

## 2-9b Hyponatraemia (not severe) <sup>v.1a</sup>

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

- ➊ **Call for help** (obstetrician, anaesthetist; consider 2222 Obstetric Emergency, MET call)
- ➋ **Check sodium; if < 125 mmol/L → 2-9a**
- ➌ **Check for clinical signs of severe hyponatraemia (Box A); if present → 2-9a**  
If no clinical signs → go to ➍
- ➍ **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
- ➎ **At birth, alert neonatal team to maternal hyponatraemia**
- ➏ **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**