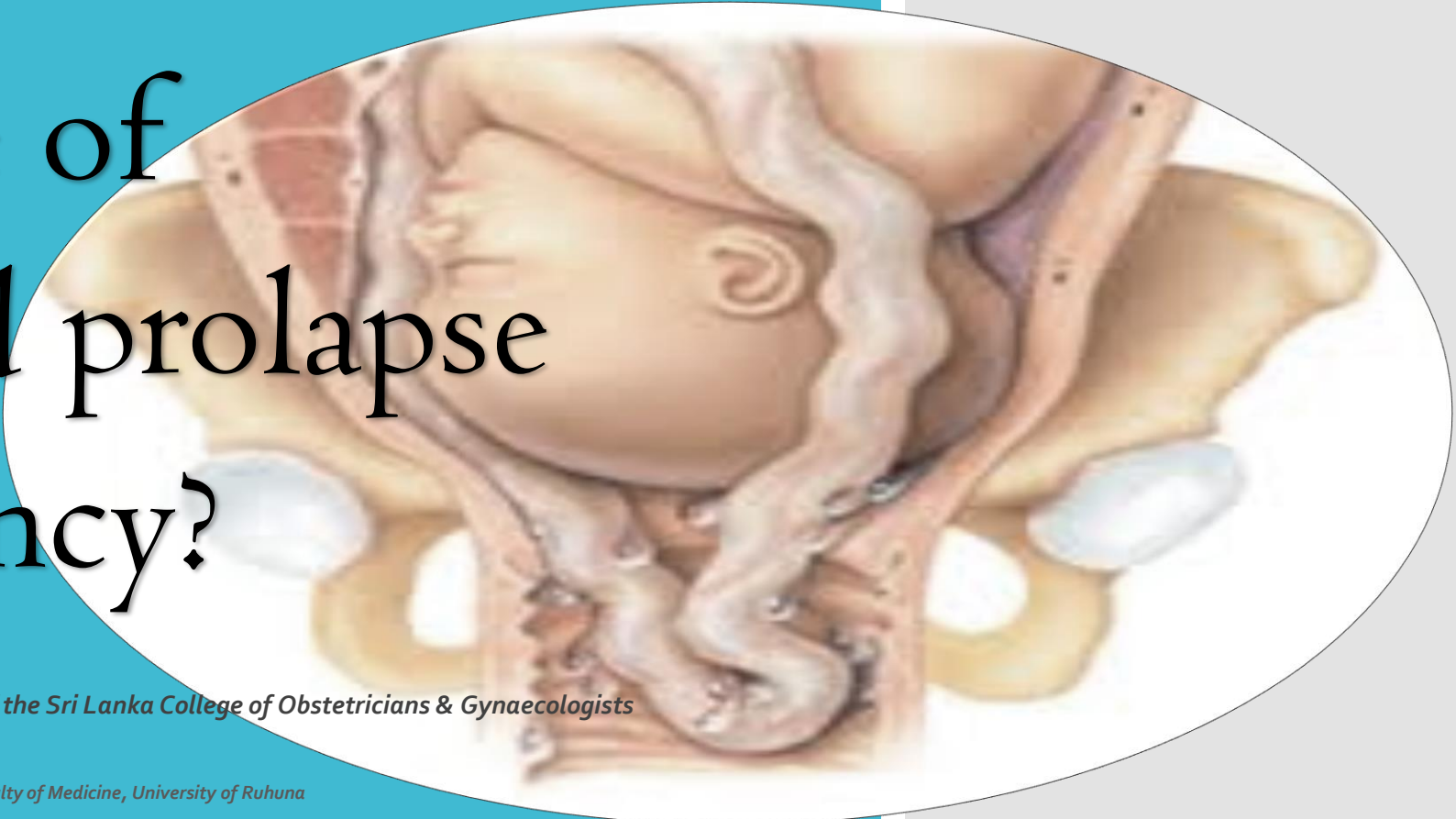




# Are you aware of umbilical cord prolapse in late pregnancy?



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I am 30 years old. I am currently 36 weeks pregnant. This is my second child. My abdomen appears larger in size. The doctors say that the water inside my womb has slightly increased. I was also told that there is a risk of umbilical cord prolapse. What is umbilical cord prolapse? How can it be prevented? I need more information about it.





This information leaflet will help you better understand the following about umbilical cord prolapse.

- Why is the umbilical cord prolapse an emergency?
- Is it predictable or preventable?
- What are the conditions most likely to cause umbilical cord prolapse?
- What are the signs of a prolapsed umbilical cord?
- What should you do if you think you have a prolapsed umbilical cord?
- What are the treatment options?
- What could a prolapsed umbilical cord cause for your baby?

### What is the umbilical cord?

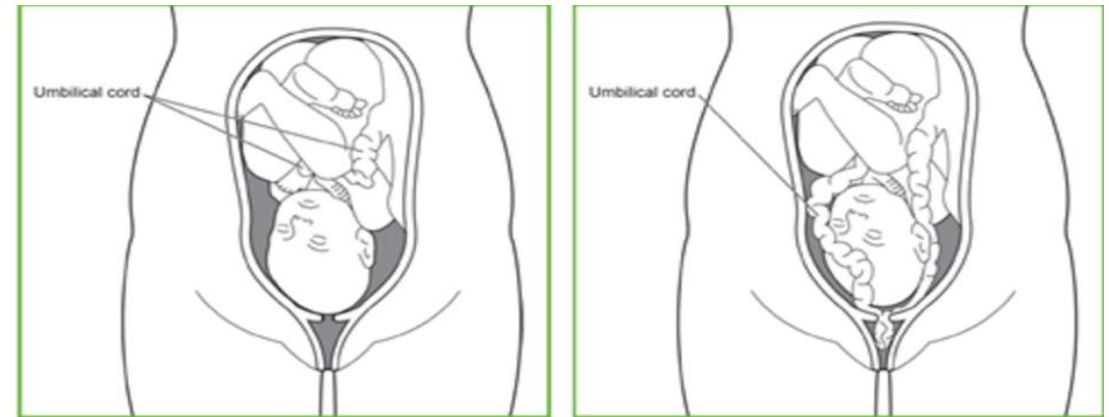
The umbilical cord connects the baby to the mother's placenta. It contains blood vessels that carry oxygen and nutrients to the baby and takes away waste products from the baby. After the baby is born, the umbilical cord is clamped and cut before the placenta is removed.

### What is an umbilical cord prolapse?

Prolapse of the umbilical cord occurs when the umbilical cord slips down in front of the baby after the rupture of the amniotic membrane. The umbilical cord can then come out through the open cervix.

It usually occurs during labour but can also occur when the membranes rupture before labour begins.

- Umbilical cord prolapse is uncommon and occurs between 1 in 200 and 1 in 1000 births.
- When it does happen, it usually occurs near the end of pregnancy (after 37 weeks).



Normal position of the umbilical cord

Umbilical cord prolapse

### Can umbilical cord prolapse be detected early?

An umbilical cord prolapse cannot be detected in advance. An ultrasound scan does not show which woman will have an umbilical cord prolapse because the umbilical cord and the baby's position change during the pregnancy.



## At what time is a prolapse of the umbilical cord more likely to occur?

When the baby's head is engaged (moved down into the mother's pelvis and fills it), a prolapse of the umbilical cord cannot usually happen.

However, where the baby has not moved down, the umbilical cord can slip and protrude through the gap between the baby's head and the mother's pelvis,

### Circumstances that increase the likelihood of umbilical cord prolapse

- When the fetus is not lying head down, such as when the buttock is down (breech) or when the fetus is sideways (transverse).
  - When the amniotic sac breaks early, or you go into premature labour.
- Having more than one child (twins or triplets)
- Having too much amniotic fluid around the baby (polyhydramnios)
- Having a small baby
- Having a low-lying placenta
- When a doctor performs an artificial rupture of membranes (ARM) to facilitate delivery before the baby's head completely descends into the mother's pelvic cavity.



You will be given all information about your situation if your doctor suspects any of the above conditions.



## Why is it a rush?

When the umbilical cord prolapses, it can be squeezed by the pressure of the baby or uterine contractions. It can result in reduced blood flow through the cord, reducing the oxygen supply to the fetus. This can potentially result in brain damage and, in severe cases, lead to the demise of the unborn child within a short span of time. Therefore, it is an emergency, and delivery should be done immediately.

## Can umbilical cord prolapse be prevented?

Prolapse of the umbilical cord cannot be prevented. However, if you are at high risk, hospitalisation may be advised. Then, immediate action can be taken if the amniotic sac ruptures or if the mother goes into labour.

If your baby is lying sideways (transverse position), or if the position of the baby is changing frequently (unstable lie), your doctor may recommend that you get admitted to the hospital from 37 weeks. This is because the likelihood of giving birth increases after this time.



## What are the signs of a prolapsed umbilical cord?

- Feeling something in your vagina (umbilical cord).
- Seeing the umbilical cord coming from your vagina.
- The doctor or midwife being able to feel or see the umbilical cord in your vagina.
- Slowing of the baby's heart rate (bradycardia) immediately after the waters break. This happens due to umbilical compression and the baby not getting enough oxygen.

Some women, however, do not have any of the above signs.





## What should you do if you are at home or at work?

If you feel or can see the umbilical cord in the vagina:

- Call 1990 for an emergency ambulance immediately.
- Say you are pregnant and have a prolapsed umbilical cord.
- Do not try to push the umbilical cord back into your vagina.
- Do not eat or drink anything, as you may need surgery.

To reduce the risk of the umbilical cord getting compressed, you will be advised to get onto your knees with your elbows and hands on the floor and then bend forward, as shown in the diagram below. It would be best to stay this way until the ambulance or midwife arrives.



Knee–chest face-down position

The ambulance will take you to the nearest maternity hospital. While in the ambulance, it is safer for you to lie on your left side.

## What happens next?

As the baby needs to be delivered as soon as possible, you will most likely be advised to have an emergency caesarean section. But a vaginal delivery may also be possible. Your doctor will decide the best delivery method for you.

The doctor may gently insert a hand into the mother's vagina to lift the baby's head to prevent umbilical cord compression. In some, a catheter is inserted to fill your bladder. This helps to keep the baby's head away from the umbilical cord and reduces the pressure on the umbilical cord. You may be given oxygen with a face mask.

## Emergency caesarean section

An emergency caesarean section is recommended if a vaginal delivery cannot be promptly achieved. In such cases, general anaesthesia may be chosen over spinal anaesthesia to expedite the baby's delivery.

## Vaginal delivery

If the mother's cervix is fully dilated, a normal or assisted delivery (forceps or ventouse delivery) can be done, but only if it can happen quickly. When the umbilical cord prolapses, the tendency to resort to caesarean section is more than normal delivery.



A doctor will be there to check the condition of the baby. This condition can be scary for you and your partner, but the doctors will explain it to you.

### **What could happen to my baby with a prolapsed umbilical cord?**

For most babies, there is no long-term harm from umbilical cord prolapse.

However, even with the best care, lack of oxygen (asphyxia at birth) can cause brain damage in some babies. Rarely can the baby die.

If your baby is harmed, the doctor will give you full information about how this affects him or her.

It is important to remember that the chance of umbilical cord prolapse in your next pregnancy is very low.

Thank you

