

## INTRAPARTUM GUIDELINES

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### Amniotic Fluid Embolism

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#### **1. Introduction**

Amniotic fluid embolism (AFE) is a rare and typically catastrophic condition that occurs when amniotic fluid enters the maternal circulation. AFE should be suspected in women who develop sudden cardiovascular collapse, hypoxaemia, and haemorrhage in association with disseminated intravascular coagulopathy (DIC) during labour and delivery in the absence of other explanations.

Maternal mortality due to AFE remains high, although less than in previous years, with an overall mortality of approximately 20%. However, even those who survive have significant morbidity due to cerebral hypoxia.

## **2. Clinical Assessment**

The clinical presentation is often (90%) abrupt and develops rapidly. It includes:

**Cardiovascular:** hypotension, arrhythmia, right and left heart failure, cardiogenic shock, cardiac arrest.

**Respiratory:** hypoxia, pulmonary oedema, acute respiratory distress syndrome, respiratory arrest.

**Haematological:** haemorrhage, coagulopathy, DIC.

**Neurological:** seizure, altered mental state.

## **3. Diagnosis**

- AFE is a clinical diagnosis based on the presence of classical clinical findings during labour or within 30 minutes postpartum, in the absence of other possible causes.

## **4. Management**

1. Prompt action is needed. Depending on the patients clinical presentation the following emergency calls are made:
  - **2222 - Obstetric Emergency**  
or
  - **2222 - Maternal cardiac arrest**
2. Activate the massive obstetric haemorrhage protocol.
3. Prepare to deliver the fetus if no response to CPR within 5 minutes to aid maternal resuscitation.

## 5. Record Keeping

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG. All entries must have the **date and time** together with **signature and printed name**.

### **Monitoring and Audit**

**Auditable standards:**

Activation of 2222 call.  
 Activation of MOH protocol.  
 Delivery of fetus initiated by 5minutes of CPR.

**Reports to:**

Maternity Effectiveness Group – responsible for action plan and implementation of recommendations from audit

**Frequency of audit:**

This is such a rare event that regular audit is not possible. Every case of suspected AFE will be comprehensively reviewed.

**Responsible person:**

Obstetric consultant.

### **Cross references**

Maternity Hand Held Notes, Hospital Records and Record Keeping  
 Guideline development within Maternity Services

### **References**

Knight M et al (Eds) on behalf of MBRRACE-UK: 2015-2017. National Perinatal Epidemiology Unit, University of Oxford 2019.

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