

Cord presentation in labour: imminent risk of cord prolapse

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DESCRIPTION

A 37-year-old pregnant woman at 39 weeks of gestation, gravida 3, para 2, with a history of uncomplicated spontaneous vaginal deliveries at term, presented to the emergency department with lower abdominal cramps and watery vaginal discharge that started 2 hours before. Vaginal examination confirmed ruptured membranes, 3 cm cervical dilation, 30% effacement, and a mass of umbilical cord loops was presenting. Transvaginal ultrasound demonstrated an agglomerate of umbilical cord loops lying between the internal os and the fetal head (figures 1 and 2). Due to the imminent possibility of overt cord prolapse, an emergent caesarean section was performed, with the delivery of a newborn weighing 3640 g, Apgar score 9 at 1 min and 10 at 5 min.

Cord presentation (also known as funic presentation) is a rare condition with a reported incidence ranging from 0.006% to 0.16% in third trimester scans,¹ and is defined as the presence of the umbilical cord between the fetal presenting part and the cervix, with or without intact membranes.² To the best of our knowledge, no studies have addressed detection of this condition during labour, therefore, incidence and optimal management are not established. The main concern regarding cord presentation relates to an increased risk of cord prolapse and associated perinatal morbi-mortality.³

Suspicion may arise during vaginal examination but the diagnosis may not be clear. Ultrasound can confirm the diagnosis by showing the presence of umbilical cord between the fetal presenting part and the cervix.

Spontaneous resolution by time of delivery can occur when the diagnosis is established during third trimester scan. However, the combination of ruptured



Figure 2 Transvaginal ultrasound showing loops of cord presenting above the internal cervical os. Flow confirmed with colour Doppler.

membranes and cord presentation during labour precedes an inevitable cord prolapse, as cervical dilation progresses. Therefore, we agree with the majority of authors recommending caesarean section when funic presentation is found during labour.⁴

Learning points

- ▶ Cord presentation is a rare condition during labour, associated with imminent risk of cord prolapse.
- ▶ Diagnosis may be suspected during vaginal examination and is confirmed by ultrasound.
- ▶ Caesarean section is recommended when diagnosis is established during labour.

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Figure 1 Transvaginal ultrasound showing the umbilical cord between the fetal head and the cervix.



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