 Shared health Soins communs Manitoba	D04 - UMBILICAL CORD PROLAPSE	
	MATERNAL & NEWBORN CARE	
Version date: 2023-07-10		Effective date: 2024-02-13 (0700)

- ☐ Urge mother not to push ³
- ☐ When transporting secure in the left lateral position (otherwise keep face-down / hips-up)
- ☐ Hold presenting part off pelvic brim ⁴
- ☐ DO NOT COMPRESS OR REINSERT CORD
- ☐ Cover with moist sterile dressing
- ☐ Prepare for neonatal resuscitation

TRANSPORT ⁵

If the closest hospital is within the Perimeter Highway transport to the closest of SBH or HSC

IDENTIFIER:	EMR: EMR only	PCP: PCP & ICP	ICP: ICP only	None - All providers
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QRG: OBSTETRICAL FACILITIES

(*) Paramedics should call ahead to confirm that normal obstetrical services are currently available.

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| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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) * |
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INDICATIONS

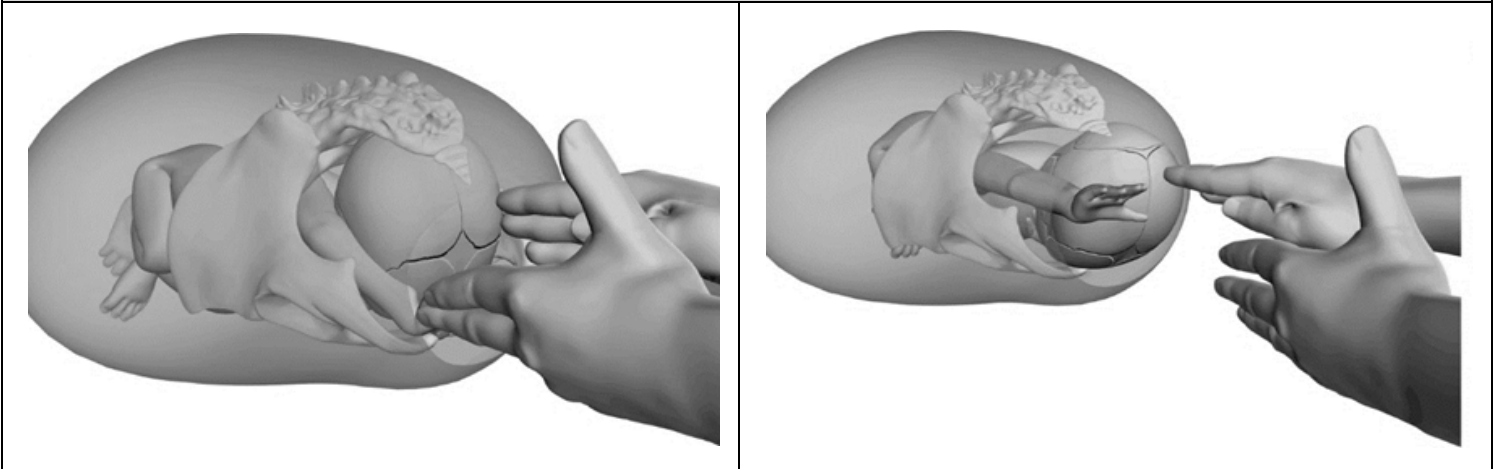
- Known or suspected umbilical cord prolapse during delivery ¹

CONTRAINDICATIONS

- None

NOTES

1. Obstetrical emergencies are fortunately rare but can be very stressful. Be prepared and call early for assistance or intercept. Consult on-line medical support (OLMS) at any time.
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**LINKS**

D03 - NEWBORN CARE & RESUSCITATION
D06 - INCOMPLETE BREECH

APPROVED BY

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VERSION CHANGES (refer to X04 for change tracking)

- Identifier legend at bottom of flow chart replaces work scope statement in header