Prevention of Umbilical Cord Prolapse in High Risk Patients

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To the Editor:

I compliment Dr. Wong et al. with providing a detailed review of uncommon but life-threatening for the fetus obstetrical emergency – umbilical cord prolapsed. (1) Authors addressed the importance of the need of balancing maternal risk of emergency cesarean section with the fetal risk of hypoxia. In cases of extreme prematurity delaying delivery have been reported as exception to the rule with favorable outcome. (2) Authors carefully described the maneuvers used to manage umbilical cord prolapsed including manual elevation of the presenting part, placing patient in Trendelenburg position, filling of the maternal bladder, among others. However, despite known risk factors (malpresentations, multifetal pregnancy, polyhydramnios, etc.), a review did not contain a discussion of prevention of umbilical cord prolapse. Funic presentation in the 3rd trimester of pregnancy is the major identifiable risk factor for the prolapsed of the umbilical cord. (3, 4)

Currently there is no strategy to prevent umbilical cord prolapse in patients with funic presentation or other conditions putting patient at risk (e.g., polyhydramnios). Recently we presented our data on using third trimester cervical cerclage to prevent umbilical cord prolapse in patients with persistent funic presentation. (5) None of our patients developed umbilical cord prolapsed or experience any complications from cerclage placement. (5) Cervical cerclage provides the mechanical obstruction of the cervix, which will not allow the presenting umbilical cord to prolapse. (Fig 1)
REFERENCES


