2-9b Hyponatraemia (not severe) v.1

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)
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 hypnonatraemia**
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**