

BACKGROUND

Lotus birth involves keeping the umbilical cord intact and connected to the baby (rather than clamping and cutting), until it detaches on its own, usually 3 to 10 days after your baby is born.

It is important for some people who have specific spiritual and cultural beliefs that the umbilical cord and placenta remain intact.

In the limited research available, there is no known medical benefit for the baby to remain attached to the placenta after the cord has stopped pulsating. However, there are considerable, known risks associated. There have been reports indicating that lotus birth can pose a risk for infection, sepsis, jaundice and hepatitis in babies. There has been some association with postpartum haemorrhage and the death of the newborn from infection following lotus birth. The infection in the newborn is sometimes difficult to diagnose, can spread rapidly and can be fatal in a short space of time.

In summary, there is no evidence that keeping the placenta attached has any health benefits for the mother or baby, and because there are well-founded concerns about increased risk of infection, **SA Health services strongly advise against this practice.**

Limitations on the practice of lotus birth

There are circumstances where it may not be possible to maintain an intact umbilical cord.

These include circumstances where:

- > you or your baby have medical complications
- > you require a caesarean section
- > you have a twin / multiple birth
- > resuscitation is required for you or your baby
- > you have had a breech birth
- > your baby is less than 37 weeks gestation
- > you have had a previous history of postpartum haemorrhage

Please be aware that SA Health will not provide any products to support the practice of lotus birth. If you wish to proceed with a lotus birth, please make suitable arrangements.

ANTENATAL CARE

If you are thinking of undertaking a lotus birth you should inform your care provider as early as possible in the antenatal period.

Your care provider will provide you with:

- > appropriate counselling,
- > relevant information regarding your risks,
- > relevant information regarding postnatal care,
- > a copy of the patient information brochure “*Release of a Placenta for Private Use*”,
- > information on the care and required monitoring of your baby, including potential signs of infection:
 - warmth or redness around the umbilical cord
 - foul smelling discharge from the cord area
 - your baby has a raised, low or fluctuating temperature (it should be between 36.4-37.5°C)
 - your baby has increasing jaundice
 - your baby is increasingly sleepy or difficult to rouse
 - your baby is not feeding well

Your care provider will document your discussions and inform other perinatal care providers involved in your care.

You will be requested to sign an acknowledgement of medical advice form, which indicates you understand the risks associated with lotus birth and these have been explained to you.

Cord care at birth

The usual practice following birth is to place your baby 'skin-to-skin' as soon as possible, whilst the placenta is delivered. Once the blood flow between the placenta and your baby has ceased, and no pulse is felt in the cord, your midwife or doctor would normally assist you to clamp and cut the cord.

If you have requested a lotus birth, please be mindful that if an emergency presents (such as haemorrhage or your baby needs resuscitation), your care providers will ask for your consent to clamp and cut the umbilical cord in order to initiate emergency care for you and/or your newborn.

Once you have birthed the placenta, your midwife will examine the placenta and the cord, (this is a clinical requirement for all births).

Placenta Disposal at home

The care and disposal of the placenta remains your responsibility.

You should ensure you comply with the disposal of the placenta as per the SA Health Policy "[Release of a Placenta for Private Use](#)"

A copy of the patient information brochure "*Release of a Placenta for Private Use*" will be provided to you during your antenatal period and/or prior to your discharge.

References

Steer-Massaro, C. (2020), Neonatal Omphalitis After Lotus Birth. *Journal of Midwifery & Women's Health*, 2020, 65: 271-275. <https://doi.org/10.1111/jmwh.13062>

Hart Hayes E. Placentophagy, Lotus Birth, and Other Placenta Practices: What Does the Evidence Tell Us? *J Perinat Neonatal Nurs*. 2019 Apr/Jun;33(2):99-102. doi: 10.1097/JPN.0000000000000402. PMID: 31021932

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For more information

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Lotus Birth

Leaving the
umbilical cord
intact

Patient Information
Brochure

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