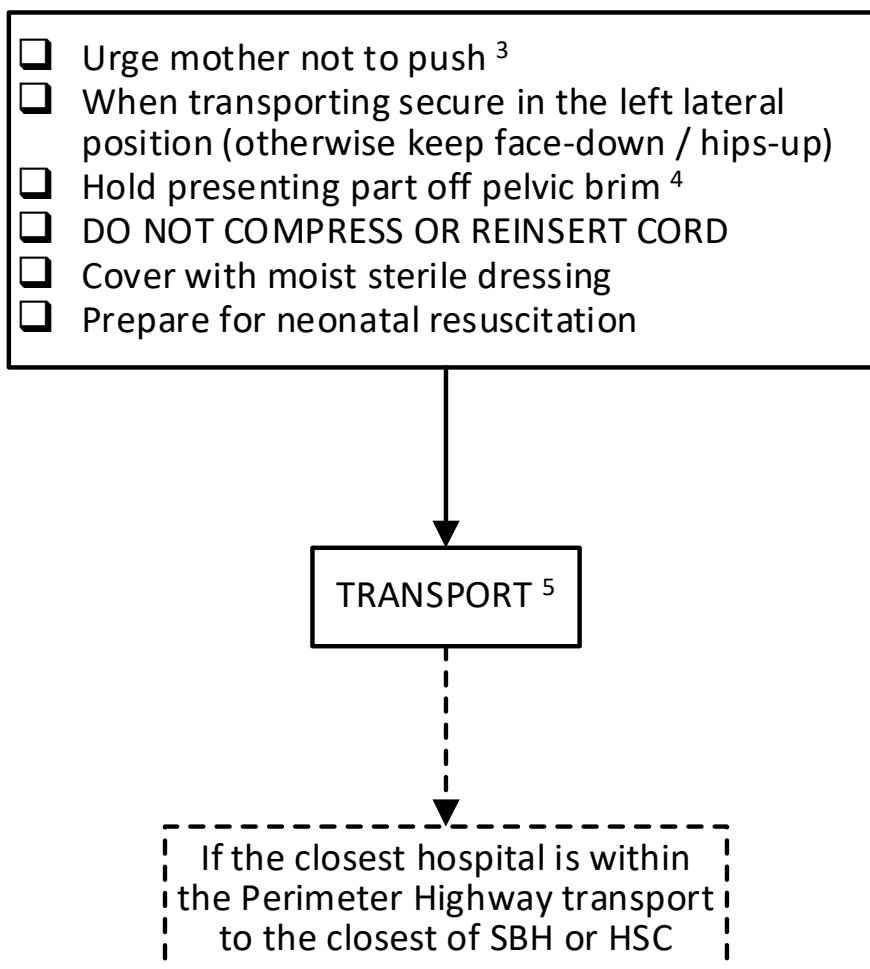
	<b>D04 - UMBILICAL CORD PROLAPSE</b>
	MATERNAL & NEWBORN CARE
<b>ALL</b> - Paramedics with all work scopes will follow this protocol.	
Version date: 2022-11-01	Effective date: 2022-11-29 (0700 hrs)



<b>QRG: OBSTETRICAL FACILITIES</b>	
<i>(*) Paramedics should call ahead to confirm that normal obstetrical services are currently available.</i>	
<ul style="list-style-type: none"> <li>• Bethesda Regional Health Centre (Steinbach)</li> <li>• Boundary Trails Health Centre (Winkler)</li> <li>• Brandon Regional Hospital</li> <li>• Dauphin Regional Health Centre</li> <li>• Health Sciences Centre (Winnipeg)</li> <li>• Lake of the Woods District Hospital (Kenora, ON) *</li> <li>• Neepawa Health Centre</li> </ul>	<ul style="list-style-type: none"> <li>• Portage District General Hospital (Portage La Prairie)</li> <li>• Selkirk Regional Health Centre (Selkirk)</li> <li>• St. Anthony's General Hospital (The Pas)</li> <li>• St. Boniface Hospital (Winnipeg)</li> <li>• Thompson General Hospital</li> <li>• Yorkton Regional Health Centre (Yorkton, SK) *</li> </ul>

### INDICATIONS

- Known or suspected umbilical cord prolapse during delivery <sup>1</sup>

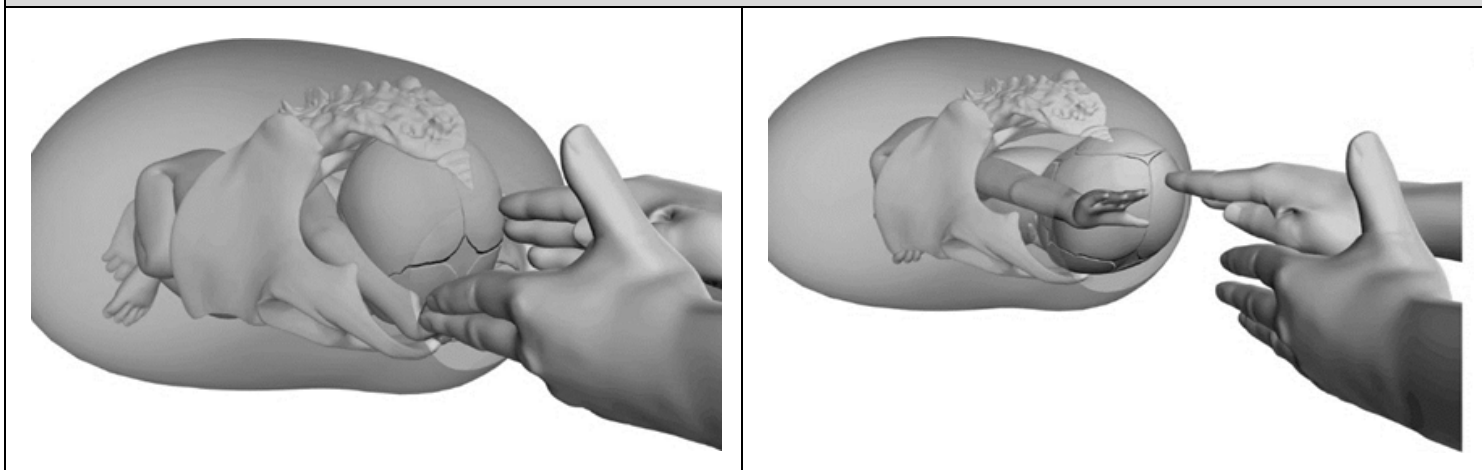
### CONTRAINDICATIONS

- None

### NOTES

1. Obstetrical emergencies are fortunately rare but can be very stressful. **Be prepared & call early for assistance, intercept, or the on-line medical support (OLMS) physician.**
2. **Umbilical cord prolapse is a surgical emergency that cannot be treated in the prehospital setting.** Fetal survival is measured in minutes & depends on immediate delivery. It can be obvious where prompt recognition and immediate action can be lifesaving. Or it can be occult and undiscovered until delivery. It commonly accompanies incomplete breech presentations.
3. Pushing can exacerbate cord compression.
4. Manual elevation of the presenting part off of the pelvic brim (figure 1) to prevent cord compression can extend the window for intervention and improve the chances of neurologically intact fetal survival. Be careful not to compress the prolapsed cord.
5. The preferred destination is an obstetrical facility where staff have expertise and resources to manage cord prolapse and experience with neonatal resuscitation (QRG). However, if the transport time is excessive initial care may have to be provided at a non-obstetrical facility. **Ensure pre-arrival notification.**

**FIGURE 1: MANUAL ELEVATION OF THE PRESENTING PART**



<b>LINKS</b>
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D03 - NEWBORN CARE & RESUSCITATION D06 - INCOMPLETE BREECH
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<b>APPROVED BY</b>	
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Medical Director – Provincial EMS/PT	Associate Medical Director – Provincial EMS/PT
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<b>VERSION CHANGES (refer to X04 for change tracking)</b>
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| <ul style="list-style-type: none"> <li>• Reformatted (works scope indicator moved into header; compliance statement is now policy A03)</li> <li>• Renumbered from D03.1</li> <li>• Revised flow chart &amp; notes</li> <li>• List of obstetrical facilities</li> </ul> |
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