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In previous years, the patient in early labor with ruptured membranes and a high presenting part has been kept in the prone position because it was commonly believed that the upright position in these patients predisposed to prolapse of the umbilical cord. However, in this series, with very few exceptions, the prolapse occurred while the patient was in a recumbent position. X-ray lateral views in the standing and recumbent positions were taken of a patient whose membranes had ruptured in early labor while the head was still unengaged. These are shown in Figs. 5 and 6. It is evident from these films that, in the standing position, more of the presenting part dips below the pelvic inlet, theoretically leaving less room for the cord to prolapse. It is our contention that a more rational treatment of these cases with ruptured membranes and a high presenting part is to allow the patient out of bed and to encourage ambulation. Cases of transverse lie and true cephalopelvic disproportion should be excepted.

When the station of the presenting part is unengaged, the membranes intact, and the cervix 7 cm. or more dilated, there is definite risk of prolapse of the cord with sudden rupture of the amniotic sac. As a prophylactic measure in these cases, a few have been managed successfully by slow decompression of the sac with a long No. 18 needle. This method may have considerable merit in this small but potentially hazardous group of cases and deserves further exploration.

### Summary

1. Two hundred sixteen cases of prolapse of the umbilical cord occurring over a twenty-five-year period at Sloane Hospital for Women have been reviewed.
2. The over-all fetal mortality was 34 per cent.
3. Five-year trends have been analyzed and recent improvements in fetal mortality have been noted.
4. Some methods of treatment have been suggested relating to condition and station of the infant and dilatation of the cervix.

### References

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