Prolapsed Umbilical Cord

This condition is when the umbilical cord comes out before the presenting part of the fetus, due to gravity washing the cord in front of the presenting part of the uterus. Most of the time it is visible after rupture of the membranes; however, it can be hidden rather than visible at any time during the patient's labor.



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Mechanism

Cord Prolapses
Cord Prolapses by falling out of place
This can occur due to a long cord, breech or transverse lie, polyhydramninos, sudden rupture of the membranes or gush of fluid that displaces cord downward, or a small fetus that allows the cord to prolapse.

Signs and Symptoms

Visualization of Cord
Seeing the Cord
If the cord is seen protruding from the vagina, immediate care of position changes need to be implemented, so that fetus maintains adequate oxygenation until delivery.

Prolonged or Variable Decelerations
Prolonged and Varied Deceleration of fetus with heart
Prolonged or variable decelerations can occur with a prolapsed umbilical cord during uterine contractions. Variable decelerations are generally irregular, often jagged dips in the fetal heart rate, while prolonged decelerations are longer dips in fetal heart rate.

Considerations

Hips Elevated
Elevating Hips
It is important that the mother be placed in a modified Sim’s position with the hips elevated as high as possible or in a knee-chest position to remove any compression on the umbilical cord, as soon as the diagnosis is made.

Insert 2 fingers in Vagina
Two Fingers in Vagina-violet
If the cord is visible, it is important to insert 2 fingers in the vagina with one finger on either side of the cord or both fingers to one side to exert upward pressure against the presenting part, so that compression is minimized and oxygenation to the fetus is maintained until emergency delivery.

Saline Towel on Cord
Saline-sail Towel with Cord
If the cord is protruding, cover with a saline soaked towel until delivery. Do not try placing the cord back into the cervix.

Oxygen
O2-tank
Oxygen delivered by a non-rebreather mask at a rate of 8-10 L/min until delivery can be administered. This is done to make sure the fetus is getting adequate oxygenation from the mother’s blood, as blood flow may be impeded.

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