L&D – Amnioinfusion
Guideline and Procedure for Amnioinfusion.

Purpose:
Replacing the amniotic fluid with normal saline has been found to be a safe, simple, and very effective way to reduce the occurrence of repetitive variable decelerations.

Procedure:
Initiation of Amnioinfusion will be ordered and performed by a Certified Nurse Midwife (CNM) or physician (MD).

1. Prepare NS or LR 1000ml with IV tubing in the same fashion as for intravenous infusion. Flush the tubing to clear air.

2. An intrauterine pressure catheter (IUPC) will be placed by the MD/CNM.

3. Elevate the IV bag 3-4 feet above the IUPC tip for rapid infusion. Infuse 250-500ml of solution over a 20-30 minute time frame followed by a 60-180ml/hour maintenance infusion. The total volume infused should not exceed 1000ml unless one has access to ultrasound and can titrate to an amniotic fluid index (AFI) of 8-12 cm to prevent polyhydramnios and hypertonus.

4. If variable decelerations recur or other new non-reassuring FHR patterns develop, notify the MD/CNM. The procedure may be repeated as ordered.

5. Resting tone of the uterus will be increased during infusion but should not increase > 15mmHg from previous baseline. If this occurs, infusion should stop until there is a return to the previous baseline then it can be restarted. An elevated baseline prior to infusion is a contraindication.

6. Monitor for an outflow of infusion. If there is a sudden cessation of outflow fetal head engagement may have occurred increasing the risk of polyhydramnios.

Complications are rare but can include iatrogenic polyhydramnios, uterine hypertonus, chorioamnionitis, uterine rupture, placental abruption, and maternal pulmonary embolus.


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