

Protocol 6-9

SECTION: Obstetrical/Gynecological Emergencies

PROTOCOL TITLE: OB/GYN – Pregnancy Related Emergencies
(*Prolapsed Umbilical Cord*)

REVISED: 06/2017

CORD PROLAPSE

OVERVIEW:

Although most babies are born without difficulty, complications may occur. Umbilical Cord Prolapse (UCP) is a condition when the umbilical cord presents through the birth canal after the amniotic sac ruptures before delivery of the head. If the umbilical cord presents in front of the fetal presenting part and the membranes rupture, the risk that the cord will prolapse through the cervix into the vagina is significant. Occult prolapse occurs when the cord lies alongside the presenting part. The risk is increased with abnormal fetal presentations, especially when the presenting part does not fill the lower uterine segment, as is the case with incomplete breech presentations, premature infants, and multi-parous women. This presents a serious medical emergency, endangering the life of the unborn fetus. In this situation the umbilical cord may get compressed against the vaginal walls by the pressure of the infants head. As a result, the infant's supply of oxygenated blood can be cut off.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Due date • Time contractions started • Duration and time between contractions • Rupture of membranes • Time, amount of any vaginal bleeding • Sensation of fetal activity • Past medical and delivery history • Medications 	<ul style="list-style-type: none"> • Spasmodic pain • Vaginal discharge, bleeding • Crowning, urge to push • Lower back, pelvis pain • Meconium • *Asymptomatic: sometimes <u>visual</u> inspection is the only sign of UCP 	<ul style="list-style-type: none"> • Abnormal presentation <ul style="list-style-type: none"> ○ Buttock ○ Foot ○ Hand • Premature labor • PROM (premature rupture of membrane)

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Support life-threatening problems associated with airway, breathing, and circulation. Do not delay immediate transport. Early hospital notification is indicated.	•	•	•	•	•
3. Administer oxygen to maintain <u>SPO₂</u> 94 - 99%	•	•	•	•	•

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Continued

CORD PROLAPSE

	EMR	EMT	A	I	P
4. If the umbilical cord presents externally or can be visualized in the vagina, use two fingers of a gloved hand to prevent any presenting part of the delivering fetus from occluding/compressing the cord. Pressure relieving maneuvers must be maintained throughout transport.		•	•	•	•
5. Check cord for pulsation.	•	•	•	•	•
6. Keep the cord warm and moist.	•	•	•	•	•
7. Establish an IV of Normal Saline.			•	•	•
8. Place patient in the knee-chest position.	•	•	•	•	•
9. Transport emergently to an appropriate facility with obstetrical services and reassess as indicated.		•	•	•	•

Relieving Cord Pressure

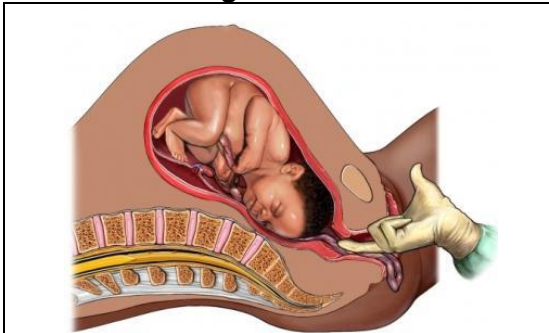


Photo Courtesy of empowher.com

Knee-Chest Position

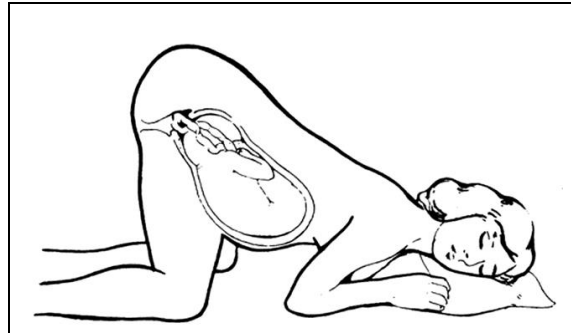
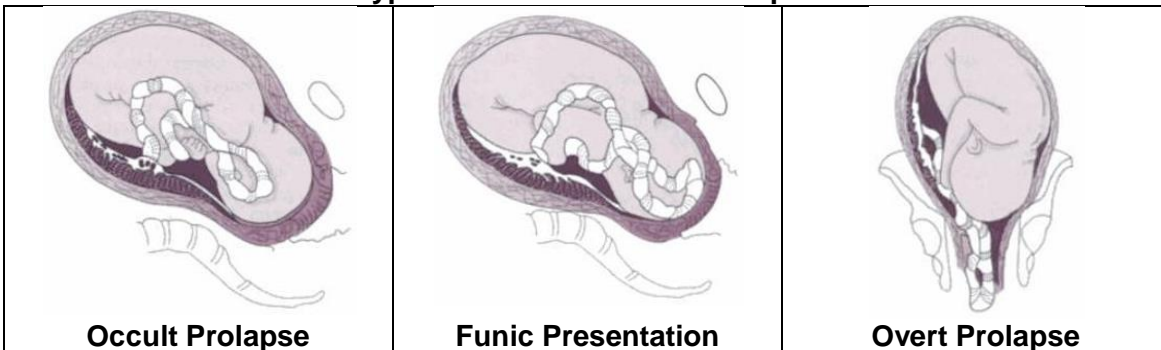


Photo Courtesy of writeaboutbirth.com

Types of Umbilical Cord Prolapse



PEARLS:

1. Once you have relieved pressure on the cord, you must keep the pressure off the cord.
2. The knee-chest position uses gravity to shift the fetus out of the pelvis. The woman's thighs should be at right angles to the stretcher and her chest flat on the stretcher.