Shared health Soins communs Manitoba	**D04 - UMBILICAL CORD PROLAPSE**	
	Version date: 2025-03-13	Effective date: 2025-04-30 (07:00)
EMR / PCP / ICP / ACP		

- ❑ Standard clinical approach (A01)
- ❑ Keep the mother face-down & knees-to-chest until transporting (figure 2) [4]
- ❑ Urge the mother not to push [5]
- ❑ Do not stimulate the infant
- ❑ Be prepared for neonatal resuscitation!

Consult VECTRS / OLMS as soon as possible [1]

- ❑ Hold the presenting part off pelvic brim (figure 2) [6]
- ❑ Do not compress or reinsert the cord
- ❑ Cover the cord with a moist sterile dressing

Secure the mother with the hips elevated for transport (figure 3) [7]

- ❑ Initiate transport to the <u>closer</u> of the closest obstetrical center (table 1) or the closest ED
- ❑ Continue or redirect as advised by VECTRS / OLMS [2]

If you are closer to the Winnipeg Perimeter Highway than any Regional hospital, transport to the closer of SBH or HSC

VECTRS / OLMS: (204) 949 - 4000

TABLE 1: OBSTETRICAL CENTERS & OBSTETRICS-CAPABLE FACILITIES IN OR NEAR MANITOBA

- Bethesda Regional Health Centre (Steinbach)
- Boundary Trails Health Centre (Winkler)
- Brandon Regional Hospital
- Dauphin Regional Health Centre
- Health Sciences Centre (Winnipeg)
- Lake of the Woods District Hospital (Kenora, ON) *
- Neepawa Health Centre
- Portage District General Hospital (Portage La Prairie)
- Selkirk Regional Health Centre (Selkirk)
- St. Anthony's General Hospital (The Pas)
- St. Boniface Hospital (Winnipeg)
- Thompson General Hospital
- Yorkton Regional Health Centre (Yorkton, SK) *

(*) Where indicated call ahead to confirm that normal obstetrical services are currently available

INDICATIONS

- Known or suspected umbilical cord prolapse

WARNINGS

- Not applicable

NOTES

1. Umbilical cord prolapse is an obstetrical emergency. Fetal survival depends on immediate recognition and intervention. Perinatal mortality outside of the hospital exceeds 40 percent.

   Scene time should be kept to a minimum. Call the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult on-line medical support (OMS) as soon as possible for clinical and destination decision support. VECTRS / OLMS can access the on-call transport obstetrician and the Child Health Transport Team (CHTT) if necessary.
2. Depending on your location, transport time, and resources available at the closest destination, VECTRS / OLMS may direct you to an alternative destination so it is imperative to call as early as you can.
3. A number of conditions are associated with an increased risk of cord prolapse. It commonly accompanies incomplete breech presentations (D06) and is slightly more common with preterm labors.
4. Before transporting, keeping the mother in a face-down and knees-to-chest position may allow gravity to push the fetus away from the internal cervical opening. This may slow delivery and alleviate cord compression if present (figure 1).
5. Pushing by the mother will exacerbate cord compression.
6. Manual elevation of the presenting part off of the pelvic brim (figure 2) can extend the window for intervention and improve the chances of neurologically intact fetal survival. Be careful to avoid compressing the prolapsed cord. Keeping the presenting part off the pelvic brim may be challenging and exhausting during a long transport.
7. The knees-to-chest position during transport may interfere with properly securing the patient to the stretcher during transport. An acceptable alternative is to elevating the mother's hips in a slightly prone and left lateral position with

pillows or a blanket role (figure 3). Adding 15 to 30 degrees of Trendelenburg (stretcher head down) may be of further benefit.

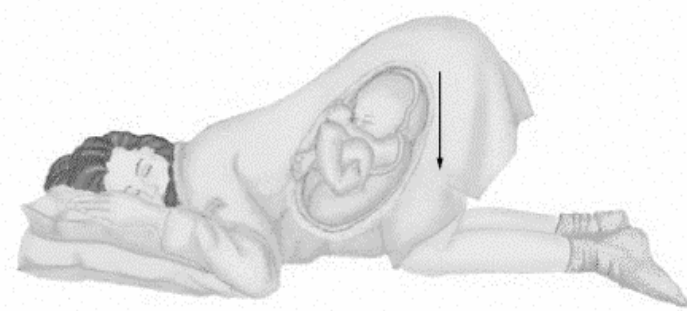
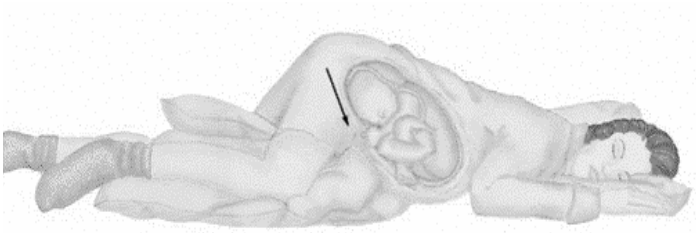
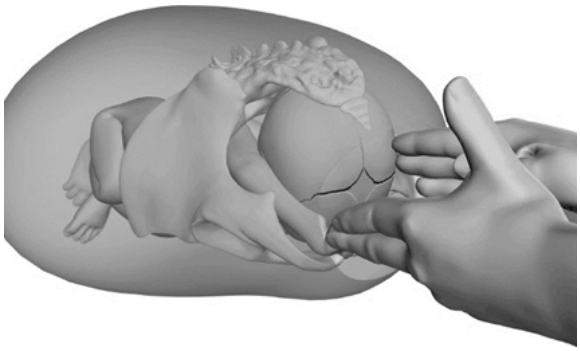
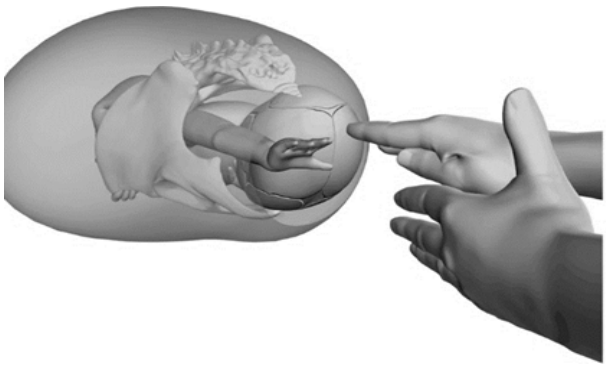
FIGURE 1: NOT TRANSPORTING	FIGURE 3: DURING TRANSPORT
	

FIGURE 2: MANUAL ELEVATION OF THE PRESENTING PART	
	

LINKS
• A01 - Standard Clinical Approach • D03 - Newborn Care & Neonatal Resuscitation • D06 - Incomplete Breech

APPROVED BY	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X04 for change tracking)
• Addition of advanced (ACP) work scope • More details regarding positioning for transport • Revised notes for greater clarification regarding consulting VECTRS / OLMS, transport, and best destination