



IUPC Insertion Guide

Monitoring Absolute Intra-Amniotic Pressure

Intrauterine pressure monitoring with the use of an IUPC is a procedure used in labor & delivery where the absolute and exact intra-amniotic pressure must be known for key clinical decision making.

- It has been observed and documented* that catheters are easily and frequently placed outside the amniotic membranes (extraovular - between the chorion and the decidua-endometrial lining).
- A catheter placed extraovular will still provide a reading but not the reading of absolute intra-amniotic pressure.
- Deliberate and careful steps must be taken to ensure proper catheter placement in the amniotic space with all intrauterine pressure catheters. Koala provides the feature of a clear amniolumen to confirm proper placement in the amniotic space.

Insert IUPC Into Amniotic Space

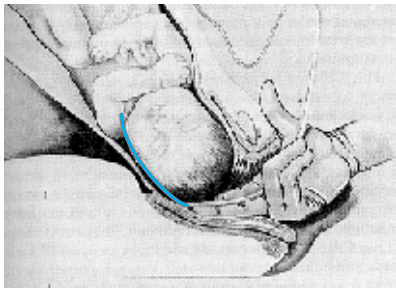
Step 1

Identify fetal presenting part

Step 2

Place tip on inside (amnion side) of membranes

Note: Illustration shows lateral placement to avoid typically high posterior placenta and reduce resistance from sacrum.



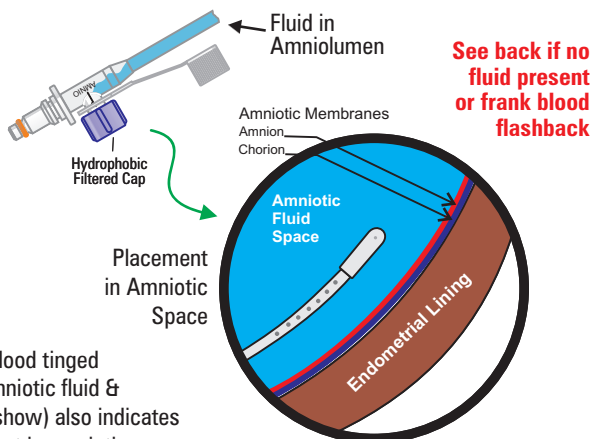
Step 3

Advance Koala 10-14 cm by inserting catheter until bottom of introducer is at text "Pause for Flashback" (Catheter tip should be just beyond fetal head)



Step 4

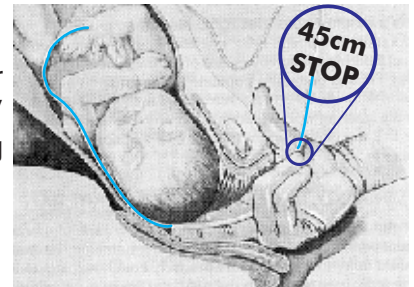
Watch for fluid in amniolumen



Note: Blood tinged fluid (amniotic fluid & bloody show) also indicates placement in amniotic space.

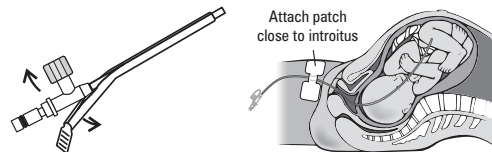
Step 5

Advance catheter to "45cm STOP" marking



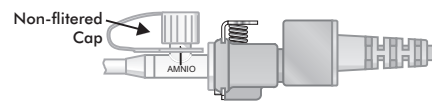
Step 6

Remove Introducer and attach patch high on thigh close to introitus to prevent catheter from slipping out

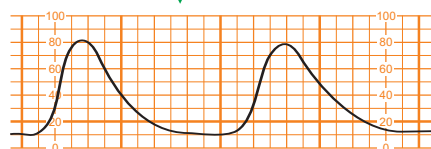


Step 7

Connect catheter to zeroed cable
Attach non-filtered cap (optional)



Evidence

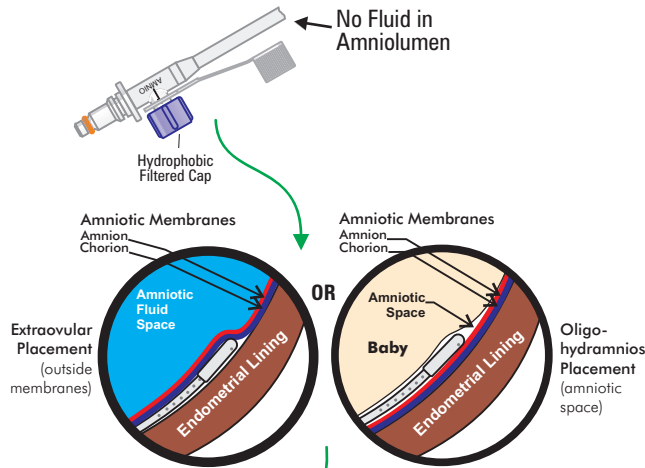


Good Baseline
Crisp Waveform
Amniotic Fluid
Meconium
Vernix on Tip

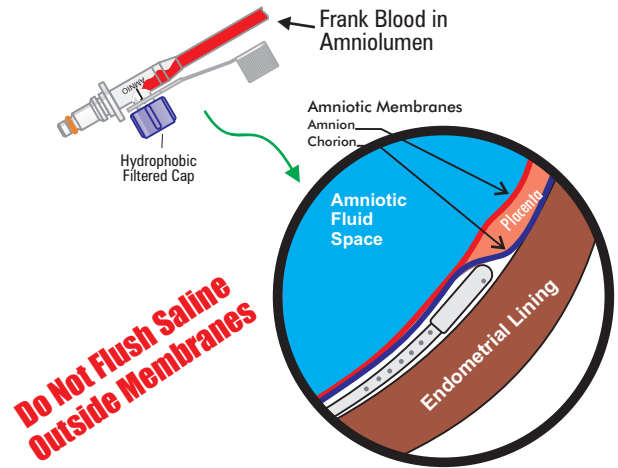
SEE BACK: IN CASE OF NO FLUID OR FRANK BLOOD FLASHBACK

Extraovular Placement (Outside Membranes)

No Fluid In Amniolumen
Catheter is extraovular or in dry pocket



Frank Blood In Amniolumen
Catheter is extraovular



Do Not Flush Saline Outside Membranes

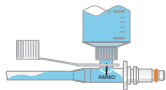
Action

**Do Not Advance Catheter
Withdraw And Redirect**

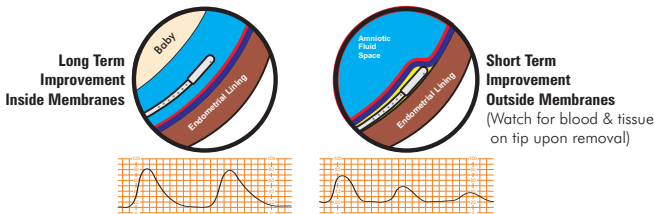
Incidence of proper placement can be improved by withdrawing catheter to fingertips and redirecting in different quadrant until fluid is seen in amniolumen

**Do Not Advance Catheter
Withdraw Slowly and Carefully**
Catheter may be removed, slowly and carefully

In Case of Oligohydramnios



Flush 10-20 ml
Through Port



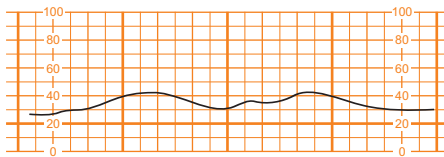
In Case of New Insertion
New catheter should be placed in opposite quadrant, remember to pause for flashback, and watch for fluid in amniolumen



**If Fluid is Not Confirmed
Placement May Be Improper**
(AS INDICATED BELOW)

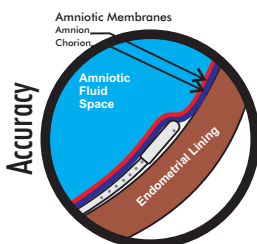
Results

High Baseline
Damped Waveform
Negative Reading
Blood, Endometrial
Tissue on Tip

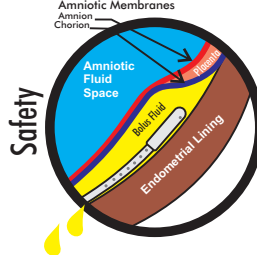


**In Case of Frank Blood Flashback
Placement is Improper**
(AS INDICATED BELOW)

Complications



Condition:
Not monitoring amniotic pressure.
Result:
Decisions based on non-representative readings.



Condition:
Unsafe placement and infusion outside membranes.
Result:
Risk of abruption and fetal distress.

**Do Not Amnioinfuse
Outside Membranes**