrate a very neat arrangement for a portable knife which is constructed entirely of metal and may therefore be boiled. The handle encloses the blade (Fig. 1) and when the handle is opened the blade is placed

FIG. 1.



in position and then the handle fixes it firmly by an ingenious spring so that there is no fear of its closing unexpectedly. The blade is interchangeable with three others which are kept in a metal case (Fig. 2) and these blades include all the

FIG. 2.



forms which are likely to be required. The knives are made by J. Albert Schmidt, Solingen, whose agent in London is Mr. W. S. Oswell, 12, Lime-street, London, E.C.

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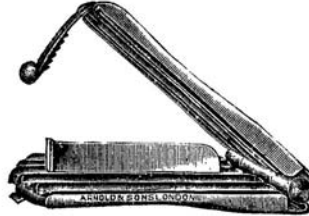


FIG. 2.



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PLYMOUTH ASYLUM.—At a meeting of the Plymouth Town Council held on May 8th the report for 1898 of the Visiting Committee of the Plymouth Borough Asylum at Blackdown was presented. This stated that the result of the recent controversy between the guardians and the council with regard to the weekly rate charged for pauper patients from Plymouth was that the council in future would pay £1000 a year extra and the guardians £1000 per annum less than formerly. The weekly maintenance rate of patients had been reduced from 12s. 1d. to 11s. 2d.

DIPHTHERIA IN LONDON.—Alike as regards amount, mortality, and relative fatality, diphtheria in London in the four weeks ended on April 22nd showed great decline as compared with the like period ended on March 25th. In the earlier period the total of notified cases of the disease was 791, or 198 per week, whilst in the April period the total was only 645, and the weekly average 161 cases. In both all sanitary districts save two were invaded, but whereas in March there were four districts with upwards of 50 notified cases each and 240 in all there was only one such district in April, while other five areas had only a total of eight cases in all. The weekly average of 46 deaths from diphtheria in the March period, amounting to 166, gave place to an average of 28 in April and a total of 114 deaths. The records of the several weeks in this later period showed 31 deaths (or six below the corrected decennial average), 34 (equal to the average), 20 (being 16 below the average), and 29 (or six below the average). Had the corrected averages for the corresponding four weeks of 1889-98 been maintained the actual 114 deaths would have been 142. The case mortality yielded was 17.7 per cent. in place of the 20.0 per cent. of the March period. In the outer circle also there was a falling off in the number of deaths from diphtheria, the 58 of the earlier period, of which 23 were in West Ham registration district, being replaced by 44, of which 19 were in that particular area.