Chapter 14

CORD PROLAPSE

Cord prolapse occurs in 1/200 to 1/400 pregnancies. Perinatal mortality may be as high as 20-30%. The outlook for the fetus is influenced by the degree and duration of cord compression and the time interval between the diagnosis and birth.

Predisposing Factors

1. Malpresentation: more common when preterm, multiple gestation, polyhydramnios, pelvic tumors
2. Multiparous women
3. Rupture of membranes when the presenting part is high

Presentation

1. Fetal bradycardia
2. Patient complaint that something is coming from the vagina
3. Visual – umbilical cord seen at introitus (majority are hidden in vagina, therefore, diagnosis is not always easy)
4. Palpation of the cord on vaginal examination

V/E indicated to rule out cord prolapse if:

a) Unexplained non-reassuring fetal heart rate
b) Membranes rupture (check fetal heart after performing vaginal examination and after membrane rupture)

Management

If the fetus is viable (presence of cord pulsation, auscultation of fetal heart with Doppler or external monitor) prepare for immediate delivery/transport. Provide explanations and reassurance to the woman and partner.

1. Relieve cord compression
   - assist the woman to assume a modified maternal position such as: knee chest, Sims lateral or Trendelenburg
   - with the tips of the fingers elevate the presenting part
   - fill the maternal bladder with 500-700cc

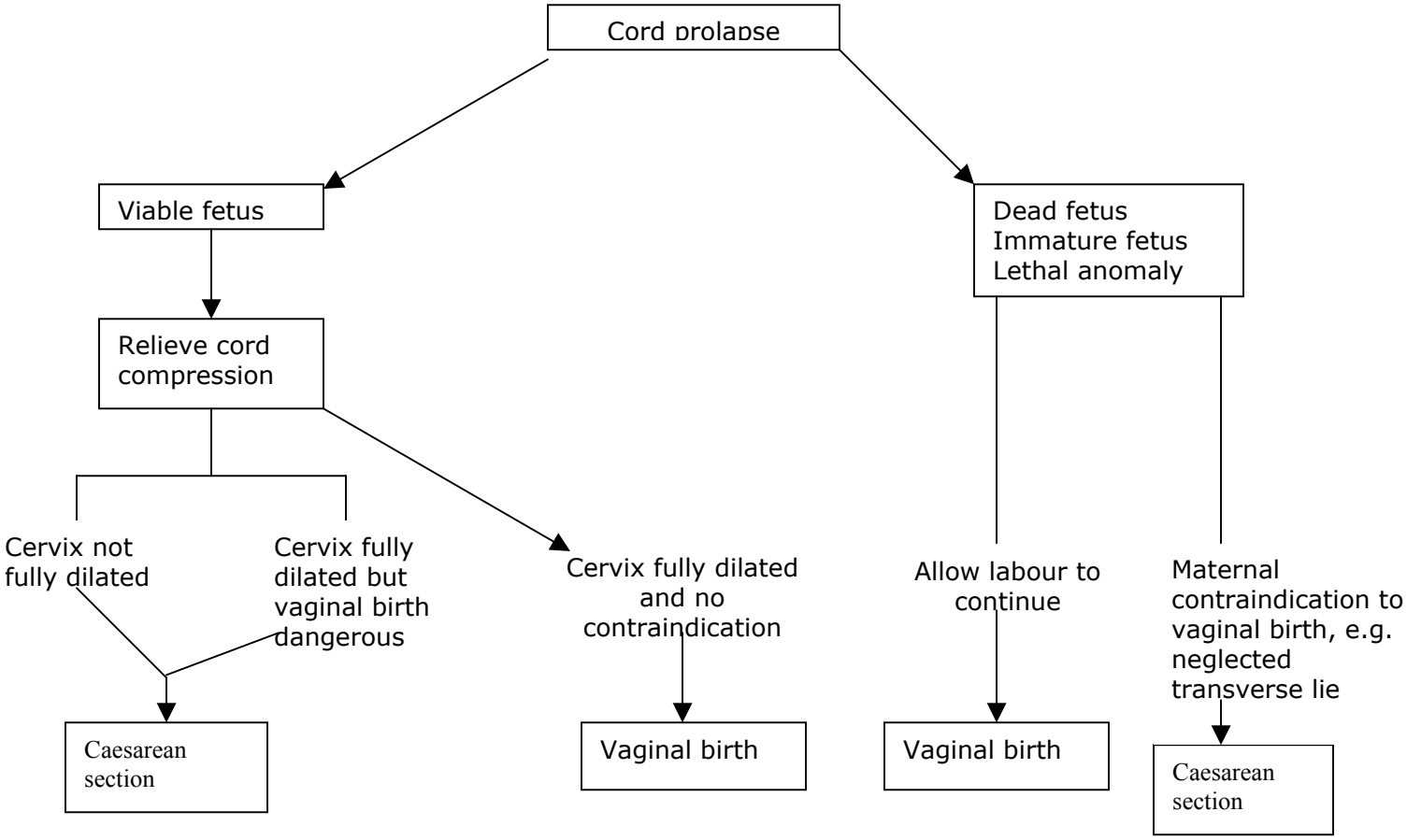
2. Give 0_2 by face mask

3. NPO – start IV infusion

4. Record FHR continuously

5. If fully dilated and presenting part well down, proceed with birth, (assisted vaginal birth if vertex, assisted breech birth if the breech is presenting).

6. If accessibility to a surgeon/anaesthetist within 20 –30 minute period is impossible and birth is not considered imminent, transport immediately while continuing to relieve cord compression.



Management of Cord Prolapse
Essential Management of Obstetric Emergencies, Thomas F. Baskett.

Suggested Readings

1. T. F. Baskett, *Essential Management of Obstetric Emergencies 4th ed.*, Clinical Press, Bristol, 2004.
2. Deitra Leonard Lowdermilk, Shannon E. Perry, *Maternity & Women's Health Care*, 8th ed., Mosby, St. Louis, MO, 2004.