

# Malpresentation (cont.)

Asmaa kadhim

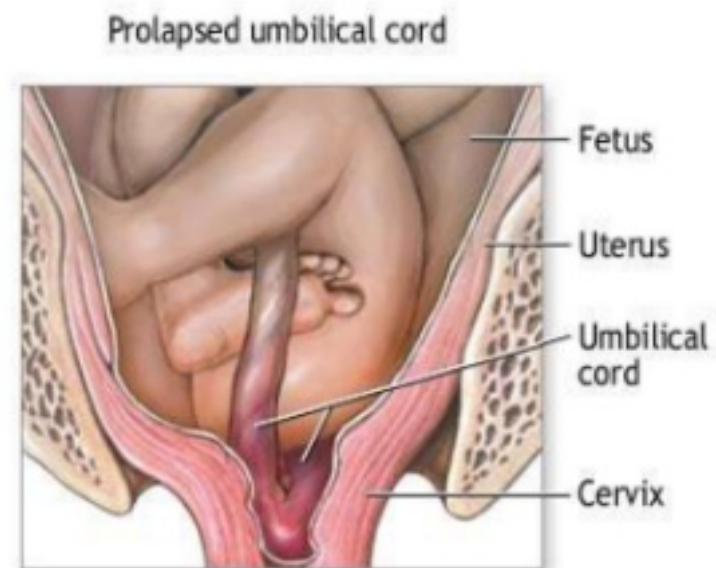
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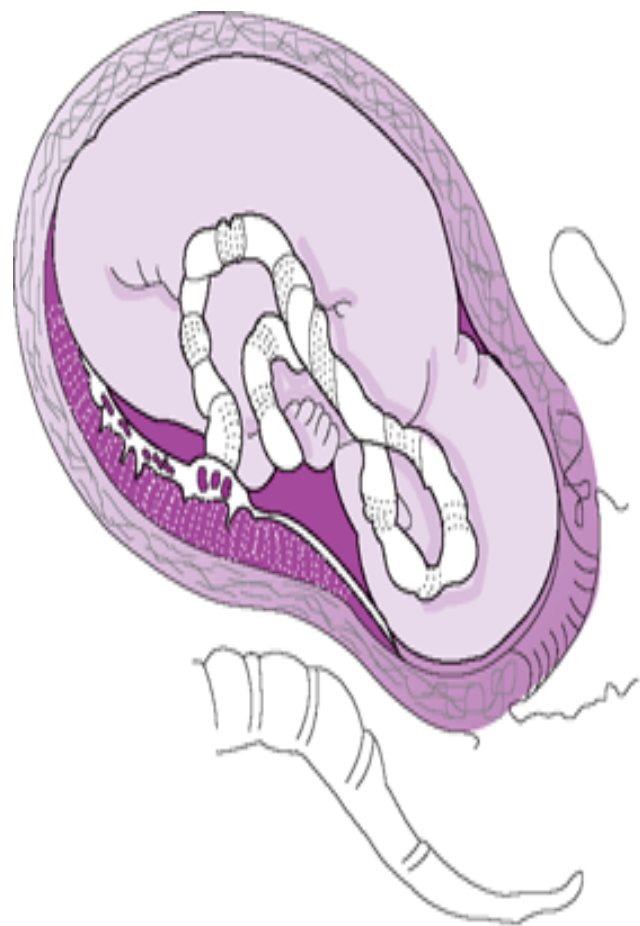
# Cord presentation and cord prolaps

## Definitions

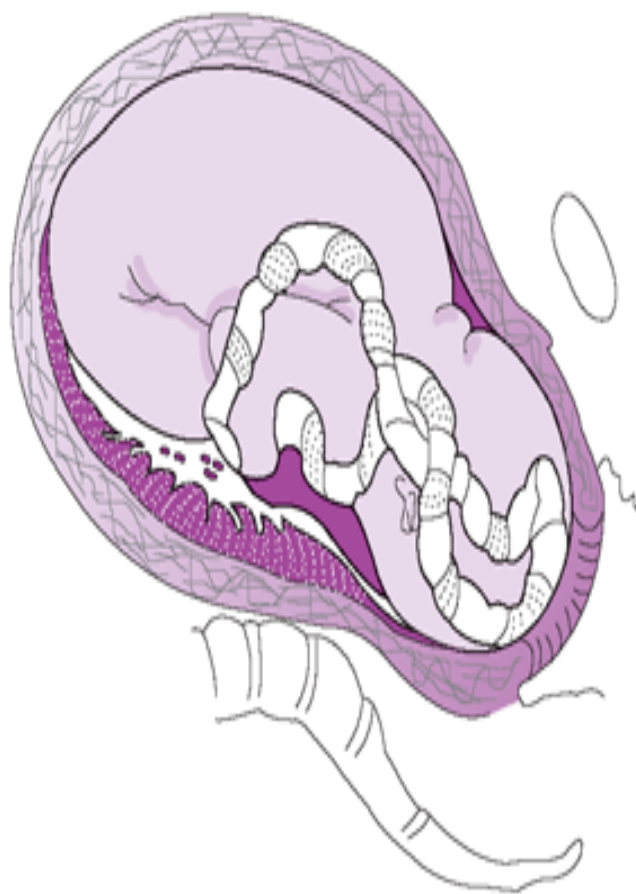
**Cord prolapse** is defined as the descent of the umbilical cord through the cervix alongside (**occult**) or past (**overt**) the presenting part in the presence of ruptured membranes.

**Cord presentation** is the presence of the umbilical cord between the fetal presenting part and the cervix, with or without intact membranes.





occult prolapse  
membrane in tact



cord presentation  
membrane in tact



Overt prolapse  
membrane ruptured

# Causes and risk factors

## Obstetric

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Maternal age  $\geq 35$  years

Multiparity

Non-cephalic presentations

Preterm labor ( $< 37$  weeks)

Low birth weight

Polyhydramnios

Multiple pregnancies

Non-engaged presenting part

PPROM

## Iatrogenic

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Amniotomy/SROM + high presenting part

ECV

Placement of cervical ripening balloon

Placement of intrauterine pressure  
catheter

Attempted rotation of the fetal head

Inadequate prenatal care

# Cord prolapse

## Diagnosis

- ⊙ Whenever there are factors present that predispose to cord prolapse a vaginal examination should be performed immediately on spontaneous rupture of membranes.
- ⊙ Bradycardia
- ⊙ - variable or prolonged decelerations of the fetal heart are associated with cord compression

# **DIAGNOSIS:**

- Occult prolapse: is difficult to diagnose
- Cord presentation: feeling the pulsation of cord through intact membranes
- Cord prolapse: direct visualization or its palpation & feeling of its pulsation

# Management of cord prolaps

- Depend on
- Viability of fetus
- Cervical dilatation at the time of diagnosis
- Fetal presenting part
- Dead fetus Allow vaginal delivery When there is no contraindication
- Viable fetus
- Fully dilated cervix and cephalic presentation ----- instrumental delivery
- Cervix not fully dilated ---- emergency CS after initial measures
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- Cord presentation. Delivery should be by cesarean section

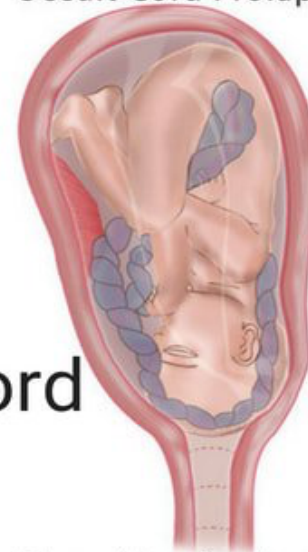


# Cord Prolapse

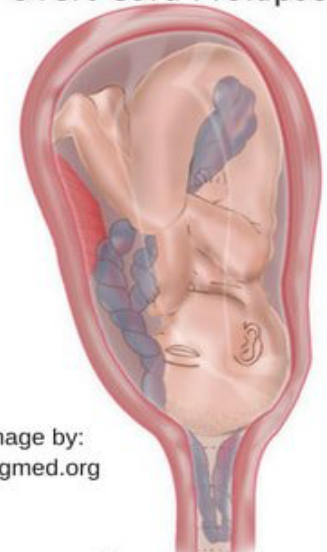


**C**all for help  
**O**rganize delivery  
**R**elieve pressure on the cord  
**D**eliver

Occult Cord Prolapse    Overt Cord Prolapse



The cord dropping alongside the baby, but may not be seen in advance



The cord coming before the baby's head can come out

image by:  
pregmed.org

Cover cord with sterile saline gauze to prevent drying of the cord and to minimize infection.

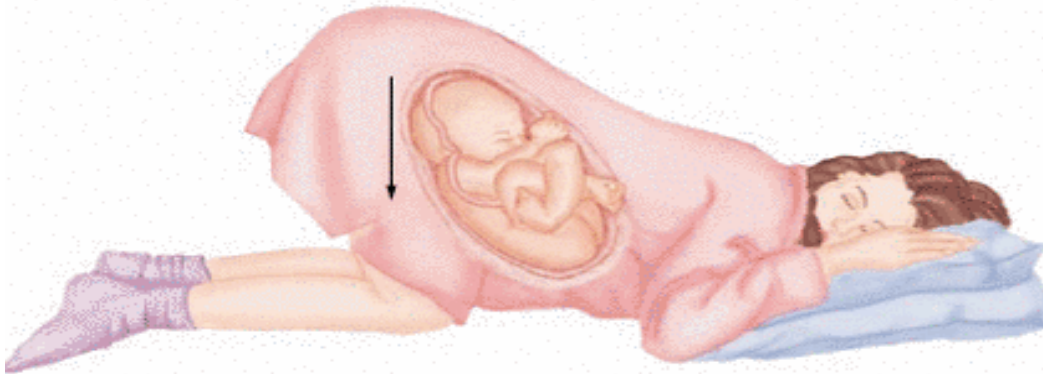
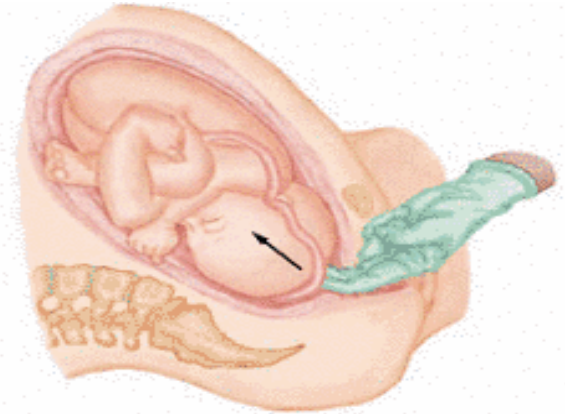


RNpedia Quick Tips



# Measures to relieve pressure on the cord

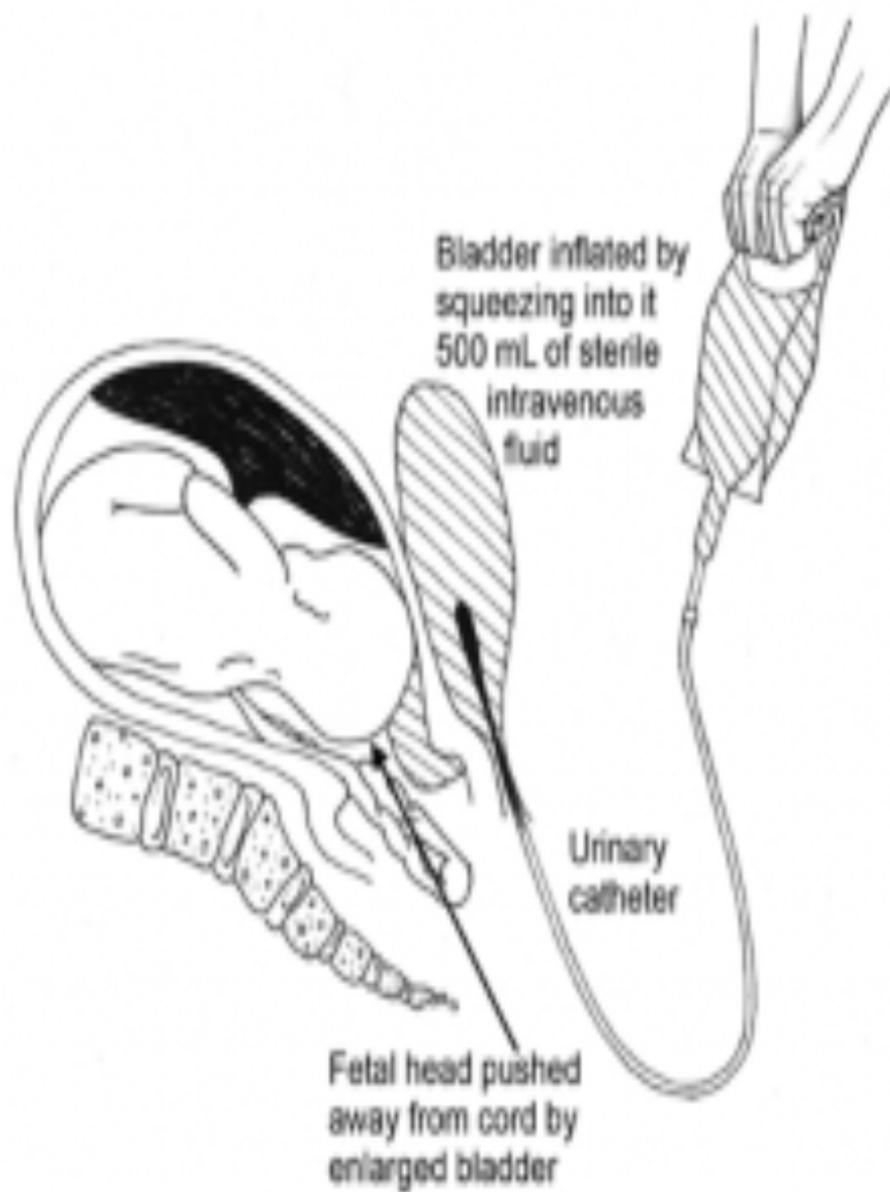
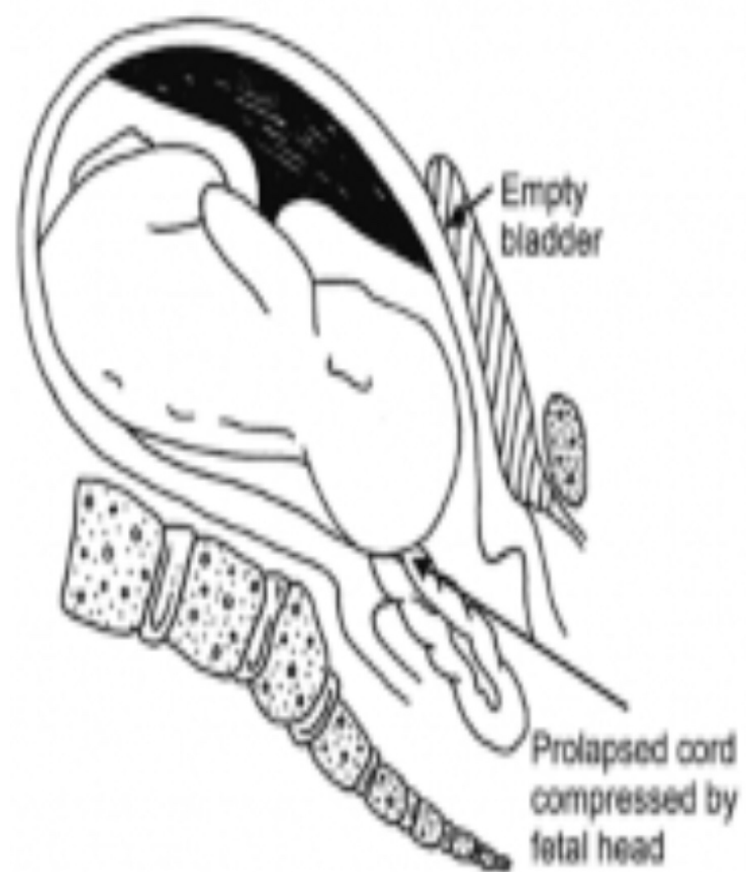
A gloved hand in the vagina pushes the fetus upward and off the cord.



Knee-chest position uses gravity to shift the fetus out of the pelvis. The woman's thighs should be at right angles to the bed and her chest flat on the bed.



The woman's hips are elevated with two pillows; this is often combined with the Trendelenburg (head down) position.



Thank you

