Umbilical cord prolapse: are maneuvers always necessary to relieve cord compression? A reply

We thank Professor Fischer for his comment on our review.1 We agree that the reported incidence of fetal heart rate abnormalities after cord prolapse is variable and that it depends on multiple factors, including the degree of prolapse, engagement of the fetal presenting part, cervical dilatation, and how early cord prolapse is detected. Hence, it is crucial to detect cord prolapse at its early stage to prevent significant cord compression before the prolapse gets worse.2 Placing the patient in the Trendelenburg position or elevating the patient’s buttocks is a simple first-line prophylactic maneuver to reduce the risks of fetal engagement and further prolapse.3 We agree with Professor Fischer that digital elevation is not useful when the fetal presenting part is not engaged and can cause discomfort. Keeping the hand persistently inside the patient’s vagina may also cause some degree of cord compression and stimulate vasospasm.

Tak Yeung Leung, MD, FRCOG
Lo Wong, MRCPG
Angel Hoi Wan Kwan, MRCOG
Department of Obstetrics and Gynaecology
Prince of Wales Hospital
The Chinese University of Hong Kong
Sha Tin, Hong Kong
tyueung@cuhk.edu.hk

The authors report no conflict of interest.

REFERENCES

© 2021 Published by Elsevier Inc. https://doi.org/10.1016/j.ajo.2021.12.003