Intrapartum care – maternal hyponatraemia

Consultation on draft guideline - Stakeholder comments table
31/03/2025 – 14/04/2025

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British Maternal Fetal Medicine Society	Guideline	3	4	Clear and useful amendments. Just a more obvious statement about the triggers for consideration of transfer from a low-risk setting would be helpful.	Thank you for your comment. The committee amended the recommendation to state that when there is a positive fluid balanced of 1500ml or any clinical concerns such as symptoms or signs of hyponatraemia, an obstetric review should be requested, alongside a blood test for sodium, and for those in midwifery-led settings, this will mean transferring to an obstetric unit.
British Maternal Fetal Medicine Society	Guideline	4	9	To consider prolonged pool use as a risk factor	Thank you for your comment. The committee did not want to specify this as a specific indication as they were not aware of any robust evidence to support this and prolonged pool use is not well defined. However, the committee emphasised in the recommendation that monitoring should be done if there are any concerns about fluid intake or output, so based on the healthcare professional's clinical judgment, this could be an indication for fluid balance monitoring.
British Maternal Fetal Medicine Society	Guideline	4	20	To include venous blood gas as a method of obtaining a rapid sodium result especially if significant concerns of hyponatraemia.	Thank you for your comment. The committee considered the utility of venous blood gas in the initial assessment. However, based on their experience they agreed that for the diagnosis and management of hyponatraemia, a formal laboratory

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					serum sodium measurement remains essential due to its accuracy and reliability. While venous blood gas may provide a rapid estimate in some clinical contexts, it is not a substitute for a formal blood test when precise sodium values are required to guide clinical decision-making. Therefore, the committee did not recommend the use of venous blood gas specifically for the diagnosis of hyponatraemia in this guideline.
National Patient Safety Team NHS England	Guideline	3	14	Bladder Care – 1.8.25: line 14 states 'monitoring frequency of passing urine' – it would be better if this statement was more explicit in terms of recording frequency and what actions need to be taken and under what circumstances.	Thank you for your comment. The committee amended the recommendation based on your comment so that it's clearer what is involved in bladder care during labour, including monitoring the frequency of passing urine, encouraging regular emptying of the bladder and offering to insert a catheter if urine has not been passed for 4 hours
National Patient Safety Team NHS England	Guideline	4	1	Fluid intake and output – 1.8.26: line 1 (page 4) states 'excessive intake of fluids may be harmful …' – for clarity this should include the statement that 'excessive intake of oral or intravenous fluids may be harmful …'	Thank you for your comment, the recommendation has been amended as suggested.
National Patient Safety Team NHS England	Guideline	4	8	Fluid intake and output – 1.8.28: line 8 – for clarity amend to state 'Monitor and record fluid balance, if: …'.	Thank you for your comment, the recommendation has been amended as suggested.

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National Patient Safety Team NHS England	Guideline	4	17	Fluid intake and output – 1.8.29: line 17 – concern that 1500mL or more is a significant positive balance before action should be taken. Please review and consider if action should be taken prior at a smaller positive volume.	Thank you for your comment. While the threshold of 1500 mL is arguably arbitrary, the committee considered it to be appropriate in the context of hyponatraemia, which is the specific focus of this recommendation. It also aligns with the recommendations outlined in the archived GAIN/RQIA guideline and many local protocols, and therefore is often used in current practice. The committee's considerations for the recommendation are outlined in the supporting document. We acknowledge that clinicians may be concerned about other potential complications of fluid overload, such as pulmonary oedema; however, these fall outside the scope of this update. The committee agreed that clinical judgement should be used to assess and respond to fluid balance concerns based on the broader clinical picture.
National Patient Safety Team NHS England	Guideline	4	20	Fluid intake and output – 1.8.29: line 20 – consider amending to state 'recommendation that the women or pregnant person has a blood test …' rather than 'offer a blood test …'.	Thank you for your comment. The wording used is in line with the standard NICE style.
National Patient Safety Team NHS England	Guideline	4/5	25	Fluid intake and output – 1.8.31: line 25 a) Remove additional 'as' after 'inform the following …'. b) If it is a midwife who has reviewed the blood test confirming sodium level is <125 mmol/L, the escalation process should include the obstetric registrar.	Thank you for your comment. a) The typo has been corrected. b) The committee considered the obstetric registrar to be part of the team caring for the woman or person on the

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					ward, and the obstetric registrar would usually be the one contacting the consultant obstetrician for any escalation process.
National Patient Safety Team NHS England	Guideline	5	10	Hyponatraemia: line 10 states 'Peripartum hyponatraemia occurs…when…the sodium concentration in the blood drops below 130 mmol/L and can have life-threatening consequences. Why therefore does line 25 (page 4) state '…inform the following care staff…immediately if the woman or person is symptomatic or their sodium level is <125 mmol/L – should these two figures not align and line 25 be changed to <130 mmol/L?	Thank you for your comment. Peripartum hyponatraemia is defined as sodium <130 mmol/L, however, sometimes mild hyponatraemia are asymptomatic and may resolve easily, therefore the situation may not be as serious. The recommendation advises to inform the relevant care staff when someone is found to be hyponatraemic (sodium <130 mmol/L) as soon as possible, or immediately if the situation is more severe i.e. there are symptoms of hyponatremia or sodium is <125 mmol/L.
NHS Resolution	Guideline	3	17	'**offering** to insert a catheter' Would '**recommending** to insert a catheter' be more appropriate when there are ongoing concerns about the ability to pass urine?	Thank you for your comment. The wording used is in line with the standard NICE style.
NHS Resolution	Guideline	3	25	Appears to repeat page 2 line 4-5 (1.8.17) re encouraging women to drink during labour when thirsty- is the repeat of the same information required?	Thank you for your comment. You are correct that there is some repetition in the guideline where the same message is emphasised in different sections. The repetition may seem unnecessary in the document that was out for consultation as this only included recommendation relevant for this update. However, in the full guideline, there are other recommendations and sections between

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					these recommendations which justifies the repetition.
NHS Resolution	Guideline	4	4	'fluid balance monitoring **may be needed** during labour to reduce the risk of hyponatraemia or dehydration' This reads that fluid balance monitoring may be needed. To recommend/ consider fluid balance monitoring in all women in labour in all birth settings. This sentence is limited to fluid balance monitoring in the context of only hyponatraemia and dehydration, however there are also other benefits to fluid balance monitoring such as reducing damage to bladder, and also reducing risk of fluid overload, would suggest a holistic conversation occurs with women to include more of a general discussion of the benefits of fluid balance monitoring, this will then link to section 1.8.28 where also pre-eclampsia is covered. If not to consider fluid balance monitoring for all women in labour: Could we consider wording such as fluid balance monitoring should be considered- I think 'should' reflects more appropriately a recommendation and suggests what is expected, rather than 'may' which indicates permission and seems more optional.	Thank you for your comment. An additional bullet point has now been added to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues. The committee agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. After careful consideration, the committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done.
NHS Resolution	Guideline	4	6	Could the sentence 'Do not routinely administer intravenous fluids for the treatment of ketosis 7 in non-diabetic women.' Be moved down beyond the current 1.8.28 to allow the monitoring of fluid balance 1.8.28 to flow from 1.8.26 as the subject is more directly linked. This would mean the bullet points in 1.8.28 become 1.8.27 and the sentence Do not routinely administer intravenous fluids for the treatment of ketosis 7 in non-diabetic women. Would become 1.8.28	Thank you for your comment. We have moved the recommendation as suggested.

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NHS Resolution	Guideline	4	8	1.8.28 Monitor fluid balance if: … As comment for bladder care: To consider fluid balance monitoring in all women in labour in all birth settings. Fluid balance monitoring is particularly important when: List of bullet points as lines 9-16	Thank you for your comment. An additional bullet point has now been added to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues. The committee agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. After careful consideration, the committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done.
NHS Resolution	Guideline	4	9	The reference to concerns about output seems to get lost in the sentence as it manly refers to input such as excessive intake, could it be a separate bullet point to make it more clear to monitor fluid balance if there are any concerns about output. Also if this was a separate bullet point it would allow an example of what might constitute a concern re urine output- this would make it more consistent with giving an example about concerns over intake.	Thank you for your comment. The committee amended the recommendation based on your comment and made a separate point about concerns with output with examples.
NHS Resolution	Guideline	4	18	Suggest that this is broadened out, for clinicians to consider what other impact there could be as a result of fluid overload – so not solely tasked focused on hyponatraemia which is the aim of this section, but thinking about task focus and possible unintended consequences	Thank you for your comment. While we acknowledge the broader clinical implications of fluid overload, the scope of this guideline is specifically focused on hyponatraemia due to the particular concerns raised in this area. Expanding the recommendations to address all potential consequences of fluid overload

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					is therefore beyond the intended scope of this topic update. Clinical judgement must be used to appropriately escalate care when assessing women in labour.
NHS Resolution	Guideline	4	20	'**offer** a blood test' : Would '**recommend** a blood test' be more appropriate? And to consider taking a venous blood gas sample to provide an immediate result, in addition to the formal sample sent to the lab where possible. Suggest the inclusion of birth settings e.g what steps to consider in a homebirth setting for someone with a significant positive fluid balance e.g. discussion regarding the care/transfer into the maternity unit it is covered elsewhere in the document page 7 line 26	Thank you for your comment. The wording used is in line with the standard NICE style. The committee considered the utility of venous blood gas in the initial assessment. However, for the diagnosis and management of hyponatraemia, a formal laboratory serum sodium measurement remains essential due to its accuracy and reliability. While venous blood gas may provide a rapid estimate in some clinical contexts, it is not a substitute for a formal blood test when precise sodium values are required to guide clinical decision-making. Therefore, the committee did not recommend the use of venous blood gas specifically for the diagnosis of hyponatraemia in this guideline. The committee amended the recommendation to state when there is a positive fluid balanced of 1500ml or any clinical concerns such as symptoms or signs of hyponatraemia, an obstetric review should be requested, alongside a blood test for sodium and for those in

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					midwifery-led settings, this will mean transferring to an obstetric unit.
NHS Resolution	Guideline	4-5	28-30	To add in the obstetric registrar and obstetric anaesthetic registrar as they are likely to be the team most available on site to assess and treat the woman especially if this occurs out of hours.	Thank you for your comment. The committee acknowledged that the obstetric registrar and obstetric anaesthetic registrar are often the first clinicians available to assess and manage the woman, particularly outside of normal working hours. However, the current guidance advises that the consultant obstetrician and consultant anaesthetist should be informed to ensure senior oversight and decision-making.
NHS Resolution	Guideline	6	17	NHS Resolution findings from a subset of claims data identified maternal hyponatraemia in cases: Link to year one report if not already read as part of the background reading: The Early Notification scheme progress report: collaboration and improved experience for families and second year report which links the recommendation to the work NHS England are doing on recognising maternal deterioration: NHS: The second report: The evolution of the Early Notification Scheme We would recommend consideration for routine fluid balance monitoring and consideration of aligning with the work being undertaken by NHS England regarding recognition of the deteriorating maternity patient as referenced in our second year EN report.	Thank you for your comment. We have added a reference to The Early Notification scheme progress report in the supporting document. The committee carefully considered if routine fluid balance monitoring in all labours should be recommended and agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. The committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done. In addition, the committee agreed to add

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					a bullet point to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues which might then prompt formal fluid balance monitoring or other interventions.
NHS Resolution	Guideline	7	17	It states primarily urine in the volume output recording but this could miss a large volume if the patient is vomiting, maybe clarify with a more comprehensive list or remove primarily urine.	Thank you for your comment. The recommendation was amended so that different examples of fluid output are given so it should be clear urine is not the only type of fluid output. However, urine is the primary fluid output in most cases and it was not considered necessary to list the examples again in the section you're referring to.
NHS Resolution	Guideline	7	18	Consider stating other reasons why fluid balance is important	Thank you for your comment, another example has been added.
NHSE-Maternity and Neonatal Programme	Guideline	3	5	The language here feels quite directive. As decisions around eating are ultimately a woman's choice, we suggest rephrasing this to reflect that. Health professionals can advise and offer recommendations, but it's important the guidance supports informed decision-making rather than prescribing what someone can or can't do.	Thank you for comment. We have now amended the recommendation to state that a pregnant person may eat a light diet in established labour ''if they wish''.
NHSE-Maternity and Neonatal Programme	Guideline	4	20	The bracketed comment seems to suggest that blood testing may require transfer to hospital when blood testing can be done in the community. Perhaps a separate bullet point should suggest that suspected hyponatraemia may warrant consideration of transfer to hospital which I think is what is meant.	Thank you for your comment. You're right that blood testing can be done in the community but it is not available in all community settings, therefore, a transfer to a hospital may still be necessary for blood testing. This is what was meant in the draft recommendation. However, the committee amended the

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					recommendation prompted by the consultation feedback to state that when there is a positive fluid balanced of 1500ml or any clinical concerns such as symptoms or signs of hyponatraemia, an obstetric review should be requested, alongside a blood test for sodium, and for those in midwifery-led settings, this will mean transferring to an obstetric unit.
NHSE-Maternity and Neonatal Programme	Guideline	General	General	Clear and useful amendments. Just a more obvious statement about the triggers for consideration of transfer from a low-risk setting would be helpful.	Thank you for your comment. The committee amended the recommendation to state that when there is a positive fluid balanced of 1500ml or any clinical concerns such as symptoms or signs of hyponatraemia, an obstetric review should be requested, alongside a blood test for sodium, and for those in midwifery-led settings, this will mean transferring to an obstetric unit.
Northumbria Healthcare NHS Foundation trust	Guideline	4	6	Is it worth adding regarding types of fluids (specifically avoiding dextrose unless needed for diabetics)	Thank you for your comment. The committee did not think the recommendations should comment on the type of fluids as evidence on this was not reviewed. However, they did amend the point to say this includes both oral and intravenous fluids.
Northumbria Healthcare NHS	Guideline	5	1	Our anaesthetic lead has suggested either replacing with critical care consultant instead of anaesthetic consultant as most anaesthetist won't have much experience in dealing with hyponatraemia	Thank you for your comment. The committee considered this but concluded that it's more appropriate to inform the consultant anaesthetist, who may then

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Foundation trust					contact the critical care consultant as needed.
Royal College of Anaesthetists	Supporting Document	6	25	It states that it had been noted that peripartum women 'had a tendency to drink excessively'. This is inaccurate: there is evidence that women are advised to do so. This should be acknowledged so that part of prevention would be that providers of antenatal education and those caring for women in labour do not encourage excessive intake.	Thank you for your comment. The committee discussion section has been amended as suggested.
Royal College of Anaesthetists	Supporting Document	6	28/30	It states 'fluid balance monitoring in labour may be necessary. This is out of date: Fluid balance monitoring should be an 'integral part of low and high risk labour management' The quote is taken from a 2022 TOG article [Demerkzidou E, TOG 2022]. The only RCOG ref in the draft guideline is from 2017.	Thank you for your comment. An additional bullet point has now been added to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues. The committee agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. After careful consideration, the committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done.
Royal College of Anaesthetists	Guideline	4	4	It states 'fluid balance monitoring in labour may be necessary. This is out of date: Fluid balance monitoring should be an 'integral part of low and high risk labour management' The quote is taken from a 2022 TOG article [Demerkzidou E, TOG 2022]. The only RCOG ref in the draft guideline is from 2017.	Thank you for your comment. An additional bullet point has now been added to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues. The committee agreed that while formal fluid balance monitoring may be the best

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					way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. After careful consideration, the committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done.
Royal College of Anaesthetists	Guideline	4	14	Monitor fluid balance if there is nausea or vomiting. This should also include diarrhoea. This section should include if the woman is bleeding.	Thank you for your comment. The committee amended the recommendation as suggested.
Royal College of Anaesthetists	Guideline	4	17	If there is a positive fluid balance of 1500ml or more. This section should include advice re measuring sodium of women on oxytocin infusions. It recommends fluid balance but no reference to monitoring sodium in this group of women. The archived 2017 GAIN guideline was more clear on this point which helped remind care providers of the hyponatraemic risk associated with oxytocin infusions and prompted sodium monitoring.	Thank you for your comment. The committee considered the potential for hyponatraemia in women receiving oxytocin infusions and emphasised the importance of fluid balance monitoring in this context. While the committee did not feel it was necessary to include a specific recommendation on routine sodium monitoring, it was agreed that careful monitoring of fluid input and output would support early identification of any emerging issues, including the risk of hyponatraemia. It is expected that clinicians will interpret a concerning positive fluid balance in the context of the overall clinical picture and investigate accordingly, including checking serum sodium where appropriate.

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Royal College of Obstetricians and Gynaecologists	Guideline	3	17	'offering to insert a catheter' Would 'recommending to insert a catheter' be more appropriate when there are ongoing concerns about the ability to pass urine?	Thank you for your comment. The wording used is in line with the standard NICE style.
Royal College of Obstetricians and Gynaecologists	Guideline	3	25	Appears to repeat page 2 line 4-5 (1.8.17) re encouraging women to drink during labour when thirsty- is the repeat of the same information required	Thank you for your comment. You are correct that there is some repetition in the guideline, where the same message is emphasised in different sections. The repetition may seem unnecessary in the document that was out for consultation as this only included recommendation relevant for this update. However, in the full guideline, there are other recommendations and sections between these recommendations which justifies the repetition.
Royal College of Obstetricians and Gynaecologists	Guideline	4	4	'fluid balance monitoring may be needed during labour to reduce the risk of hyponatraemia or dehydration' This reads that fluid balance monitoring may be needed. To recommend/ consider fluid balance monitoring in all women in labour in all birth settings. This sentence is limited to fluid balance monitoring in the context of only hyponatraemia and dehydration, however there are also other benefits to fluid balance monitoring such as reducing damage to bladder, and also reducing risk of fluid overload, would suggest a holistic conversation occurs with women to include more of a general discussion of the benefits of fluid balance monitoring, this will then link to section 1.8.28 where also pre-eclampsia is covered. If not to consider fluid balance monitoring for all women in labour: Could we consider	Thank you for your comment. An additional bullet point has now been added to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues. The committee agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. After careful consideration, the committee agreed to list situations where the risk of

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				wording such as fluid balance monitoring should be considered- I think 'should' reflects more appropriately a recommendation and suggests what is expected, rather than 'may' which indicates permission and seems more optional.	hyponatraemia is more likely and where fluid balance monitoring should be done.
Royal College of Obstetricians and Gynaecologists	Guideline	4	6	Could the sentence 'Do not routinely administer intravenous fluids for the treatment of ketosis 7 in non-diabetic women.' Be moved down beyond the current 1.8.28 to allow the monitoring of fluid balance 1.8.28 to flow from 1.8.26 as the subject is more directly linked. This would mean the bullet points in 1.8.28 become 1.8.27 and the sentence Do not routinely administer intravenous fluids for the treatment of ketosis 7 in non-diabetic women. Would become 1.8.28	Thank you for your comment. We have moved the recommendation as suggested.
Royal College of Obstetricians and Gynaecologists	Guideline	4	8	1.8.28 Monitor fluid balance if: … As comment for bladder care: To consider fluid balance monitoring in all women in labour in all birth settings. Fluid balance monitoring is particularly important when: List of bullet points as lines 9-16	Thank you for your comment. An additional bullet point has now been added to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues. The committee agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. After careful consideration, the committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done.
Royal College of Obstetricians and	Guideline	4	9	The reference to concerns about output seems to get lost in the sentence as it manly refers to input such as excessive intake, could it be a separate bullet point to make it more clear to monitor fluid balance if there are any concerns about	Thank you for your comment. The committee amended the recommendation based on your comment and made a separate point

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Gynaecologists				output. Also if this was a separate bullet point it would allow an example of what might constitute a concern re urine output- this would make it more consistent with giving an example about concerns over intake.	about concerns with output with examples.
Royal College of Obstetricians and Gynaecologists	Guideline	4	18	Suggest that this is broadened out, for clinicians to consider what other impact there could be as a result of fluid overload – so not solely tasked focused on hyponatraemia which is the aim of this section, but thinking about task focus and possible unintended consequences	Thank you for your comment. While we acknowledge the broader clinical implications of fluid overload, the scope of this guideline is specifically focused on hyponatraemia due to the particular concerns raised in this area. Expanding the recommendations to address all potential consequences of fluid overload is therefore beyond the intended scope of this topic update. Clinical judgement must be used to appropriately escalate care when assessing women in labour.
Royal College of Obstetricians and Gynaecologists	Guideline	4	20	'offer a blood test' : Would 'recommend a blood test' be more appropriate? And to consider taking a venous blood gas sample to provide an immediate result, in addition to the formal sample sent to the lab where possible. Suggest the inclusion of birth settings e.g what steps to consider in a homebirth setting for someone with a significant positive fluid balance e.g. discussion regarding the care/transfer into the maternity unit it is covered elsewhere in the document page 7 line 2	Thank you for your comment. The wording used is in line with the standard NICE style. The committee considered the utility of venous blood gas in the initial assessment. However, for the diagnosis and management of hyponatraemia, a formal laboratory serum sodium measurement remains essential due to its accuracy and reliability. While venous blood gas may provide a rapid estimate in some clinical contexts, it is not a substitute for a formal blood test when precise sodium values are required to guide clinical decision-making.

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					Therefore, the committee did not recommend the use of venous blood gas specifically for the diagnosis of hyponatraemia in this guideline. The committee amended the recommendation to state when there is a positive fluid balanced of 1500ml or any clinical concerns such as symptoms or signs of hyponatraemia, an obstetric review should be requested, alongside a blood test for sodium and for those in midwifery-led settings, this will mean transferring to an obstetric unit.
Royal College of Obstetricians and Gynaecologists	Guideline	4/5	28/3	To add in the obstetric registrar and obstetric anaesthetic registrar as they are likely to be the team most available on site to assess and treat the woman especially if this occurs out of hours	Thank you for this suggestion. The committee acknowledged that the obstetric registrar and obstetric anaesthetic registrar are often the first clinicians available to assess and manage the woman, particularly outside of normal working hours. However, the current guidance advises that the consultant obstetrician and consultant anaesthetist should be informed to ensure senior oversight and decision-making.
Royal College of Obstetricians and Gynaecologists	Guideline	6	17	NHS Resolution findings from a subset of claims data identified maternal hyponatraemia in cases: Link to year one report if not already read as part of the background reading: The Early Notification scheme progress report: collaboration and improved experience for families and second year report which links the recommendation to the work NHS England are doing on recognising maternal deterioration:	Thank you for your comment. We have added a reference to The Early Notification scheme progress report in the supporting document. The committee carefully considered if routine fluid balance monitoring in all

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				NHS: The second report: The evolution of the Early Notification Scheme We would recommend consideration for routine fluid balance monitoring and consideration of aligning with the work being undertaken by NHS England regarding recognition of the deteriorating maternity patient as referenced in our second year EN report.	labours should be recommended and agreed that while formal fluid balance monitoring may be the best way to prevent and detect hyponatraemia, the need for this needs to be balanced with the implications of recommending it in all labours. The committee agreed to list situations where the risk of hyponatraemia is more likely and where fluid balance monitoring should be done. In addition, the committee agreed to add a bullet point to recommendation 1.8.26 stating that the midwife will ask about and check up on the fluid intake and output throughout labour, to identify any issues which might then prompt formal fluid balance monitoring or other interventions.
Royal College of Obstetricians and Gynaecologists	Guideline	7	17	It states primarily urine in the volume output recording but this could miss a large volume if the patient is vomiting, maybe clarify with a more comprehensive list or remove primarily urine	Thank you for your comment. The recommendation was amended so that different examples of fluid output are given so it should be clear urine is not the only type of fluid output. However, urine is the primary fluid output in most cases and it was not considered necessary to list the examples again in the section you're referring to.
Royal College of Obstetricians and	Guideline	7	18	Consider stating other reasons why fluid balance is important	Thank you for your comment, another example has been added.

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Gynaecologists					
The Royal College of Midwives	Guideline	General	General	The RCM welcomes the updates proposed as these will support midwives in their understanding of hyponatraemia and prevention of this and help them to provide balanced information to women regarding fluid intake in labour.	Thank you for your comment.
The Royal College of Midwives	Guideline	3	5	We recommend avoiding phrases such as "Inform the woman that she can" as this suggests there is no choice on what is being discussed when in fact it is the woman's choice regarding what and when she eats. Words such as "advise" or "recommend" and avoiding directive language such as "she can" are more supportive of information provision and choice which is in line with the midwife's role and NMC standards.	Thank you for comment. We have now amended the recommendation to state that a pregnant person may eat a light diet in established labour ''if they wish''.
The Royal College of Midwives	Guideline	3	9-11	We recommend avoiding phrases such as "Inform the woman that she can" as this suggests there is no choice on what is being discussed when in fact it is the woman's choice regarding what and when she eats. Words such as "advise" or "recommend" and avoiding directive language such as "she can" are more supportive of information provision and choice which is in line with the midwife's role and NMC standards.	Thank you for comment. We have now amended the recommendation to state that a pregnant person may eat a light diet in established labour ''if they wish''.
The Royal College of Midwives	Guideline	3	19-21	We welcome and support the additional detail regarding non-routine use of catheters with epidural as the use of patient controlled epidural analgesia rather than continuous infusion is shown to reduce the need for catheter use.	Thank you for your comment.