Clinical Practice Guidelines:
Obstetrics/Umbilical cord rupture

Policy code	CPG_OB_UCR_0518
Date	May, 2018
Purpose	To ensure consistent management of umbilical cord rupture.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
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Umbilical cord rupture

May, 2018

The tensile strength of the umbilical cord is directly proportional to the weight of the baby by approximately 2.5 times. A pre-term lower weight baby's umbilical cord will possess less tensile strength. Cord rupture can cause significant haemorrhage, hypovolemic shock and even exsanguination of the newly born.[1]

Risk factors include:

- short cord
- precipitous unassisted delivery of the baby dangling by cord
- premature delivery (friable cord)

Clinical features

- deteriorating condition of the newly born
- visible blood loss between cord and clamp
- visible tear in the umbilical cord

Risk assessment

- umbilical cord rupture represents a life-threatening emergency to the newly born
- a small amount of blood loss from the newly born represents a significant proportion of their total circulating volume