PROCEDURE

Umbilical cord care

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

PURPOSE
To support healing and reduce infection risk

PROCEDURE TYPE
Therapeutic bedside care

WHERE IT IS DONE
At the bedside or at home

ANAESTHESIA
None

HOW LONG IT TAKES
About 1-2 minutes each time

PREPARATION
Clean hands and dry, clean supplies

RECOVERY
Immediate; no driving restriction for the caregiver

MAIN RISKS
Infection, bleeding, skin irritation, delayed separation

RESULTS
Stump usually separates within 1-3 weeks

Overview

After birth, the umbilical cord is clamped and cut, leaving a short stump attached to your baby's belly. The stump contains no functioning nerves, so routine care should not hurt your baby.

Umbilical cord care means keeping this stump clean, dry, and exposed to air when practical. Over time, it dries, becomes darker, shrivels, and falls off by itself. The area then finishes healing.

"Dry cord care" is commonly used where babies are born in clean healthcare settings and have access to medical care. Some facilities recommend an antiseptic such as chlorhexidine because of local infection risks or policies. Follow the instructions given by your baby's treating facility.

Why the procedure is performed

Cord care supports normal healing after the cord is cut. It also limits moisture and contamination around the stump, which helps reduce the chance of infection.

Care continues until the stump has separated and the skin underneath is dry. It does not make the stump fall off immediately. Pulling or cutting the stump can cause bleeding and should be avoided.

Who should and should not have it

Every newborn needs some form of cord care. For many healthy newborns, clean and dry care is appropriate.

Your baby may need a different approach if they are premature, receiving neonatal intensive care, or have had a catheter placed through the umbilical stump. Specialist instructions also apply after surgery or when there is an abdominal wall condition involving the cord area.

Dry cord care alone is not treatment for an established infection. A baby with spreading redness, swelling, pus, fever, unusual sleepiness, or poor feeding needs prompt medical assessment.

Do not apply powders, oils, herbs, petroleum jelly, bandages, hydrogen peroxide, alcohol, iodine, or antiseptic creams unless your baby's healthcare team has specifically recommended them. These products may irritate the skin, trap moisture, or delay separation.

How to prepare

Your treating facility's own instructions take priority because local practices and your baby's medical needs may differ.

Before caring for the stump:

There is no need for fasting, medicine, or anaesthesia. You do not need to clean the stump on a schedule if it is already clean and dry.

Fold the front of the diaper below the stump when possible. This helps keep urine away and allows air to circulate. Some newborn diapers have a cut-out for this purpose.

- Wash your hands with soap and water
- Have a clean, soft cloth and water available if the stump is dirty

- Use a clean towel or cloth for gentle drying
- Place your baby on a safe, stable changing surface

What happens during the procedure

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

If the stump is clean, leave it alone. If urine or stool gets onto it, clean the area gently with plain water and a clean cloth. Avoid scrubbing. Pat it dry afterward.

Keep the stump outside the diaper rather than covering it. Dress your baby in loose clothing that does not rub against the area.

Sponge bathing can help keep the stump dry before it falls off. If it becomes wet during a bath, this is not usually harmful; dry it gently. Do not pull the stump, even if it is hanging by a small piece of tissue.

The stump will separate by itself. A small spot of blood on the diaper or clothing around the time it falls off can be normal.

Recovery and what to expect afterward

Pain: Routine care should not be painful because the drying stump has no functioning nerves. The skin around it is sensitive, so gentle handling is important. Crying during a diaper change may be caused by cold, positioning, or general discomfort rather than the stump itself.

Eating: Cord care does not affect feeding. Your baby can breastfeed or take formula as usual.

Activity: Your baby can be held, placed safely for sleep, and given supervised tummy time as advised. Avoid clothing or diaper edges that repeatedly rub the stump. Continue placing your baby on their back for every sleep.

Driving: Cord care does not involve sedation, so it creates no driving restriction for you. Your baby should travel in an age-appropriate, correctly installed rear-facing car seat.

Work and daily tasks: There is no physical recovery period for the caregiver. Cord care can be included in ordinary diaper changes. Continue to arrange newborn care and supervision as usual.

After separation, the belly button may look slightly moist or have a small amount of blood-tinged fluid for a short time. Keep it clean and dry while it heals.

Risks and possible complications

Most cord stumps heal without treatment. Possible problems include:

An umbilical granuloma is not treated by pulling it off. A clinician can confirm what it is and discuss treatment, which may include applying a substance that seals the tissue.

- Infection: Redness that spreads onto the belly, warmth, swelling, tenderness, pus, or a foul-smelling discharge may indicate infection
- Bleeding: A small smear can occur during separation, but ongoing or more than minor bleeding needs assessment
- Skin irritation: Antiseptics, adhesive bandages, diaper friction, or other products may irritate nearby skin
- Delayed separation: A stump that remains attached longer than expected should be discussed with your healthcare team
- Umbilical granuloma: A small, moist pink or red lump may remain after separation and leak clear or yellow fluid

Results and follow up

You can see the result gradually as the stump dries and shrinks. It usually falls off within the first few weeks of life. Separation can happen earlier or later without necessarily meaning something is wrong.

The cord area is normally checked during routine newborn appointments. No laboratory result or pathology report is expected from standard cord care.

Contact your healthcare team if the stump has not fallen off by about three weeks, if the belly button stays wet after separation, or if a lump or repeated discharge remains. These concerns usually need a routine assessment rather than emergency care, unless signs of infection or significant bleeding are also present.

Alternatives

Cord care cannot be skipped entirely, but there are different approaches.

Do not replace recommended care with oils, ash, herbs, powders, coins, tight wraps, or other traditional applications. These can introduce germs or injure the skin.

- Clean, dry care: The stump is left alone unless soiled. This avoids unnecessary chemicals but requires attention to cleanliness and moisture
- Chlorhexidine care: This antiseptic may be recommended in settings with higher newborn infection risk or under local health policy. It can delay stump separation and should be used only as directed
- Alcohol or other antiseptics: Some facilities still use them, but they may irritate skin or delay separation without adding benefit in many clean, low-risk settings
- Clinical treatment: Suspected infection, persistent bleeding, or an umbilical granuloma requires assessment rather than continued home care alone

When to call your healthcare team

Arrange a routine or soon appointment if the stump has not separated by about three weeks, the area remains moist, or a small pink lump or repeated discharge appears after separation.

Seek urgent medical advice the same day if your baby has:

Call emergency services if bleeding is heavy, your baby is difficult to wake, has trouble breathing, looks blue or very pale, or seems seriously unwell.

- Redness spreading away from the belly button
- Increasing swelling, warmth, or tenderness
- Cloudy, pus-like, or foul-smelling drainage
- Repeated bleeding that does not stop with gentle pressure
- Poor feeding, vomiting, unusual irritability, or unusual sleepiness
- A temperature of 38°C or 100.4°F or higher, especially under 3 months old

Common questions

Will my baby be asleep?

No sedation is needed. Cord care can be done while your baby is awake or naturally asleep, although diaper changes may wake them.

Can I drive home afterward?

Yes. Cord care does not restrict your driving. Follow usual post-birth discharge advice and use an approved rear-facing infant car seat.

How painful is it?

Cleaning the stump gently should not hurt because the stump has no functioning nerves. Do not pull it, and stop if the surrounding skin appears painful or very tender.

When will I know it has worked?

The stump will become dry, dark, and smaller before falling off. The remaining skin should then close and become dry.

Can I bathe my baby before the stump falls off?

Sponge baths make it easier to keep the area dry. If the stump gets wet, gently pat it dry. Follow your treating facility's bathing instructions.

What should I do if the stump bleeds?

A small spot near separation can be normal. Apply gentle pressure with clean gauze or cloth. Seek urgent advice if bleeding continues, soaks the cloth, or starts again repeatedly.

Sources

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