

# Amnioinfusion for Variable Decelerations - Case Report

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The presence of repetitive variable decelerations on an intrapartum graph generally alter the line of management in favour of Caesarean Section. A case of relief of decelerations with intrapartum saline amnioinfusion is presented.

## Case Report

Mrs. XYZ a 23 years primigravida was admitted at 40.2 weeks for evaluation of postdatism with clinical suspi-

medical or obstetric complications.

On admission, a nonstress test was done which was reactive. Ultrasound picture showed the presence of mild IUGR, expected fetal weight of 2.2 - 2.4 kg. and placental grade 3 with AFI of 7 cm. Since the cervix was ripe, in view of oligohydramnios a decision was taken to induce labour with prostaglandin gel. This was followed by an oxytocin titration drip after 6 hours. An ARM was done at 4 cm. of cervical dilatation. The

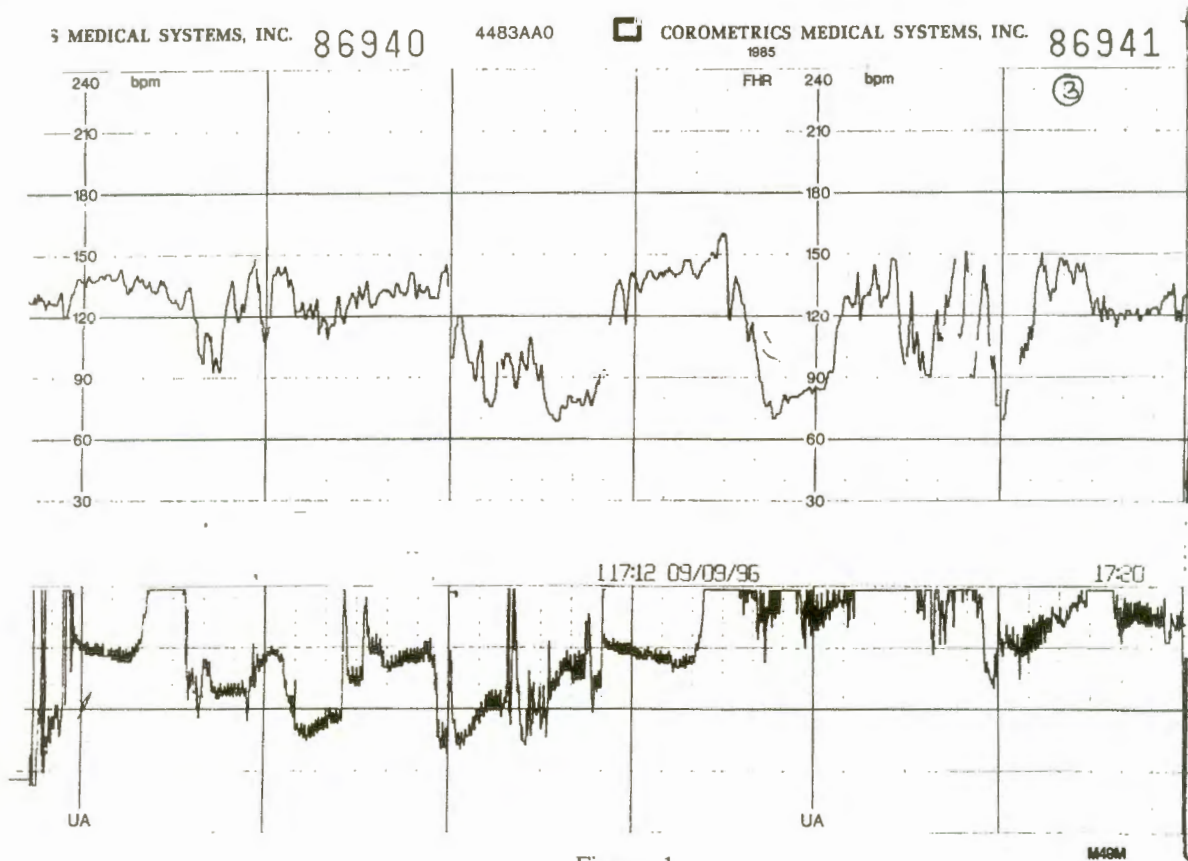


Figure - 1

cion of oligohydramnios. The patient had no associated liquor was found to be scanty but clear. Intrapartum

graph soon after, showed variable decelerations upto 80 beats per minute. (Fig. 1.)

Change in position and oxygen gave no relief. Hence, amnioinfusion with normal saline at room temperature with an intracervical catheter along the posterior parietal bone of the fetus was done. The infusion was given

to deliver a baby of 2.3 kg with Apgar score of 9/10 at birth.

A total of 800 ml. fluid was infused and the infusion to delivery interval was 4 hours 45 minutes. There were no maternal or neonatal complications and the patient

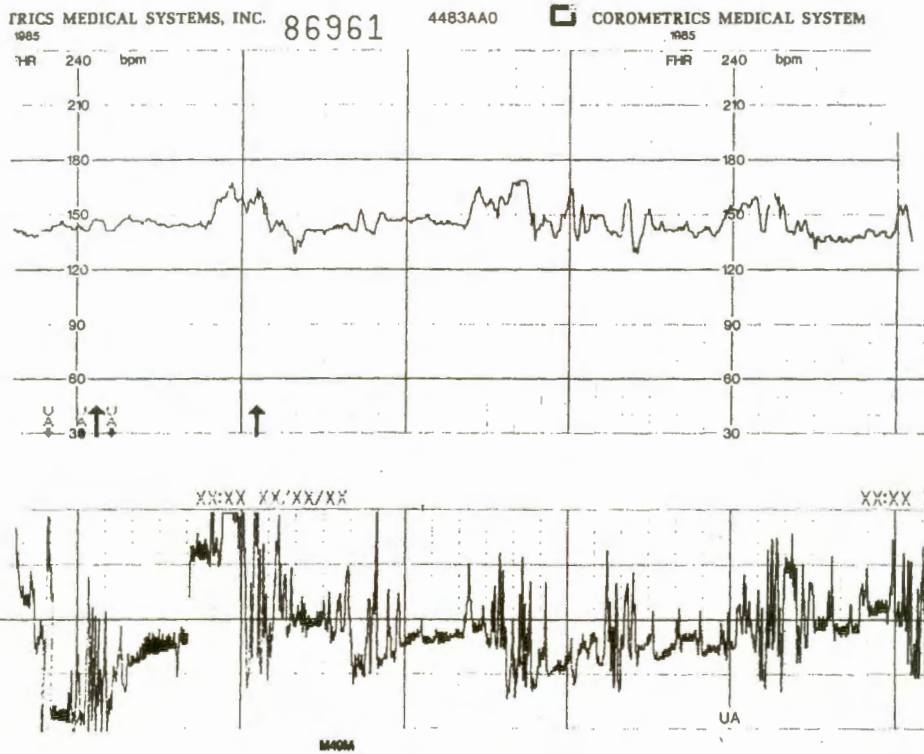


Figure - 1

at the rate of 500 ml. bolus infusion followed by 100 ml per hour. A repeat cardiotocograph after the initial infusion showed relief from decelerations. (Figure II.)

The patient had a prophylactic low vacuum extraction

was discharged on day 4.

Thus, Saline amnioinfusion can be a safe, simple and effective mode of management for variable repetitive decelerations in the first stage of labour.