Guideline for the Management of Cord Prolapse

Specialty:	Maternity
Date Approved:	April 2020
Approved by:	Labour Ward Forum
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Definition

Cord prolapse is when a loop of umbilical cord descends through the cervix either alongside the presenting part (occult) or below the presenting part (overt) in the presence of ruptured membranes[1].

Incidence

Occurs in 0.1-0.6% cases. 50% are preceded by an obstetric intervention.

Risk factors

Fetal

- Congenital anomaly
- Prematurity <37 weeks
- Polyhyramnios
- Multiple pregnancy (second twin)
- Breech presentation
- Transverse, oblique or unstable lie
- Unengaged presenting part
- Low birth weigh <2.5kg

Maternal

- Grand multip
- Placenta praevia
- Long cord/cord presentation

Procedure related

- Artificial rupture of membranes/stabilizing induction
- Vaginal manipulation of the fetus in the presence of ruptured membranes like Internal podalic version

Patients with transverse/oblique/unstable lie should be offered admission after 37+0 weeks gestation.

Patients with a non-cephalic presentation and preterm pre-labour rupture of the membranes should be offered admission.

Avoid artificial rupture of membranes if presenting part is mobile.

Diagnosis

Can occur in the presence of a normal fetal heart rate pattern.

If risk factors are present as above and a spontaneous rupture of the membranes occurs +/- acute change in fetal heart rate pattern a vaginal examination should be performed to exclude cord prolapse.

Ultrasound may be required to confirm ongoing fetal heart activity.

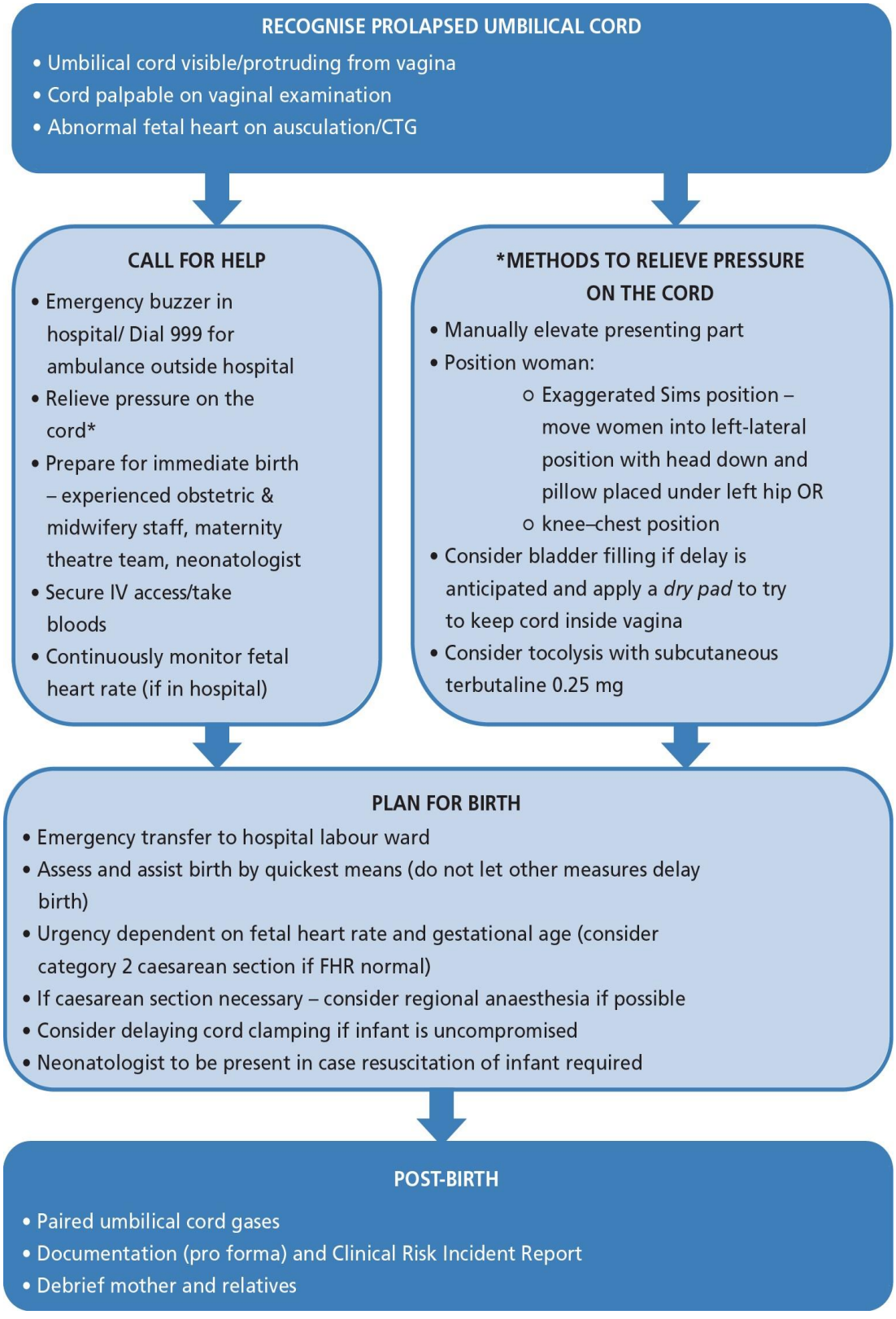
Management

- Call for help – emergency buzzer, dial 2222 stating Obstetric emergency and the location
- Using sterile gloves keep a hand in the vagina to elevate the presenting part and relieve the pressure on the cord
- Minimise handling of the cord to avoid vasospasm. If outside vagina gently replace into vagina.
- Place patient into head down tilt or knees to chest position ideally in left lateral position.
- Consider filling the bladder (500ml normal saline via Foley catheter and blood giving set and clamp. Remove and drain bladder prior to an attempt at delivery.
- Consider tocolysis (0.25mg terbutaline s/c) if uterine contractions present
- Category 1 LSCS recommended in the presence of fetal heart rate abnormalities.
- Operative vaginal delivery can be considered if fully dilated and quick delivery anticipated.
- Breech extraction can be performed in some circumstances ie. After internal podalic version of the second twin.
- Category II LSCS may be appropriate if normal fetal heart rate
- Type of anaesthesia (epidural to-up / spinal / GA) to be decided on discussion with the anaesthetist.
- A practitioner competent in neonatal resuscitation should be present at delivery.
- Paired cord blood samples should be taken.
- Post natal debriefing should be offered to patient
- Complete a trigger incident from

References

1. RCOG Greentop Guideline (2014) Umbilical Cord Prolapse
2. PROMPT

Algorithm for Management of Cord Prolapse



PROMPT
Practical Obstetric Multi-Professional Training

Cord Prolapse Scenario: Clinical Checklist

		Time	✔
Recognise	Recognise abnormal fetal heart rate (may not always be abnormal)		
	Vaginal assessment		
	Diagnose cord prolapse		
Call for help	Emergency bell/call for ambulance/second midwife		
	Call for experienced help (including neonatologist) (if hospital setting)		
Relieve pressure on cord	Woman in exaggerated Sims'/knee–chest position		
	Manually elevate presenting part		
	Consider bladder filling		
	Consider tocolysis (if hospital)		
Plan for birth	Emergency transfer to theatre/hospital		
	Plan for appropriate method of birth (if hospital setting): ■ Monitor fetal heart rate ■ IV access and take bloods ■ Category 1 caesarean section ■ Operative vaginal birth		
Documentation	Consent		
	Timings of events/pro forma		
	Medication administered (if hospital)		
	Persons present		

PROMPT

Addressograph

or name and unit no

CORD PROLAPSE PROFORMA

Please tick the relevant boxes

Diagnosed: **Home** ☐ **Birth Centre** ☐ **CDS** ☐ **Ward** ☐

Time of diagnosis:.....

Cervical dilatation at diagnosis: ..... cm

If at Home / Birth Centre

Ambulance called? **Yes** ☐ **No** ☐ **Time called:** ..... **Arrived:** .....

CDS contacted? **Yes** ☐ **No**☐ **Time called:** ..... **Arrival time at Hospital:** .....

If on CDS/Ward

Senior Midwife called **Yes** ☐ **No** ☐ **Time**..... **Arrived**.....

Senior Obstetrician called **Yes** ☐ **No** ☐ **Time**..... **Arrived**.....

Grade of Obstetrician: .....

Neonatologist called **Yes** ☐ **No** ☐ **Time**..... **Arrived**.....

Procedure used in managing cord prolapse		
Elevating the presenting part manually	**Yes** ☐	**No** ☐
Filling the bladder	**Yes** ☐	**No** ☐
Exaggerated Sims (left lateral) / Knee-Chest position / Head Tilt / Trolley / bed **(Please circle)**		
Tocolysis with sc Terbutaline 0.25mg or other	**Yes** ☐	**No** ☐
Decision to birth interval: .....minutes		

Mode of birth	**Mode of Anaesthesia**
Spontaneous vaginal ☐	GA ☐
Forceps ☐	Spinal ☐
Ventouse ☐	Epidural ☐
LSCS ☐	

Apgar Score	**Baby's weight:**	
:1 min	**Cord PH**	**Base Excess:**
:5 min	**Venous:**	
:10 min	**Arterial:**	
Admission to NICU? **Yes** ☐ **No** ☐		
AIMS form completed? **Yes** ☐		
Known Risk Factor? **YES** ☐ **NO** ☐ **If YES, please state:**		
Mother debriefed **Yes** ☐ No ☐		

Signature: ..... **Print:** .....

Designation: **Date:**

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Guideline for the Management of Cord Prolapse
Name(s) of Author:	Labour Ward Forum
Chair of Group or Committee supporting submission:	Labour Ward Forum
Issue / Version No:	4
Next Review / Guideline Expiry:	March 2023
Details of persons included in consultation process:	Labour Ward Forum / all obstetric consultants and lead midwives
Brief outline giving reasons for document being submitted for ratification	Update for previous policy (ratified March 2017)
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	Guideline for the Management of Cord Prolapse 2017
Keywords linked to document:	Cord, Prolapse, obstetric emergency, umbilical
Date approved by Directorate Quality & Safety Group:	April 2020
File Name: Used to locate where file is stores on hard drive	

* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator