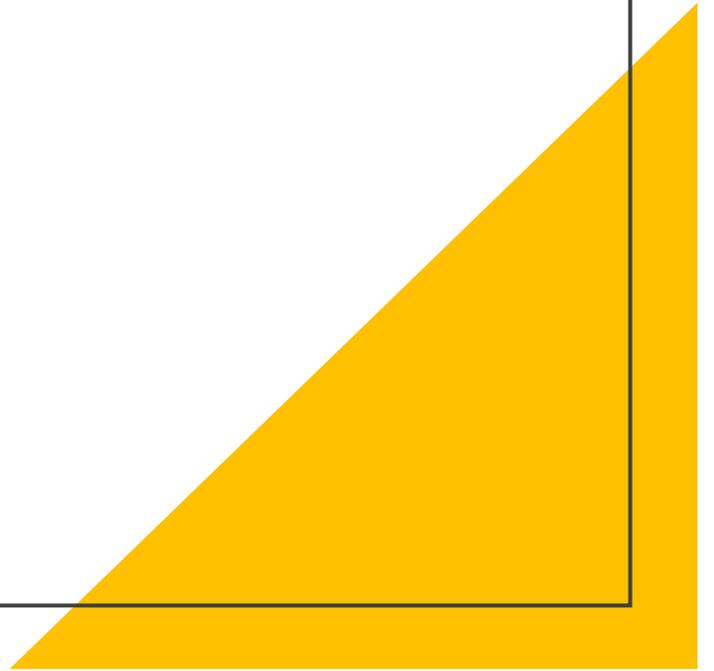


# **Prolapsed Umbilical Cord**



# Risk Factors

## Abnormal Presentation

- Breech
- Compound
- Shoulder

## Uterine Tumors

- Leiomyomas (fibroids)

## Polyhydramnios

## Long cord

## Prematurity or Macrosomia

## Uterine Anomalies

## Preterm Premature Rupture of Membranes

## Placenta Previa

## Multiple Gestation

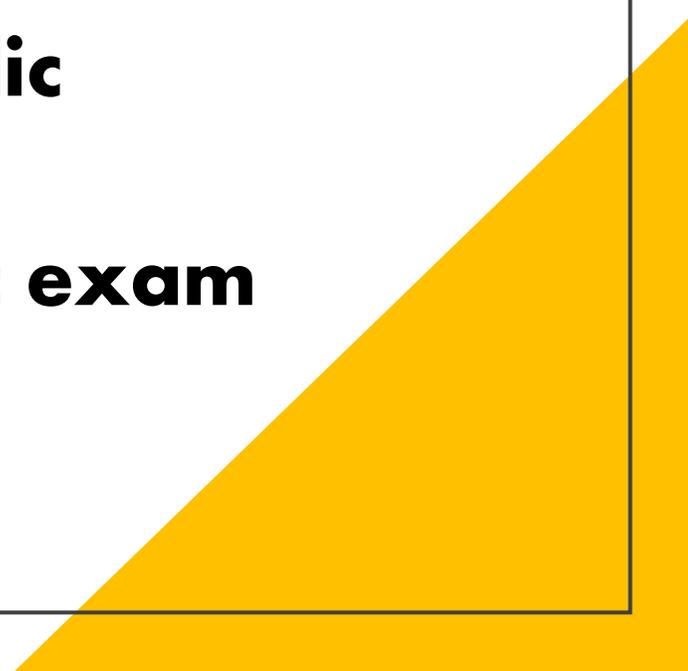
- Delivery of 2<sup>nd</sup> twin

## Pelvic Abnormalities

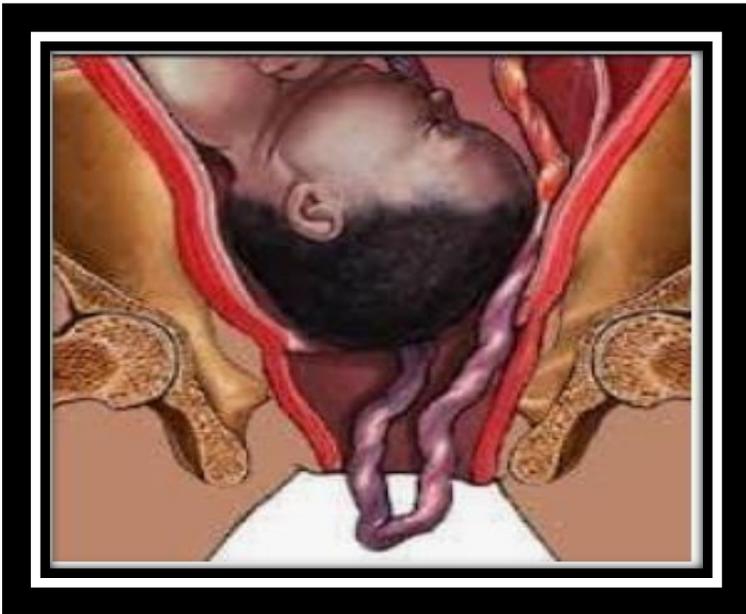
## Multiparity

## Vasa Previa

# **Iatrogenic risk factors**

- **Amniotomy with unengaged presenting part**
  - **External cephalic version**
  - **Vigorous pelvic exam**
- 
- A yellow triangular graphic is located in the bottom right corner of the slide, pointing towards the top right.

# Overt Prolapse



Cord is out of cervix and can be palpated by vaginal exam

Cord is out of the vagina

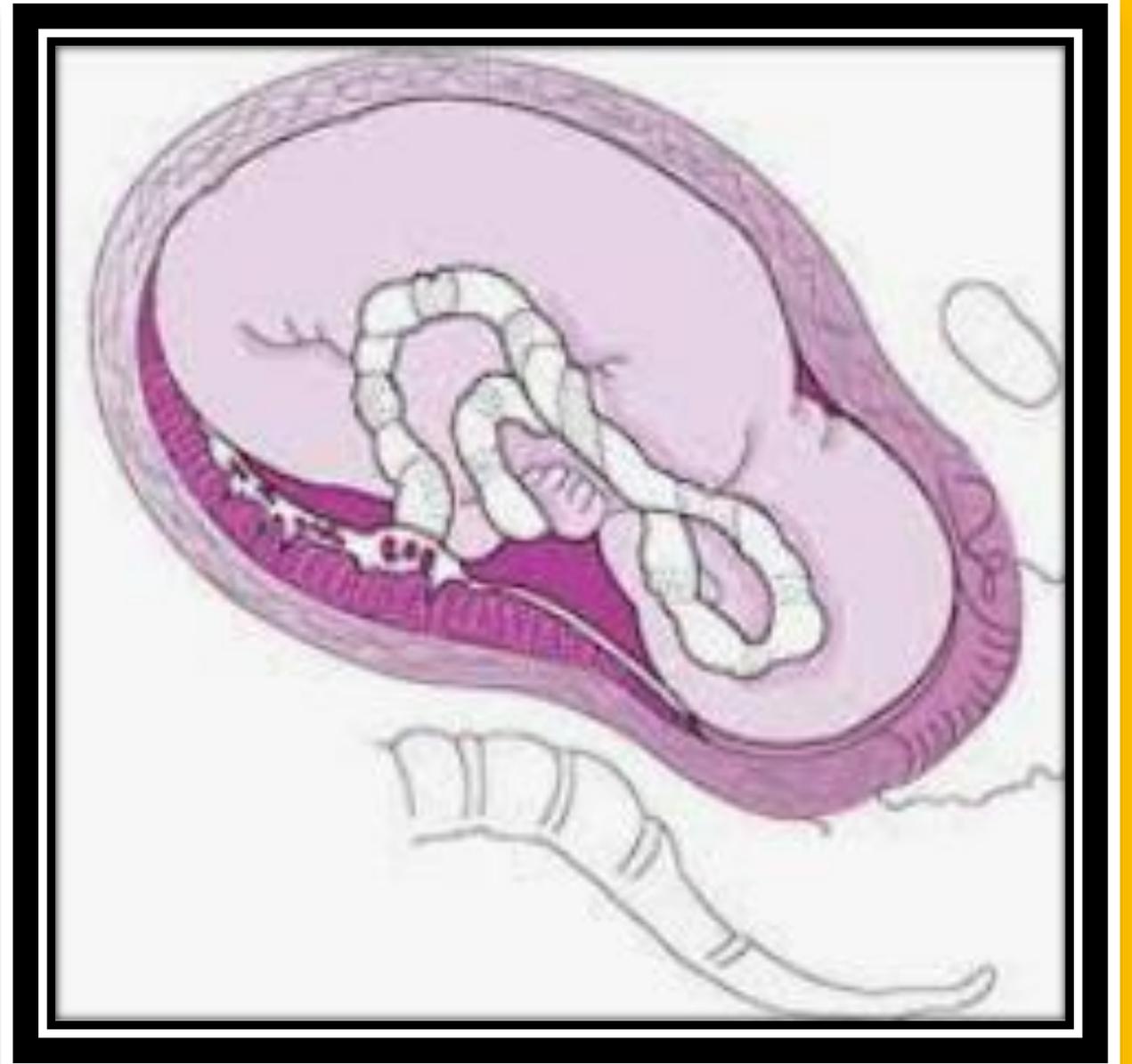
Any degree of occlusion may compromise circulation

Cooling or manipulation will exacerbate

# Occult Prolapse

**Cord can not be seen or palpated**

- **cord lies just above the fetal head**
- **occlusion may worsen with descent**

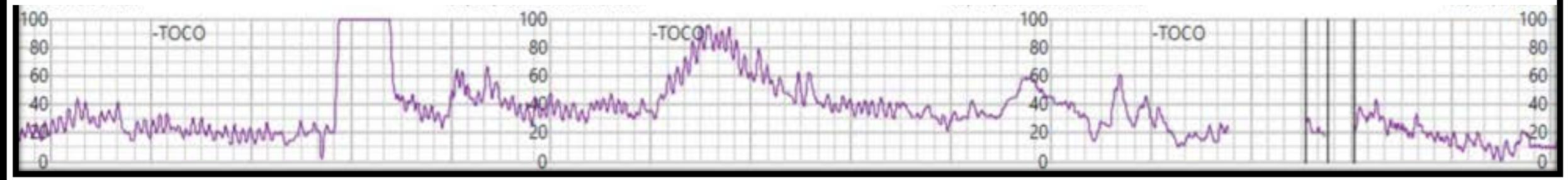
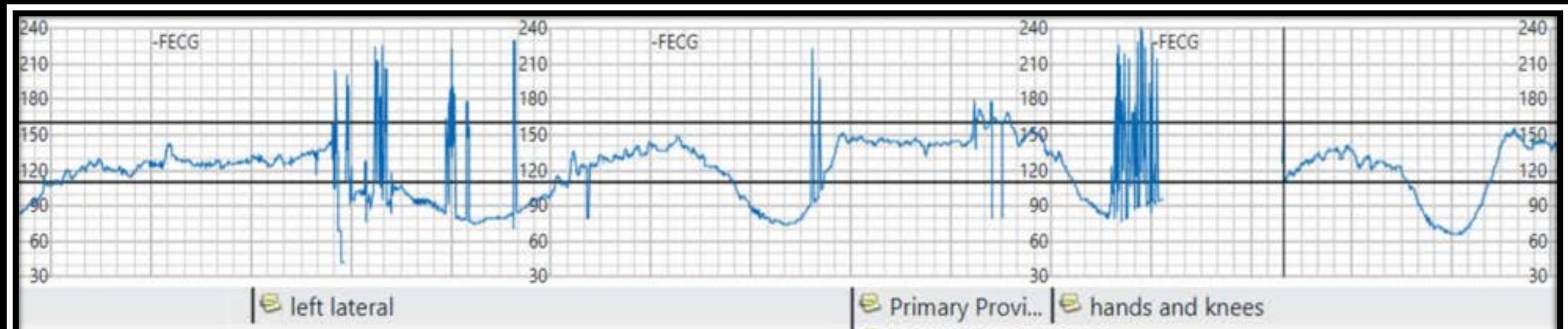


**What might  
you see on  
the FHR  
tracing?**

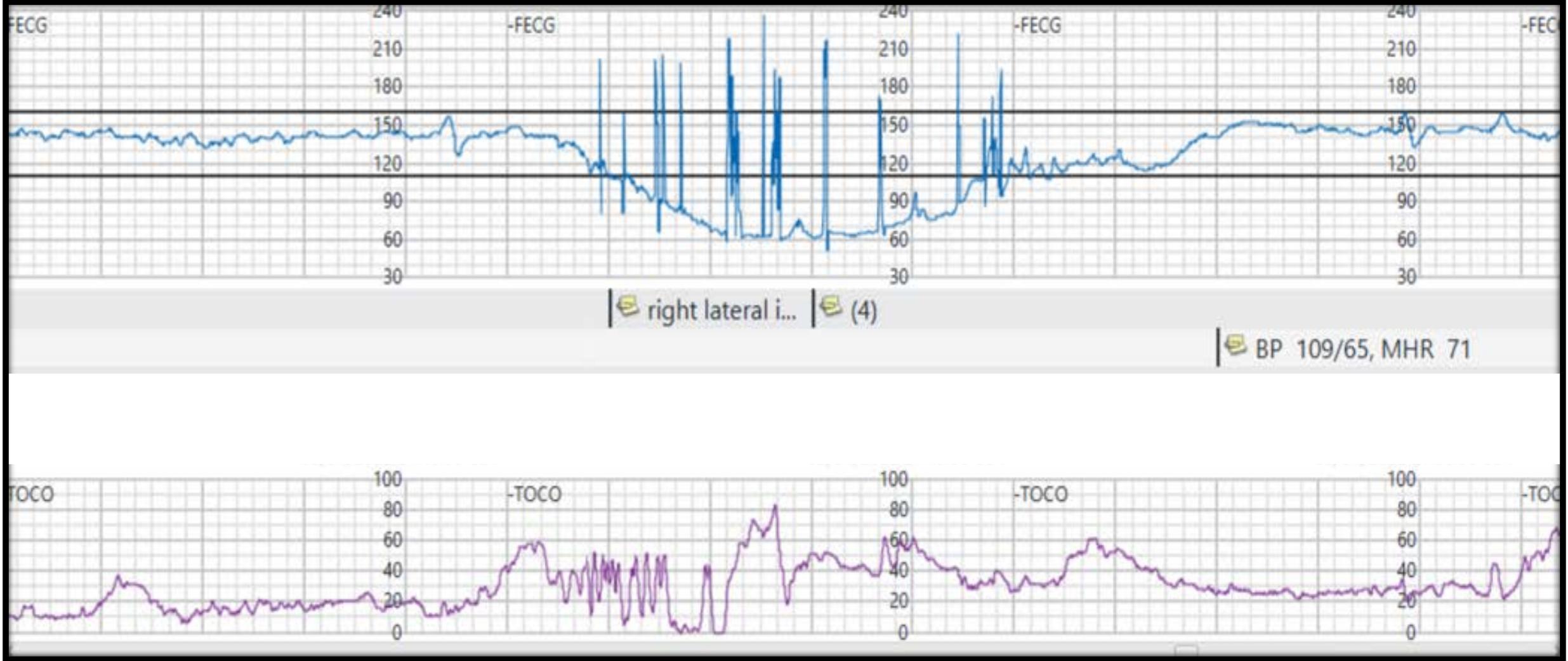
**Recurrent variables**

**Prolonged  
decelerations**

**Bradycardia**



**39 week prolapsed cord**



**Prolonged deceleration**

# Nursing Assessment/Identification

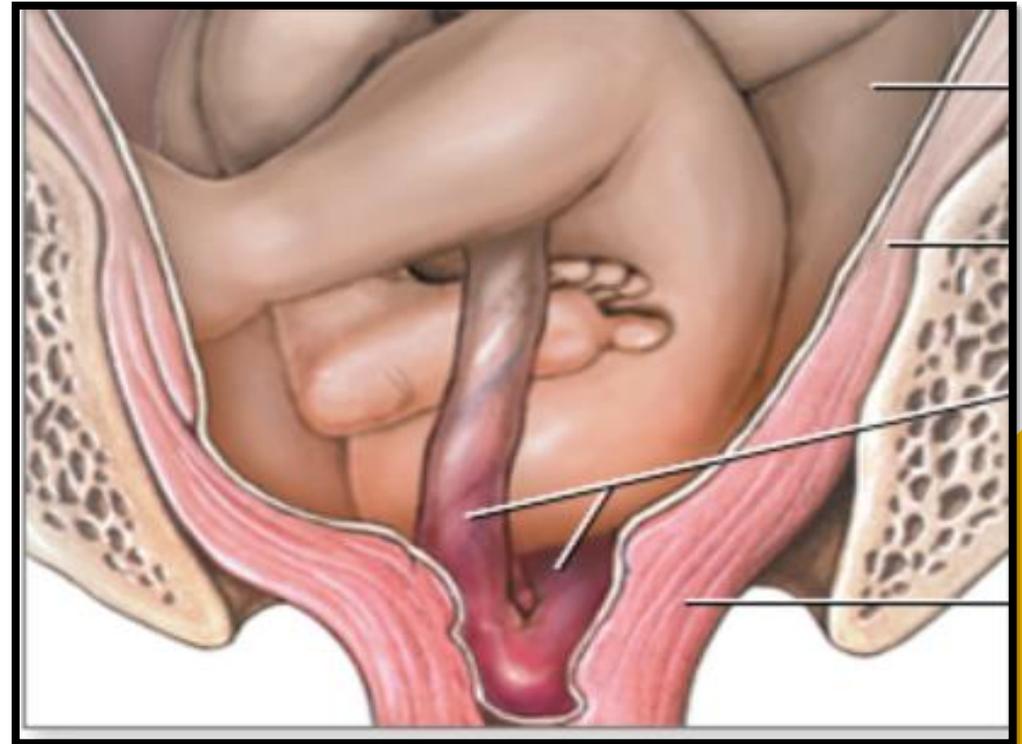
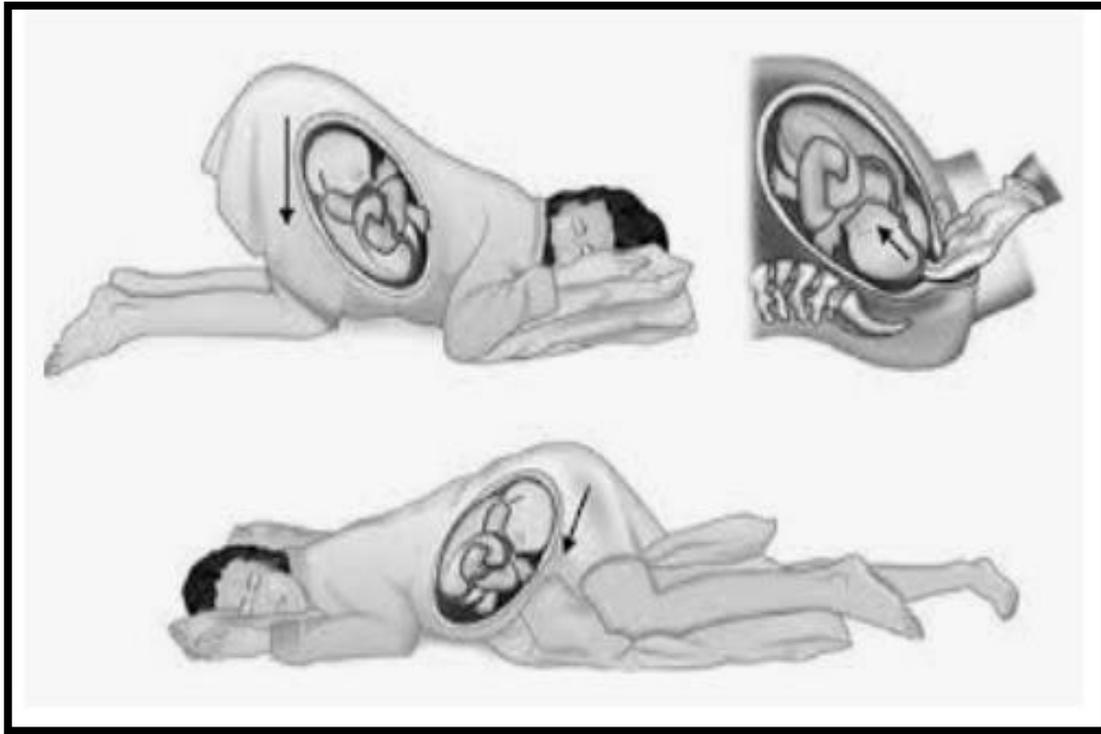
<b>Assess</b>	<b>Assess FHR after rupture of membranes</b>
<b>Vaginal Exam</b>	<b>Can you feel something odd, lumpy or pulsating</b>
<b>Visually</b>	<b>You can see it outside of the vagina</b>
<b>Palpate</b>	<b>If it is pulsating this is a cord</b>



**When a cord is found:  
use positioning,  
as needed, to  
relieve the  
pressure on the  
cord**

- **Knee-chest**
- **Trendelenburg**
- **Lateral Sim's**
- **Any position which may possibly relieve cord compression**

# Think about presentation

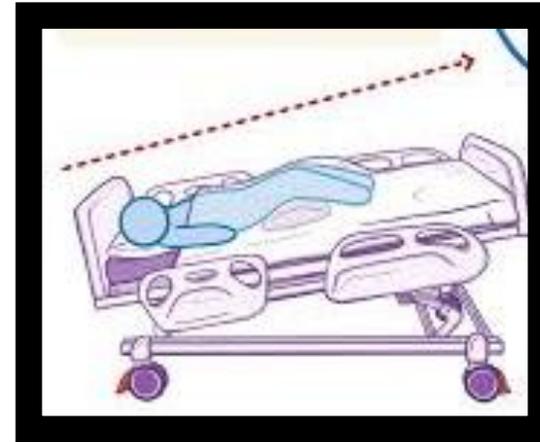


# Assessments/Interventions

<b>Relieve cord compression</b>	<b>Gentle upward displacement of the presenting part; change pt's position if appropriate; do not take hand out of vagina</b>
<b>Notify</b>	<b>Staff; Get help in the room</b>
<b>Notify</b>	<b>Notify Provider who has surgical privileges</b>
<b>Assess</b>	<b>Assess FHR</b>
<b>Consider</b>	<b>Consider Intrauterine Corrective Measures: d/c Pitocin, IV Bolus, consider terbutaline</b>
<b>Prepare</b>	<b>Prepare for cesarean</b>

# MNEMONIC FOR CORD PROLAPSE

- **C**- Call for Help: Continuously stay at bedside & prep for urgent delivery
- **O**- Off of Cord: Elevate presenting part until delivery, try not to continuously palpate cord as can cause vasospasm
- **R**- Reposition: Knee chest or Trendelenburg depending where cord is located
- **D**- Deliver ASAP: CS unless vaginal delivery is imminent, Decrease contractions- Consider terbutaline if pt is contracting and surgeon is not in house.





**QUESTIONS???**

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