

Amnioscopy can still be of value in post-term cases

Abstract

Lecture at the 10th World Congress of Perinatal Medicine.
Punta del Este - Uruguay, 08-11 November, 2011.

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Amnioscopy – developed by us in 1961 – is a simple endoscopic examination which takes only a few minutes. The amnioscope is passed into the cervical canal, so that the amniotic fluid can be inspected within the forewaters whether it is clear respectively milky (normal) or meconium stained (pathological).

Indications: Currently the most important one is postmaturity.

The last 4 decades have seen a considerable change in the monitoring of the fetus during late pregnancy. New methods have been introduced, such as cardiotocography and ultrasonography. They have replaced amnioscopy to a large extent. This is not quite justified. Its use remains appropriate because of the low expense and high safety of this method. In contrast to cardiotocography which mainly allows diagnostic insights at present state, amnioscopy enables a prognostic safety for at least 48 hours when amniotic fluid is clear. Therefore this method should be used alternately in combination with cardiotocography every second day and also allows to reduce the frequency of more expensive Doppler controls.

Risks: The risk of introducing infection by amnioscopy is slight. There is only a low but not significantly increased risk of premature rupture of membranes.

The incidence of inducing labor in women who are before 37 gw is 3% but in post-term cases about 25% – a rather *desirable* effect.

Results: When we performed amnioscopy in the first 2437 higher risk cases, only 1 fetus (0.04 %) died in the ante partum period, although amniotic fluid was clear. Consequently amnioscopy is a very safe method for differentiation between fetuses at low risk and at higher risk.

Meconium discharge is an early sign of increased risk. In 176 cases shortly after meconium has been detected amnioscopically, we ruptured the membranes and took fetal blood samples. Only in 3 cases a slight metabolic acidosis was present.

Final conclusion: Because of its low expenses and simplicity amnioscopy should now as before be used either in combination with cardiotocography and Doppler-diagnostics preferably in cases of post-term pregnancy, or alone when the other methods are not available (e.g. developing countries).

Keywords: amnioscopy; meconium; postmaturity; safe monitoring; reduced oxygen supply