

Vaginal delivery in the presence of a prolapsed uterus

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A 26-year-old female, G2, P1, at 37 weeks gestation presented in active labour. She had uterine prolapse since her last delivery 3 years prior. Third-degree uterocervical descent was present on vaginal examination (Figure 1); the cervix was oedematous, 7–8 cm dilated, and vertex at 0 station; and there was meconium-stained liquor.

Labour was augmented with oxytocin. Dührssen's incision was performed over the cervix at the 2 and 10 o'clock positions to expedite delivery and to avoid cervical laceration. A healthy female infant was delivered weighing 2660 g. Dührssen cervical incisions were sutured with 2-0 Vicryl in an interrupted manner at the 2 and 10 o'clock positions (Figure 2). The prolapsed cervix was reduced and a vaginal pack was kept in place for 24 hours. The patient's postpartum course was uneventful.

The occurrence of uterocervical prolapse during pregnancy is very rare at 1 in 10 000–15 000 pregnancies.¹ Risk

increases with the number of previous vaginal deliveries.² Major intrapartum complications include cervical dystocia and cervical lacerations.³

Consent to publish these images was obtained from the patient.

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Figure 1.



Figure 2.



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