

CORD Prolapse = WHIP BT

- W** Will this baby live?
H Send for **H**elp
I Incline the patient and prevent cord compression
P Prepare for theatre
B Catheter in the **B**ladder
T Consider **T**ocolysis

W is for “**W**ill this baby live?”

Are there pulsations in the cord (baby alive)?

How big is this baby? (Very small/premature babies will not survive)

Is it safe for the mother to have a Caesarean? (Better a live mother and a dead baby rather than both dead or just a living baby)

H is for **H**elp

Get extra help

- Send for a doctor
- Someone to care for the baby

I is for **I**ncline the patient

The aim is to prevent compression of the cord between the presenting part and the cervix

Put the patient in a knee-chest position (or on her side with buttocks elevated)

If the uterus is contracting hold the presenting part off the cervix with fingers in vagina

P is for **Prepare for Theatre**

Send for staff

IV line and blood for cross match (desirable)

Communicate with the patient and obtain consent

B is for is a catheter in the **bladder**

If there is any delay in getting to theatre fill the bladder with water or saline (it will help to elevate the presenting part off the cord)

Remember to empty the bladder as the Caesarean commences

T is for **consider Tocolysis**

If there is any delay in getting to theatre and the uterus is contracting strongly it will help if these contractions are stopped

Give IV Saline or Hartmanns 1 litre as rapidly as possible

The quickest acting tocolytic drug (to relax the uterus) is IV Salbutamol. Mix 1 mg in 10 ml of saline and give 2.5 ml by slow IV push. The maternal response is a tachycardia.