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**