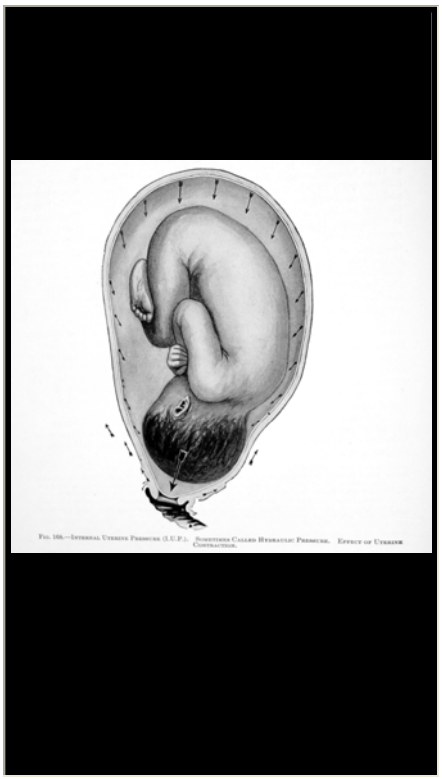
OB Emergencies ~ Prolapsed Cord ~ Foley Protocol



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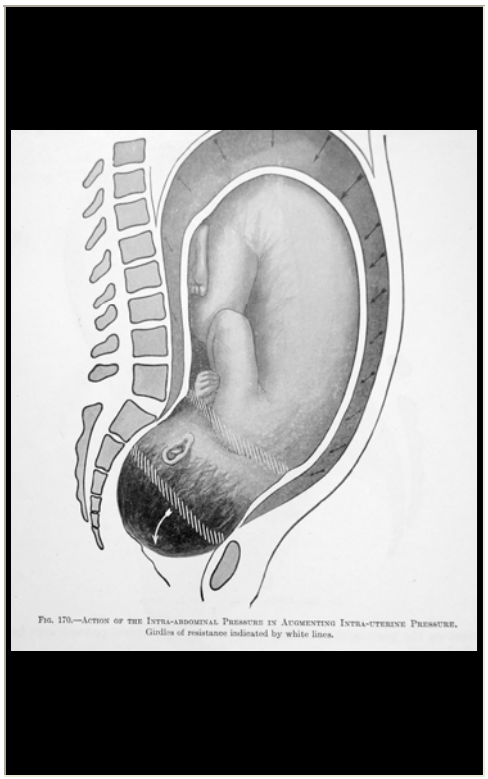

Evidence-based Protocols for Umbilical Cord Prolapse or if discovered to be in front of baby's head in intact B.O.Ws

Excerpted in part from "Varney's Pocket Midwife"

Frank Umbilical Cord Prolapse ~ After contacting paramedics and while awaiting emergency transport:

1. Method to be used with an unengaged head or the breech or even a transverse lie: Insert a #16 Foley catheter into the mother's bladder and immediately fill the retention balloon with 30 cc sterile water, using the syringe and other supplies in the Foley kit. It will be easier to instill solution in the catheter if you tape it to mother's leg so it remains stable and easy to see. Then rapidly instill of 500 cc sterile water or saline using an asepto bulb syringe or a 50 cc syringe (w/o needle, and clamp catheter while your hand is in the vagina displacing the fetal head/breech off the umbilical cord. The full bladder than displaces the presenting part and alleviates cord compression.

2. Method to be used if the presenting part is engaged if the woman is a multipara: It will be necessary to displace the presenting part out of the pelvis with your hand before filling the bladder. Pressure on the presenting part should be evenly distributed during this maneuver. Once the bladder

is filled you should again check the woman vaginally to determine that the presenting part is indeed displaced. The fetal heart should be continually monitored. If bradycardia recurs, reinsert your hand into the vagina to assure that the fetal head is off the cord. If not, manual displacement with your hand will continue to be necessary until you arrive at the hospital and the Cesarean is begun.

Once the bladder is filled and the catheter clamped secured, check fetal heart rate. If the fatal heart tones are relatively normal or improving, the situation has stabilized. If the FHTs have returned to normal and remain WNR, mother may remain in a supine position (instead of knee-chest position) on the stretcher while being transported by EMTs to the hospital.

Rationale: Since the bladder and uterus share a membranous attachment, a full bladder mechanically elevates the baby up out of the pelvis. This relieves the pressure on the cord that was trapped between the baby's head and the mother's pubic bone so that the fetal blood circulation can resume.

Tips for dealing with EMTs & Paramedics

If the Foley protocol worked as we all hoped, you will **not** need to transport the mother in knee-chest position. But if it didn't or you couldn't use, you'll need to assure that the mother is transported in a knee-chest, no doubt with your hand holding the head off the cord.

What to do if the EMTs insist (usually citing safety protocols) that they must lay the mother down so she can have the safety straps placed tightly across her chest and knees. Start with briefly explaining the need to keep the baby's head from cutting off the flow of blood, which is what provides its oxygen. Pinching off the cord is like someone standing on the air hose of a deep sea diver. If the fails, simple state, in the presence of other EMTs and one hopes, at least one family member, that the baby will die before they get to the hospital unless the mother stays in the knee-chest position and you continue to hold the baby's head up.

What if they tell you that you can't ride in the ambulance -- that they know how to manage this situation and your 'help' will not be necessary? Say to the senior EMT/paramedic: "Am I to understand that you know more about providing care to women in labor than I do? Are you or the other EMT/paramedics also licensed as an obstetrician or professional midwife?" Obviously they will have to say 'no' to the latter part of that question.

Then say: "In that case, I am the person here with the most training and experience in this field and I am required, as a midwife professionally licensed in the state of California , to continue to provide emergency necessary care until I am relieved by a licensed physician."

And that's the truth. While this topic is not covered directly in LM statute or regulation, it is in the CNM regulations, which indirectly define LM scope of practice (the principle of "equivalent but not identical"). These regs say that in an emergency the professional obligation of a CNM can only be ceded to a someone with equal or greater medical training -- in this case, a physician. Even at the hospital, you have an obligation to maintain your emergency intervention until the physician arrives and displaces your services with someone of his choice on the hospital staff.