NHS
University Hospitals Plymouth
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MATERNITY GUIDELINES

Umbilical Cord Prolapse

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1. Definition

Cord prolapse is defined as the descent of the umbilical cord through the cervix alongside or past the presenting part in the presence of ruptured membranes. It occurs between approximately 0.1% - 0.6% of all births with the higher incident of 1% with breech presentation.

2. Predisposing Factors

Predisposing factors, which may allow the cord to be in front of the presenting part, include the following:

- Malpresentation (footling breech, unstable or transverse lie)
- Polyhydramnios
- Non-engaged (high) head
- Pre-term labour/low birth weight
- Multiparity
- Multiple pregnancy
- Fetal congenital anomalies

If a cord presentation is suspected do **not** perform an **ARM**.

Procedure related risks for cord prolapse:
- Artificial rupture of membranes with a high presenting part
- External cephalic version (during procedure)
- Stabilising induction of labour
- Internal podalic version of second twin/manual rotation

3. Recognition and action

Cord prolapse may be suspected:
- With an abnormal fetal heart rate pattern following artificial or spontaneous rupture of membranes. If suspected, a prompt vaginal examination should be carried out.

or
- May be diagnosed on visual inspection or palpation of the cord on routine vaginal examination carried out to assess progress.

NB: This is an obstetric emergency and needs immediate action

3.1 Summon assistance whilst carrying out the following;

In hospital:

Call **2222** and state an **obstetric and neonatal emergency**

This will page:
- Obstetric registrar/consultant
- CDS co-ordinator
- Obstetric anaesthetist
- Maternity theatre team
- Neonatal SHO & Registrar/ANNP

From Community:

- Dial 999 state midwife attending homebirth and request **Category 1 Response.** Be clear about what you are asking for, stay calm and professional. Answer all questions asked by the call taker.
- Contact CDS (via the emergency phone on **430993**) to inform the CDS co-ordinator and provide clinical details.

The midwife should request that:
- A cannula is sited by the paramedic as soon as possible.
- An optimal maternal position is maintained during transfer to hospital (either knee-chest or left lateral).

3.2 Following recognition of umbilical cord prolapse:

- Tip head of bed down
- To prevent cord compression, adopt the patient in a knee-chest position or in a left lateral position, preferably with their head down and a pillow under the left hip.
- Elevate the presenting part manually by inserting 2 fingers of a gloved hand into the vagina and pushing the presenting part upwards.
- There should be minimal handling of any loops of cord lying outside the vagina to avoid any vasospasm.
- Consider terbutaline 0.25mcg subcutaneously while preparing for a caesarean section to reduce contractions and limit fetal heart concerns, particularly if birth is likely to be delayed.
- Maintain the recording of the fetal heart, wherever possible.

If presenting part is visible or the patient is fully dilated, expedite delivery by the fastest route, including forceps, breech extraction, etc.

If cord prolapse occurs prior to full dilatation an obstetric and neonatal emergency must be called and preparation made for a category 1 emergency caesarean section if the cord prolapse is associated with a suspicious or pathological fetal heart rate.

5. Accurate record keeping must be maintained.

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.
All entries must have the **date and time** together with **signature and printed name.**

A DATIX should also be completed.

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Monitoring and Audit

Auditable standards:
See audit tool
Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

Reports to:
Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

Frequency of audit:
Annual

Responsible person:

Cross references

Maternity Hand Held Notes, Hospital Records and Record Keeping

Guideline development within the Maternity Services

References

Nursing and midwifery Council (2015) **The code: Professional standards of practice and behaviour for nurses and midwives** NMC, London.

Royal College of Obstetricians & Gynaecologists **Umbilical Cord Prolapse** Green-top guideline No.50. London: RCOG Nov 2015

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