

The concept of harvesting cord blood for possible use in disease treatment has been receiving more publicity of late, not least because the new Virgin Health Bank now offers a more altruistic means of collecting, transporting and storing a baby's cord blood for possible future use than the more established private companies. Trusts are busily developing guidelines for staff, and midwives are increasingly likely to need this guidance as they encounter parents who want to add another element to the third stage of labour.

This issue has always been controversial. In 1999, on the grounds that (a) there are no accurate estimates of how many children will benefit from having their cord blood stored and (b) "there is no evidence on the safety or effectiveness of autologous cord blood transplantation for the treatment of malignant neoplasms", the American Academy of Pediatrics concluded that, "it is difficult to recommend that parents store their children's cord blood for future use" (116). More recently, the RCOG Scientific Advisory Committee (2006) has reviewed this area and, while in favour of an NHS cord blood bank, is "unconvinced of the benefit of personal commercial banking for low-risk families" (4), while The Lancet (2007) described the Virgin Health Bank as an "exciting new initiative" (437) and accused NHS staff of being unresponsive to parent choice.

The Virgin Health Bank may partially address the ethical dilemma of whether it is acceptable for parents to store cord blood for the use of their family alone, or whether - like with blood donation generally - this resource should be freely available to all, yet other ethical questions remain. Who owns cord blood? Should NHS midwives spend time collecting cord blood and filling out the attendant paperwork if this means that other women then get less of their time? Should companies be allowed to put out emotive adverts which stress the possibility of future risk to the health of babies and which may prey upon the worries of pregnant women? After all, the chances of a baby needing money for university are far greater than the chances of the same baby ever having need of stem cells.

A no-risk option?

For me, a bigger concern is the almost throwaway line that appears in a number of the articles which discuss this area. They claim that cord blood banking carries no risk to mother or baby, yet in fact a number of possible risks exist, not least of which involves disruption to the third stage of labour and those important first few minutes after birth. Indeed, a degree of disruption is inevitable because the blood needs to be collected as soon as possible, and ideally while the placenta remains in utero. Cord blood collection is pretty incompatible with a physiological third stage of labour. It also delays

active management, and it may lead to inaccurate cord blood sampling if this is needed. On top of this, the attendant who is focused on the somewhat complex cord blood collection procedure is inevitably then less focused on the wellbeing of the woman and her baby (RCOG 2006).

Besides, isn't the third stage debate still ongoing? Even the RCOG (2006) now acknowledges that early cord clamping is detrimental, although admittedly they are primarily concerned with premature babies' need for their cord blood. Sarah Buckley's (2005) consideration of the evidence on early cord clamping led to her suggesting that cord blood collection is fairly illogical in that we are removing blood to treat a possible (but unlikely) future problem at the very point when babies need to choose how much of their blood they need for themselves. The cord blood banking companies often point out that cord blood would otherwise be discarded, yet this statement assumes that all women would choose a managed third stage with early cord clamping and thus removes a whole set of options from the picture.

The bigger picture of choice

When I talk about anti-D, I often share my fascination with the fact that it is given to a person who doesn't directly benefit from it, for the possible benefit of a person who doesn't yet exist. The notion of cord blood banking offers another similarly interesting paradox. Unless a family member is already ill (and that's a whole new can of worms), here we have a procedure that takes a substance from a person who needs it at the time, on the basis that there is a tiny possibility that they - or someone else - might need it later on in life.

I realise that, like others who have questioned cord blood banking, I may be accused of attempting to deny choice. In fact, my intention is the very opposite. By all means, let's support those parents who want to explore this option, but surely they have a right to consider all of the benefits and risks involved?

References

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