AMNIOINFUSION

Indications: Repetitive variable decelerations due to cord compression, often associated with premature rupture of membranes (PROM) or oligohydramnios.

*Amnioinfusion is no longer recommended to dilute thick meconiumas it does not decrease the incidence of meconium aspiration syndrome.

Contraindications:
- Placenta previa
- Elevated baseline uterine tone
- Known fetal anomaly
- Chorioamnionitis in labor
- Severe fetal distress
- Polyhydramnios
- Known uterine anomaly

Cautions:
- Abruption
- Multiple gestation
- Malpresentation

Risks/Complications:
- Cord prolapse
- Amniotic fluid emboli
- Acute polyhydramnios
- Uterine rupture
- Maternal cardiac compromise
- Maternal respiratory compromise
- Rupture of C/S scar
- Uterine hypertonus
- Placental abruption
- Amnionitis

Procedure (transcervical approach):

1. Perform vaginal exam to determine presentation, dilatation, and to check for cord prolapse.

2. Place Intrauterine Pressure Catheter (IUPC) in usual fashion.

3. Infuse normal saline through the blood warmer. Infuse 15 cc/min, 500 cc in first hour, followed by 1-3 cc/min as maintenance until fetal heart rate abnormalities resolve. (See HCMC L&D protocol). Look for EPIC order set.

   Note: you can also use lactated ringers instead

4. The infusion is a failure if infusion of 800-1000 cc of NS does not result in termination of decelerations.

If uterine tone is persistently elevated, discontinue infusion and allow uterine pressure to equilibrate over five minutes. Discontinue permanently if resting tone is 15 mmHg above baseline or 30mmHg total.

NOTE: In an emergency, 500cc NS at room temperature can be run directly in through the IUPC.