AMNIOREDUCION

KEY WORDS
amniocentesis, amnioreduction, betamethasone, gestation, maternal, ultrasound

AIM
To drain excess amniotic fluid when polyhydramnios is present.

KEY POINTS
1. A specialist in Maternal Fetal Medicine should be available to determine the need for and perform the procedure.
2. The therapeutic amniocentesis is performed in Ultrasound Department
3. The procedure is conducted under ultrasound guidance and takes approximately half to one hour to complete.
4. The woman may be admitted to the antenatal ward either the night before or the morning of the therapeutic amniocentesis.
5. For women with a gestation of less than 34 weeks, a single course of betamethasone is given. This is usually administered by staff from the Ultrasound Department before the woman is admitted to hospital for the procedure.

PROCEDURE  ADDITIONAL INFORMATION

1. Preparation
Check allergies and record on the woman’s medication chart.
Check if betamethasone injection has been given if required (see Clinical Guideline Use of Corticosteroids for recommendations on dosage and administration).

- Administer the premedication as ordered.

Note: The woman may have a light meal prior to this procedure. Fasting is not necessary.

To determine known sensitivities to antiseptic solutions and drugs thereby reducing the likelihood of adverse reactions.

Therapeutic amniocentesis is an invasive procedure associated with a small but significant chance of preterm labour, preterm prelabour rupture of the membranes or emergency Caesarean section. Therefore, corticosteroids for fetal maturation should be considered in women undergoing therapeutic amniocentesis at preterm gestations.

Pre medication is given to reduce maternal anxiety, reduce fetal movement and enhance maternal comfort and cooperation. This is usually given one hour prior to the procedure.
2. Transfer the woman on a trolley, with a midwife escort to and from the ward. Medical records and medication chart should accompany the woman.

Promotes patient safety and satisfaction as well as enabling handover of important information to the receiving department.⁴

3. **Post therapeutic amniocentesis care**

   - Strict bed rest for 2 hours.

   Resting in bed decreases uterine irritability and increases placental blood flow.⁵

3.1 **Maternal observations:**

   - Monitor vital signs, vaginal loss and contractions:
     - Half hourly for one hour
     - Hourly for two hours
     - Four hourly for 24 hours or until discharged if less than 24 hours

   - Report abnormalities to the Maternal Fetal Medicine Specialist.

   Evidence suggests there is a 2 to 2.5 hour critical period within which adverse events may occur in patients who have undergone anaesthesia or invasive procedures.⁶ (Level I).

   - Frequent monitoring over this time will lead to the early identification and treatment of adverse events and/or delayed recovery.⁷ (Level I).

3.2 **Fetal observations**

   - Auscultate fetal heart on return to ward and then 4 hours post procedure.

   Monitoring will allow early detection of, and intervention for, the compromised fetus.⁸

   - Report abnormalities to Maternal Fetal Specialist and Shift Coordinator.

   - Assess and record fetal movements.

   Op.cit.⁸ See # 3.2

   - From 28 weeks gestation CTG monitoring may be requested at the discretion of the Maternal Fetal Medicine Specialist.

   Op.cit.⁸ See # 3.2

3.3 A follow up ultrasound scan may be ordered for the following day.

3.4 Take blood for Kleihauer test for women who are Rh negative and who are not Rh isoimmunised.

   **Note:** The blood for a Kleihauer test should be collected a minimum of 30 minutes after the procedure and preferably within 1 hour (See Clinical Guidelines The Kleihauer Test)

   Administer Anti-D Immunoglobulin as per Clinical Guideline Anti –D Immunoglobulin.⁹

   Therapeutic amniocentesis carries the risk of fetal-maternal haemorrhage. To prevent Rh immunisation, Rh-negative women will require blood sampling for Kleihauer and the administration of Rh immunoglobulin post procedure.
REFERENCES (STANDARDS)


9. Guidelines for the prophylactic use of Rh D immunoglobulin (anti-D) in Obstetrics

National Standards – 1 Care Provided is Guided by Current Best Practice
Legislation - Nil

Related Policies – Maternal Fetal Medicine
Other related documents – Nil

RESPONSIBILITY

Policy Sponsor Nursing and Midwifery Director OGCCU

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