HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Uterine Hyperstimulation Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

The purpose of this guideline is to

- Establish a local approach to care, that is evidence based and consistent
- Inform good decision making
- Provide safe and effective care for women and their babies experiencing this condition

Scope

- All obstetric staff employed by the Hutt Valley DHB
- All midwifery staff employed by the Hutt Valley DHB
- All Hutt Valley DHB maternity access agreement holders.

Abbreviations used in this document

CTG	Cardiotocograph
FHR	Fetal Heart Rate

Definitions

- Uterine tachysystole: The presence of more than 5 active contractions in ten (10) minutes without foetal heart rate abnormalities.
- Uterine hypertonus: Contraction that lasts for a least two (2) minutes in duration or contractions occurring within 60 seconds of each other, without foetal heartrate abnormalities.

Uterine hyperstimulation – is when either condition leads to an abnormal CTG

Early recognition of uterine hyperstimulation is essential as it causes a decrease in fetal oxygenation leading to fetal compromise.

This is frequently associated with oxytocin infusions therefore careful use of oxytocin is required. Continuous CTG monitoring is required. (NICE, 2009: RANZCOG, 2008).

Management of Uterine Hyperstimulation

- The midwife will remain with the woman until normal uterine activity is achieved.
- Continuous CTG
- Call for help

1. With normal foetal heart rate pattern
   If oxytocin infusing reduce infusion to the prior rate

If normal activity does not establish within 10-20 mins halve the infusion rate.

2. With an abnormal foetal heart rate pattern
   If oxytocin infusing halve the rate
   Instigate emergency management
   - Change maternal position to left lateral
   - Hydrate the woman
   - Observe for improvement in the foetal heart rate and uterine activity
   - If the foetal heart rate remains abnormal stop the oxytocin infusion
   - If the FHR normalizes after 30 mins continue the oxytocin infusion

3. Significant Heart Rate Abnormalities
   a. If oxytocin infusing Stop infusion
      - Assess progress vaginally
      - Exclude placental abruption
      - Instigate emergency management
      - Change maternal position to left lateral
      - Hydrate the woman IV Fluids as required
      - Consider foetal scalp lactate / pH?

   b. Spontaneous Hyperstimulation
      Instigate emergency management
      - Change maternal position to left lateral
      - Re hydrate the mother, consider IV Fluids
      - ?O2
      - Consider foetal scalp lactate / pH

4. When Hyperstimulation persists consider tocolytic medication

Medication dose and method of administration of tocolytic agent

Medication	Terbutaline
Dose	250 micrograms
Route	Subcut
Concentration	500 micrograms in 1 ml
Administer	0.5 ml subcut

Contra-indications

- Cardiovascular disease
- Severe thyrotoxicosis
- Cardiac arrhythmias

Adverse effects

- Pulmonary oedema
- Myocardial ischemia
- Cardiac arrhythmias
- Cerebral vasospasm / haemorrhage (especially in those who suffer from migraines)
- Profound hypotension
- Hyperglycaemia – ketoacidosis
- Tachycardia, palpitations, tremor, increased pulse pressure
- Low potassium levels
- Fetal tachycardia
- Emergency caesarean if still foetal compromise or if scalp lactate is more that 4.7 mmols/l

Documentation

- All medications administered must be prescribed on the woman's medication chart.
- The obstetric SMO/RMO is responsible for the prescription and management of drug treatment for acute uterine Hyperstimulation.
- CTG
- A full and accurate description of events and therapies used to treat the woman is required in the body of the clinical notes. This includes documentation of fetal heart rate changes in response to treatment.
- An ongoing management plan is documented in the woman's notes once the acute episode has been resolved.

References

Glaxo Smith Klein, (2004). Information for health professionals – Data sheet, Ventolin Injection. Www.medsafe.govt.nz

National Institute for Clinical Excellence, (2009). Uterine Hyperstimulation: foetal management guidelines D. London: NICE.

New Zealand Society Healthcare Pharmacists Association, (2004). Notes on injectable drugs 5th edition. Wellington: New Zealand Society Healthcare pharmacists association.

Helmer, H. (2005). Frequently asked questions about tocolytics. BJOG, 112, S1, 94 – 96.

RANZCOG (2008) retrieved from http//: www.fsep.org.au/edu

Royal Women's Hospital, (2005). Clinical practice guidelines: Acute tocolysis in labour. www.rwh.org.au/maternity

Associated policies procedures and guidelines

Guidelines: Induction of labour
Protocol: Syntocinon infusion for induction and augmentation of labour
Management acute antepartum haemorrhage

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).