

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

Saline Amnioinfusion

Purpose:

To correct oligohydramnios, thereby relieving repetitive variable decelerations in the first stage of labor. Significantly improves neonatal outcome with decreased fetal acidemia and decreases the rate of cesarean delivery without increasing the rate of postpartum endometritis.

Requisites:

1. 1 liter 0.9% Normal Saline
2. Anesthesia Venoset
3. Intrauterine catheter kit (including quartz transducer and sterile water)
4. Fetal monitor
5. Gloves, sterile and unsterile
6. Universal precautions

Procedure:

Using sterile technique set up intrauterine catheter (IUC) equipment. Refer to policy/procedure regarding IUC insertion.

Position patient (as for a vaginal exam) for placement of the IUC.

Connect anesthesia venoset tubing to the liter of 0.9% saline and flush the tubing.

Attach the distal end of the IV extension tubing to the second stopcock on the quartz transducer.

Open the stopcock to the transducer and start the infusion at the prescribed rate until variable decelerations resolve or the limits of the infusion are reached.

- Fetal heart rate monitoring should not be interrupted by the infusion.
- Record baseline fetal heart rate and patient's response to the amnioinfusion.
- Uterine baseline resting tone should artificially increase during the infusion. An accurate recording of uterine tone can be obtained by shutting off the infusion, using the stopcock.
- The usual rate of infusion is 10-20mL/minute until variable decelerations resolve, followed by infusion of an additional 250 mL. Maximum total infusion should not exceed 1000 mL.

References:

Pitt C, et. al. Prophylactic amnioinfusion for intrapartum oligohydramnios: A meta-analysis of randomized controlled trials. *Obstet Gynecol* 2000;96:861-6.