

3-1 Management of Cord Prolapse v.1

Recognise emergency if: Umbilical cord visible and protruding from vagina
Cord palpable on vaginal examination
Abnormal fetal heart rate on auscultation / CTG

Cord may or may not be visible

START

- 1 **Call for help** (obstetrician, midwife, anaesthetist, neonatal, theatre team)
 - ▶ Ask: “who will be the team leader?”
 - ▶ **Team leader assigns** checklist reader and scribe
- 2 **Manually elevate presenting part to relieve pressure on cord**
- 3 **Position woman**
 - ▶ Knees-to-chest – *or* –
 - ▶ Exaggerated Sims position (left lateral/head down/pillow under left hip)
- 4 **Start continuous fetal monitoring**
- 5 **If delay in facilitating birth → fill bladder (500 ml normal saline) (Box A)**
- 6 **If fetal distress → give terbutaline 0.25 mg SC**
- 7 **Expedite birth**
 - ▶ If fully dilated, low presentation in pelvis, in DOA position → forceps
 - ▶ If not fully dilated → emergency caesarean birth
- 8 **Call theatre *-then- prepare for transfer***
- 9 **In theatre:**
 - ▶ Insert IV access, take bloods for FBC / Group and Save (if not already done)
 - ▶ Start continuous fetal monitoring
 - ▶ Check risks and benefits for RA vs GA (**Box B**)
 - ▶ Confirm neonatal team are present
- 10 **Post birth actions (Box C)**

Box A: Additional equipment

To facilitate Sims position

- ▶ Extra pillow

To fill the bladder

- ▶ Urinary catheter
- ▶ Blood giving set
- ▶ 500ml normal saline (at room temperature)

Box B: Risk / benefit of regional anaesthesia (RA) versus general anaesthesia (GA): Anaesthetic considerations

Listen to the opinions of those present and able to interpret CTG

- ▶ If no fetal compromise and appropriate for RA, consider RA in lateral position with continuous fetal heart monitoring
- ▶ If fetal compromise, consider GA

Box C: Post birth actions

Allow at least 60 seconds delayed cord clamping, unless immediate resuscitation needed

Take paired umbilical cord gases

Debrief parents and staff

Submit critical incident form

Box D: Critical changes

Unexpected need for newborn resuscitation → 4-2