

2-9b Hyponatraemia (not severe)

v.1a

Hyponatraemia is defined as a serum sodium less than 130 mmol/L; **treat as non-severe if sodium 125-129 mmol/L with no signs of severe hyponatraemia.** The management plan alters depending on the exact sodium level, oxytocin administration and if the woman has delivered. Ensure blood samples are taken from a limb free from IV infusions. Point of care testing e.g., blood gases can provide rapid sodium results. Risk factors include excessive water ingestion, oxytocin infusion, insulin/dextrose infusion, pre-eclampsia

START

- ① Call for help (obstetrician, anaesthetist; consider 2222 Obstetric Emergency, MET call)
- ② Check sodium; if < 125 mmol/L → 2-9a
- ③ Check for clinical signs of severe hyponatraemia (Box A); if present → 2-9a
If no clinical signs → go to ④
- ④ If sodium 125-129 mmol/L -and- in labour -or- on IV oxytocin →
 - ▶ Start fluid restriction to 80 ml/hr
 - ▶ If oxytocin still needed → continue concentrated oxytocin (Box B)
 - ▶ Check and record fluid balance hourly
 - ▶ Check sodium 4 hourly
 - ▶ Take paired blood and urine osmolalities
- ⑤ At birth, alert neonatal team to maternal hyponatraemia
- ⑥ Once delivered -or- IV oxytocin discontinued →
 - ▶ Check for signs of severe hyponatraemia (Box A) if present → 2-9a
 - ▶ Check and record fluid balance
 - ▶ No need to fluid restrict
 - ▶ Check sodium 8 hourly

Box A: Signs of hyponatraemia

Early signs of hyponatraemia (non-severe)

- ▶ Anorexia
- ▶ Nausea
- ▶ Lethargy
- ▶ Apathy
- ▶ Headache

Signs of severe hyponatraemia

- ▶ Disorientation
- ▶ Agitation
- ▶ Seizures
- ▶ Depressed reflexes
- ▶ Focal neurological deficits
- ▶ Cheyne-Stokes respiration
- ▶ Coma

Box B: Drugs

If oxytocin needed, administer concentrated oxytocin infusion, as per local protocol for women on fluid restriction

Box C: Critical changes

Sodium < 125 mmol/L and / or symptoms of severe hyponatraemia → 2-9a