



Framework for safe acupuncture practice when treating:

Polyhydramnios

Professional Safety and Red flags when treating Polyhydramnios

Not all pregnancies with polyhydramnios are suitable for acupuncture treatment. Practitioners need to be aware of risk factors, particularly those due to prelabor rupture of membranes (PROM) and cord prolapse. Best practices include the suggested clinical documentation guidelines (shown below) as well as an awareness of AFI values, concurrent diagnoses such as gestational diabetes, fetal position, primary care/medical monitoring and familiarity with the risks factors and contraindications to acupuncture treatment when polyhydramnios is present, particularly in late pregnancy.

Background: Polyhydramnios is characterized by a high amniotic fluid index (AFI) at or above 24cm or a vertical pocket of 8cm or more. Polyhydramnios can be detected as early as 20 weeks but is typically diagnosed between 31- and 36-weeks' gestation and will likely require increased monitoring. Although the majority of polyhydramnios cases are idiopathic, conditions such as gestational diabetes, multiple gestation, fetal-maternal hemorrhage, fetal abnormalities or infection may be associated with polyhydramnios. Difficulty breathing, lower body edema, lower back pain, heartburn and nausea can all become problematic in polyhydramnios due to the increased size of the uterus.

While these symptoms can be helped by acupuncture, it is important to recognize that polyhydramnios carries risk of preterm labor, premature rupture of membranes (PROM), cord prolapse, malposition of the baby, increased size of the baby, placental abruption and the potential for postpartum hemorrhage. These risks should be taken into consideration when creating a treatment plan, particularly in relation to prebirth and labor facilitation treatments outside of the hospital prior to a medical induction. Precautions should also be taken by acupuncturists providing treatment during labor in an out of hospital setting.

Application to Clinical Practice: Best practices when providing care includes documenting AFI values and fetal position (if known) and understanding the primary medical management plan for labor and birth. Particular caution should be given with prebirth and labor facilitation acupuncture. Continuing communication with the primary caregiver regarding is recommended.

Risk factors that require consideration: High AFI may result in unstable lie or a baby that is not well positioned or well engaged. This presents a risk for cord prolapse should membranes rupture.

Decision Flow Chart

POLYHYDRAMNIOS

1) IF PROVIDING TREATMENT IN LATE PREGNANCY...

 Do AFI levels and fetal lie present concern?
Yes - Move to step 2.
No - Move to step 5.
Unsure - Move to step 3.

2) DOCUMENTATION 

Ensure proper documentation for professional safety and document your communication with primary medical caregivers.
 Move to step 4.

3) GET MORE INFORMATION 

Determine AFI value, fetal position, presence of GDM and other polyhydramnios risk factors.
 Move to step 4.

4) TREATMENT PLAN 

Create a treatment plan appropriate for risk factors that does not increase the risk of PROM.

5) BE INFORMED AND PROFESSIONALLY SAFE 

Ensure you provide appropriate information, treatment and follow up.

Appropriate documentation for professional safety & when presenting as a case history

- Gestational age in weeks, pregnancy history (number of pregnancies and live births) and relevant medical history such as GDM, multiples or fetal anomalies.
- Medical management plan (test results for AFI, documentation of last known fetal presentation)
- Any risk factors of concern or contraindications
- If medical risk factors exist - communication with primary medical caregiver before offering treatment.
- Your diagnosis and treatment plan (avoiding treatment to promote the onset of labour)

Recommended reading:

King, T. L. (2013). Varney's midwifery. Fifth edition. Burlington, Massachusetts: Jones & Bartlett Learning.

Websites:

"Polyhydramnios." (2021) The Fetal Medicine Foundation, fetalmedicine.org/education/fetalabnormalities/amniotic-fluid/polyhydramnios.