

Standard Operating Procedure

Cord Prolapse

Special Region (1)

Union of Myanmar

Version (1)

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Cord prolapse

- The descent of the umbilical cord through the cervix alongside or past the presenting part in the presence of ruptured membranes.
- Diagnosed by finding of cord in the vagina on Speculum examination or VE.
- Prolonged bradycardia is a sign of acute hypoxia resulting from cord prolapse and cord presentation.

Management of cord prolapse

- Obstetric emergency
- Call assistance immediately and make preparation for urgent delivery.
- minimal handling of the cord.
- If the umbilical cord has prolapsed out from the vagina, attempt to gently replace it back into the vagina with warm saline soaked gauze
- prevent cord compression, the presenting parts should be elevated either manually by inserting two fingers of a gloved hand in the vagina, pushing the presenting part upwards or by filling the urinary bladder (by Foley catheter with 500 - 750 ml Normal Saline.)
- Excessive displacement may encourage more cord to prolapse.
- Remove the hand from the vagina once the presenting part is above the pelvic brim, and apply continuous suprapubic pressure upwards.
- To empty the bladder again just before any delivery.
- Tocolysis can be considered while preparing for caesarean section to reduce uterine contraction. The suggested tocolytic regimen is terbutaline 0.25 mg subcutaneously or IV salbutamol 0.25 mg slowly.

Management in Community Settings

- All women with cord prolapse should be transferred to the nearest hospital for delivery, with facility for LSCS.
- The presenting part should be elevated during transfer by either manual or bladder filling methods.
- During emergency ambulance transfer, the knee-chest is potentially unsafe and the left-lateral position should be used.
- Use the Foley catheter for bladder filling with normal saline.

- To prevent vasospasm, there should be minimal handling of loops of cord lying outside the vagina.

Mode of Delivery with Cord Prolapse

- A caesarean section is the recommended mode of delivery in cases of cord prolapse in first stage of labour. A category 1 emergency caesarean section must be performed, if cord prolapse is associated with a suspicious or pathological foetal heart rate pattern.
- If the patient is in the second stage of labour:
 - Expedite delivery with episiotomy and forceps or vacuum extraction
 - If breech presentation, perform breech extraction and apply Piper or mid-straight forceps to the after-coming head
- A paediatrician should attend the delivery.
- If fetus is dead, deliver in the manner that is safest for the women.
- Post natal debriefing.

References

1. Obstetrics and Gynaecology Myanmar management Guidelines, 2024
2. McCarthy F (2017). Obstetric Emergencies. In: Obstetrics by Ten Teachers. Kenny LC and Myers JE (Ed). CRC Press, 20th edition, 265.
3. Royal College of Obstetrician and Gynaecologists (2014). Umbilical cord prolapse, Green-top Guideline No. 50.