Table of Contents

I. Purpose: .................................................................1
II. Policy: .................................................................1
III. Definitions: ..........................................................2
IV. Additional Competencies Required: ............................2
V. Specific Information: .................................................2
VI. References: ..........................................................4
VII. Contributors: .......................................................4
VIII. Endorsements: .....................................................4

I. Purpose:

To provide guidelines for the nursing care of patients undergoing amnioinfusion and to outline the procedure for the administration of amnioinfusion in Labor and Delivery.

II. Policy:

Ammioinfusion may be used to attempt to resolve severe, variable fetal heart rate decelerations thought to be caused by umbilical cord compression due to a decrease in amniotic fluid.
III. Definitions:

A. Amnioinfusion - the transcervical infusion of sterile solution into the amniotic cavity via an intrauterine pressure catheter.

IV. Additional Competencies Required:

A. Unit based orientation.

V. Specific Information:

A. Procedure:

1. Obtain provider order for amnioinfusion.

2. Identify the patient using two patient identifiers.

3. Explain the amnioinfusion procedure and indication to the patient prior to initiation and obtain patient’s verbal consent.

4. Pad the patient’s bed with chux/towel for patient comfort.

5. Assist provider with insertion of Intrauterine Pressure Catheter (IUPC) per protocol (See Guidelines for Placement of an Intrauterine Pressure Catheter).

6. Obtain 1000ml lactated Ringer’s (LR) or normal saline (NS) solution, Alaris pump and pump tubing.
   a. Prime Alaris pump tubing with solution.
   b. Remove the filter cap from amnioline of Accu-Trace IUPC.
   c. Connect Alaris tubing to amnioline of IUPC.

7. Using Alaris pump, bolus with LR or NS until variables are relieved but do not exceed 600ml in the first hour.
   a. Subsequent maintenance infusion should not exceed 180ml per hour.
   b. Room temperature LR or NS may be used for amnioinfusion. A blood warmer should be used to warm solution if warming to body temperature is ordered by provider.
   c. If variable decelerations have not resolved after infusion of 1000ml of solution, discontinue the amnioinfusion.
8. During bolus and maintenance rate, the approximate volume of fluid returning should be noted and recorded to avoid over distention of the uterus.
   a. Assessment of fluid return can be accomplished by weighing the underpads (1ml of fluid equals approximately 1 gram of weight).
   b. If 250ml of solution has infused with no return, the amnioinfusion should be discontinued until the fluid has returned.
   c. Gently elevating the fetal presenting part may release retained fluid when the presenting part is obstructing flow.

9. Maintain patient comfort by changing underpads as needed. Reassure patient that an increase in leaking vaginal fluid is expected.

10. Monitor fetal heart rate and uterine activity continuously.
    a. Assess uterine resting tone by palpation as well as with IUPC.
    b. If uterine resting tone is greater than 40 mm Hg, or nurse/provider are concerned about an elevated uterine resting tone, temporarily discontinue the amnioinfusion to attempt a more accurate assessment. If the uterine resting tone exceeds 25 mm Hg while the infusion is temporarily discontinued, consider discontinuing the amnioinfusion.

B. Documentation:

1. Maternal and fetal response to procedure.

2. Type, rate, and amount of infusion infused.

3. Uterine activity, including resting tone and intensity and frequency of contractions.

4. Amount, color, and odor of fluid leaking from vagina.

C. Clinical Implications:

1. Notify provider for any of the following:
   a. Fetal response to amnioinfusion.
   b. Category III fetal heart rate tracing.
   c. Imminent delivery.
   d. Uterine tachysystole.
   e. Increased uterine resting tone.
f. No return of vaginal fluid.
g. Over distention of uterus.
h. Vaginal bleeding beyond normal show.
i. Maternal vital signs outside parameters of provider orders.
j. Discontinuation of amnioinfusion.

VI. References:


VII. Contributors:

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VIII. Endorsements:

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