PROCEDURE

Umbilical cord care in newborns

Umbilical cord care keeps a newborn's cord stump clean and dry until it falls off.

PURPOSE
Keep the cord stump clean while it dries and separates

PROCEDURE TYPE
Therapeutic bedside and home care of the cord stump

WHERE IT IS DONE
At the bedside after birth, then at home

ANAESTHESIA
None

HOW LONG IT TAKES
One to two minutes per care session

PREPARATION
Clean hands; follow the treating facility's instructions first

RECOVERY
No restrictions; normal feeding, holding, and travel

MAIN RISKS
Skin irritation, bleeding, delayed separation, infection

RESULTS
Stump usually separates within one to two weeks

Overview

After birth, the umbilical cord is clamped and cut. A short piece remains attached to your baby's belly button. This is called the umbilical cord stump.

Cord care means keeping the stump clean, dry, and protected from urine and stool while it heals. The stump gradually becomes darker, dries out, shrivels, and falls off on its own. This usually happens within one to two weeks, although it can take longer.

The stump does not need to be pulled, twisted, or cut at home. It should separate naturally. A small amount of dried blood or a brief spot of bleeding around the time it falls off can be normal.

Why the procedure is performed

Cord care supports normal healing and lowers the chance of infection. It also helps prevent irritation from moisture, dirty diapers, or products applied to the skin.

The aim is not to make the stump fall off as quickly as possible. It is to provide a clean environment while the tissue naturally dries and separates.

In many healthcare settings, routine care means "clean, dry cord care." In some communities with a higher risk of serious newborn infection, a healthcare or public health program may recommend chlorhexidine, an antiseptic. Use it only when your maternity or newborn team has specifically instructed you to do so.

Who should and should not have it

Every newborn needs some form of cord care until the stump falls off and the belly button heals. For most healthy newborns, clean, dry care is appropriate.

Routine home care alone is not the right approach if the area may be infected, bleeding does not stop, or your baby appears unwell. These situations need medical assessment rather than additional cleaning or home treatments.

Your baby may need different care if they have an umbilical catheter, are receiving neonatal intensive care, have had surgery near the belly button, or have a condition affecting the abdominal wall. Follow the neonatal or surgical team's instructions.

Do not use rubbing alcohol, peroxide, antibiotic ointment, powders, oils, herbs, ash, bandages, or other substances unless your baby's healthcare team specifically recommends them. These products can irritate the skin, introduce germs, or delay separation.

How to prepare

The treating facility's own instructions take priority because recommendations may reflect your baby's medical needs and local infection risks.

Before touching the stump, wash your hands with soap and water and dry them. Gather a clean cloth or cotton swab only if the stump needs cleaning. Plain water is usually enough for minor soiling unless your care team recommends something else.

Make sure the diaper can be folded below the stump. This reduces rubbing and keeps urine away from the area.

You do not need sterile gloves, pain medicine, fasting, or special equipment for routine cord

care.

What happens during the procedure

Look at the stump and the surrounding skin during diaper changes. Normal changes include drying, shrinking, and a color change from yellow-green to brown or black.

If the stump is clean, leave it alone. Keep it exposed to air when practical, with clothing loose enough to avoid rubbing.

If urine or stool gets onto it, gently clean the area as your care team instructed. This commonly means using plain water and a clean cloth or cotton swab. Pat it dry rather than rubbing.

Fold the top of the diaper down so it sits below the stump. Do not cover the stump with a coin, tight dressing, belly band, or adhesive bandage.

Let the stump fall off by itself, even if it appears to be attached by only a small piece. Pulling it can cause pain or bleeding.

After it separates, keep the belly button clean and dry while the skin finishes healing. A small smear of blood on the diaper or clothing may occur. Ongoing bleeding is not expected.

Recovery and what to expect afterward

Pain: Routine cord care should not hurt because the drying stump has no functioning nerves. Your baby may react to cold water, being undressed, or pressure on the nearby skin. Stop and seek advice if touching around the belly button appears consistently painful.

Eating: Cord care does not affect breastfeeding, formula feeding, or feeding schedules. Poor feeding can be a sign that a newborn is unwell and should not be assumed to be caused by normal stump separation.

Activity: You can hold, cuddle, dress, and place your baby on their back to sleep as usual. Avoid tight clothing that rubs the stump. Follow your care team's advice about bathing; if the stump gets wet, gently pat it dry.

Driving: Cord care does not involve sedation, so it does not create a driving restriction for the caregiver. Your baby should still travel in a correctly fitted, rear-facing car seat.

Going back to work: The procedure itself does not require time away from work. Care can be done during routine diaper changes, and any caregiver can perform it after learning the steps.

Risks and possible complications

Most cord stumps heal without difficulty. Possible problems include skin irritation from friction or applied products, bleeding after the stump is pulled or disturbed, delayed separation, and infection.

An infection of the stump and surrounding tissue is called omphalitis. Warning signs can include redness that spreads onto the abdomen, warmth, swelling, tenderness, pus, a strong unpleasant smell, fever, poor feeding, or unusual sleepiness. Newborn infections need prompt assessment.

After the stump falls off, a small moist pink or red lump may remain. This may be an umbilical granuloma, which is extra healing tissue. It may release a small amount of clear or yellow fluid. It is usually not an emergency, but it should be checked because treatment may be needed.

A bulge at the belly button may be an umbilical hernia. This is different from a cord-care problem. Arrange routine assessment rather than applying tape, coins, or tight bands.

Results and follow up

Successful cord care ends when the stump separates and the belly button becomes dry and covered with healed skin. Separation commonly occurs within one to two weeks, but some stumps take longer.

Routine follow-up can usually happen during your baby's scheduled newborn visits. Mention a stump that remains attached after about three weeks, repeated oozing, persistent moisture, a lump, or skin that is not healing.

Your healthcare team can examine the area and decide whether your baby needs treatment or further assessment. Do not try to burn, tie, cut, or chemically treat remaining tissue at home.

Alternatives

Clean, dry care is the usual option in many settings. It is simple, avoids unnecessary products, and allows natural separation. It still requires handwashing, protection from diaper contents, and regular observation.

Chlorhexidine cord care may be recommended by healthcare or public health programs in settings where newborn infection risk is higher. It may reduce infection in those settings, but it is not automatically better for every baby and may delay stump separation.

Rubbing alcohol was commonly used in the past and may still be recommended in some

facilities. It adds an antiseptic step but can irritate skin or delay separation. Do not substitute it for dry care unless instructed.

Antibiotic treatment is not an alternative for routine prevention. It is used when a healthcare professional suspects or confirms an infection. Waiting for an infection to improve with cleaning alone can delay needed treatment.

When to call your healthcare team

Arrange prompt, same-day medical advice if redness is spreading beyond the belly button, the skin is swollen or warm, pus is present, there is a strong foul smell, or the area appears painful. Also call promptly for repeated bleeding, persistent drainage, poor feeding, vomiting, or unusual sleepiness.

A temperature of 38°C or 100.4°F or higher in a baby younger than 3 months needs urgent medical assessment. Follow the emergency instructions provided by your local healthcare service.

Seek emergency help if bleeding is heavy or does not stop with gentle pressure, your baby is difficult to wake, has trouble breathing, looks blue or grey, has a seizure, or appears severely unwell.

A tiny spot of blood when the stump separates, without ongoing bleeding or illness, can usually be discussed at routine follow-up. A small moist lump after separation also usually needs a routine appointment unless there are signs of infection.

Common questions

Will my baby be asleep during cord care?

Your baby can be awake or asleep. No anaesthetic or sedation is needed. Handle the nearby skin gently and avoid pulling the stump.

Can I drive my baby home afterward?

Yes. Cord care itself creates no driving restriction. Use a properly installed, rear-facing infant car seat.

How painful is umbilical cord care?

Cleaning the dry stump should not be painful. Your baby may dislike being uncovered or touched. Persistent pain around the belly button should be assessed.

When will I know it has healed?

The stump will fall off by itself, and the remaining skin will become dry. A little spotting can occur at separation, but continued bleeding or drainage needs advice.

Can I bathe my baby before the stump falls off?

Follow your maternity facility's instructions. If the stump gets wet, gently pat it dry. Do not scrub, soak, or pull it.

What if the stump smells?

A mild odor can occur as tissue dries. A strong unpleasant smell, especially with pus, spreading redness, swelling, fever, or poor feeding, needs prompt medical advice.

Sources

- World Health Organization. WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience . 2022.
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