

Basic B.Sc In Nursing 4th Year

Subject: Midwifery & Obstetrical Nursing II

Topic: Prolapsed Cord

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Prolapsed cord

Definition of cord prolapsed:

When umbilical cord lies below the presenting part after rupture of membrane is called cord prolapsed.

Or

Cord lying inside the vaginal or outside the valve following rupture of membrane is known as cord prolapsed. In cord presentation, membrane may be intact.

Types of cord prolapsed: There are three types-

1. Occult prolapsed: The cord is placed by the side of the presenting part and is not felt by the fingers on internal examination. It could be seen on ultrasonography or during cesarean section.

2. Cord presentation: The cord is slipped down below the presenting part and is felt lying in the intact bag of membranes.

3. Cord prolapsed: The cord is lying inside the vagina or outside the vulva following rupture of the membranes.

Incidence: The incidence of cord prolapsed is about 1 in 300 deliveries.

Cause of cord prolapsed:

1. Mal presentation- Flexed breech, shoulder, brow, face presentation.
2. Occiputo-posterior position of vertex presentation.
3. Head is above pelvic brim- placenta previa.
4. Premature or small foetus, twin pregnancy.
5. Hydramnios, multiparity.
6. Placental abnormality- battledore placenta.
7. Cord abnormality- too long cord, attached to low-lying placenta.

Management of cord prolapsed:

A. Diagnosis of cord prolapsed-

History-

- Previous history of cord prolapsed.
- Patients are usually multiparous women.
- Sometimes cord is lying outside the vulva.

Per-abdominal examination-

- Fetal heart sound- may be present/absent.
- Fetal movement –may be present/absent.

Per-vaginal examination-

- Inspection- Cord may be seen outside the vagina.
- Palpation- Cord is palpated by the fingers & its pulsations can be felt if fetus is alive.

B.Management:

1.If foetus is alive RX is immediate delivery-

➤If cervix not fully dilated-C/S.

➤If cervix slight dilated-manual reposition of cord (but unsuccessful rate more).

➤If cervix fully dilated & no other complication-

•Cephalic presentation- forceps delivery after episiotomy.

➤If cervix fully dilated & other complication-

•Breech presentation-breech extraction under G/A, preferable C/S.

•If other mal-presentation-vaginal delivery possible but C/S.

2.If foetus is dead-

➤With no other complication-normal vaginal delivery.

➤With other complication-eg cephalopelvic disproportion-destructive operation.

➤Analgesic-morphine is given.

Complication cord prolapsed:

A. Maternal complication-

- Shock
- Hemorrhage
- Sepsis

B. Foetus-

- Asphyxia due to cord compression
- Operative trauma.