

Consensus Statement:

Umbilical Cord Blood Banking



New Zealand
College of Midwives
Te Kāraeti o ngā Kaiwhakawhānau ki Aotearoa



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Tauākī | Statement

The New Zealand College of Midwives | Te Kāreti o Ngā Kaiwhakawhānau ki Aotearoa (the College) is committed to ensuring that parents receive unbiased, evidence-based information when considering umbilical cord blood banking. Evidence supports avoiding immediate cord clamping in newborns, as later cord clamping, or waiting until umbilical blood flow ceases, enhances placental transfusion at birth and improves infant iron stores at six months of age (McDonald et al., 2013; Mercer & Skovgaard, 2002; Mercer et al., 2007).

Delayed clamping of the umbilical cord and avoiding unnecessary interference with the third stage of labour support the best outcomes for mother and baby

Mercer, 2024

Te Reo | Language

College statements utilise words from Te Reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand.

Honouring Te Tiriti o Waitangi

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025).

Blood has significant cultural importance in Te Ao Māori as it carries ancient lines of whakapapa. Blood is tapu (sacred) and the handling and storage of samples must be fully explained to whānau. Consideration should also be given to the impact of early cord clamping on cultural practices.

The Human Tissue Act 2008 states that: “A person collecting or using human tissue must take into account, so far as they are known to the person based on information available to the person in the circumstances, the cultural and spiritual needs, values, and beliefs of the immediate family of the individual whose tissue is collected or used”.

Whakamārama | Background

Umbilical cord blood banking is a practice where blood is collected from a newborn's umbilical cord at birth and stored for potential future medical use. However, immediate cord clamping (which is usually necessary for cord blood collection) may interfere with optimal outcomes for both mother and baby during the third stage of labour. The process of delaying cord clamping after birth allows the transfer of an additional 30% of blood volume and 60% more red blood cells to the infant (Herold et al., 2024; McDonald et al., 2013). Evidence indicates that delaying cord clamping until after umbilical blood flow ceases enhances placental transfusion, providing significant benefits such as improved iron stores in infants at six months of age (McDonald et al., 2013; Mercer & Skovgaard, 2002; Mercer et al., 2007). Collection of umbilical cord blood at birth means that delayed cord clamping is unable to be performed.

Private cord blood banks offer storage services for autologous (self-use) collection, but the distinction between autologous and allogenic (meaning the blood could be used to treat another person) is not always clear (Sullivan et al., 2005). Indications for autologous umbilical cord blood transplants are currently remote (Laue et al., 2024; Sullivan, 2008; Sullivan et al., 2005), and claims that life-threatening conditions in the donor infant can be treated with the stem cells collected at their birth can be misleading as allogenic donor cord blood would be required. It may also not be clear to parents that autologous cord stem cell transplantation is not indicated in the treatment of heritable genetic diseases, as the cord blood stem cells have the infant's own genetic coding (Sullivan et al., 2005).

Parents should be provided with enough accurate information to give informed consent (Humphries et al., 2022). In Aotearoa New Zealand, public cord blood banking is not available but the New Zealand Bone Marrow Donor Registry (2024) has access to cord blood banks around the world.

Literature and guidelines about umbilical cord blood banking do not always consider the implications of immediate cord clamping for the newborn infant, the limitations of autologous collection, or the initial and ongoing costs to parents of using a private cord blood bank (Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 2020).

Ngā Aratohu | Guidance for practice

- The decision when and how to clamp and cut the cord should be on a case-by-case basis and in accordance with the woman and her whānau preferences (New Zealand College of Midwives, 2013).
- Midwives should provide evidence-based information to parents regarding the benefits of delayed umbilical cord clamping and, when requested by parents, information should be provided about umbilical cord blood banking.
- The decision to store umbilical cord blood is a parental choice that may be influenced by their values, culture and priorities.

- If after receiving detailed information a parental request is made to harvest cord blood, the College recommends that the collection is undertaken by an appropriately trained person who does not have direct responsibility for mother and newborn infant in the immediate postpartum period.
- Midwives who choose to become trained in collection of cord blood are responsible for ensuring they satisfy the relevant certification and regulatory requirements.
- If parents have requested umbilical cord banking, it is still important to note that circumstances may change at the time of birth and the midwife may make the decision not to collect cord blood in the best interests of the mother and/or infant.
- The safety of the baby and mother and midwifery clinical practice takes precedence over umbilical cord blood collection.

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Whakamana | Ratification

This updated statement (uploaded 4 July, 2025) will be ratified at the College's AGM on 27 August, 2025. Original Statement ratified July 2002. Statement and references updated 2025.

Arotake | Review - May 2029

The purpose of the New Zealand College of Midwives Consensus Statements is to provide women, midwives, and the maternity services with the profession's position on specific situations. These guidelines are designed to educate and support best practices, and are regularly reviewed and updated in line with evidence-based practice.

Please note: Statements may be updated within the review period. We recommend midwives refer to the College website for the most up-to-date versions. <https://www.midwife.org.nz/midwives/professionalpractice/guidance-for-practice/>

Tūtohu | Suggested citation

New Zealand College of Midwives. (2025). *Consensus statement: Umbilical Cord Blood Banking* <https://www.midwife.org.nz/midwives/professionalpractice/guidance-for-practice/>