

# **Cord presentation and Prolapse**

## **Definition:**

- **Cord presentation. . . when a segment of umbilical cord is present at the cervical os before the rupture of membranes.**
- **Cord prolapse. . . when the cord is present in the vagina from any level from upper vagina to outside the introitus when membrane ruptured.**

# Cord Prolapse

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**Causes. . . . presenting part is high above the pelvis or if it does not fit well into the pelvis at the time of rupture of the membrane. eg.**

- transverse lie**
- cephalo pelvic disproportion**
- preterm labour**
- breech presentation**
- multiple pregnancy.**

# **Management**

## **1. Cord presentation**

- ➡ **Emergency CS.**
- ➡ **If os is nearly full → forceps or breech extraction.**

## **2. Cord prolapse**

- ➡ **If the baby is alive and cervix is not fully dilated → emergency CS.**
- ➡ **If the baby is alive and cervix is fully dilated → forceps delivery or breech extraction ( for breech presentation).**

## ■ First Aid management:

- Replace the exposed cord into vagina to keep it warm and prevent vasospasm.
- Lift the presenting part with the examining hand to keep pressure off the cord.
- Keep the patient in knee chest or exaggerated Sim's position to replace the cord into vagina.
- Fill the bladder with 750 ml of normal saline by Foley's catheter.



Cord Prolapse



Cord pulsation +/-



Cord pulsation (+)

Cord pulsation (-)

