# HACKETTSTOWN REGIONAL MEDICAL CENTER LABORATORY – POINT OF CARE POLICY MANUAL

## AmnioTest Swab for pH

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Effective Date: August 7, 2006 Policy No: POC OB 0002 Cross Referenced: Origin: Point of Care Tests

Reviewed Date: 7/10;11/11;6/12 Authority: Cristina Hom, MLS (ASCP),

**POC Coordinator** 

**Revised Date:** July 14, 2010 **Page:** 1 of 2

**SCOPE**; All certified clinicians in Labor and Delivery department.

**PURPOSE**: To use as an aid in detecting rupture of amniotic membrane in pregnant women.

#### **DEFINITIONS:**

POCC = Point of Care Coordinator (Lab personnel)

QC = quality control

## **POLICY:**

- 1. The laboratory will be using two buffer solutions with different pH as the external liquid controls to be performed once a month and/or for every new lot.
- 2. New employees must be checked for Color Blind Test in Employee Health.
- 3. All certified employees will be recertified through the annual competency test by direct observation of unknown samples and a quiz with a passing grade.
- 4. Only one lot of the swabs will be placed in the dispense container.
- 5. Do not use the swab after the expiration date.

## **PRINCIPLE:**

A swab impregnated with nitrazine yellow dye is brought into contact with the upper vagina. The swab absorbs fluid associated with the tissue and the dye develops a color that correlates with the pH of the absorbed fluid over the range of pH 5.5 to pH 7.5. Amniotic fluid has a neutral pH while the pH of the upper vagina is normally acidic. A pH of 6.5 or higher in the upper vagina is consistent with leakage of amniotic fluid.

### **REAGENTS/EQUIPMENT:**

- 1. Doppler or Electronic Fetal Monitor
- 2. Sterile gloves
- 3. Amniotest swab
- 4. PH 7.5 buffer solution
- 5. pH 5.0 buffer solution
- 6 Amniotest color card chart.

**STORAGE:** AmnioTest swabs and buffer solution must be stored at room temperature.

# **PATIENT PROCEDURE:**

- 1. Have the patient get undress and put on a gown. Explain the procedure to her.
- 2. Obtain a fetal monitor and assess fetal well being.
- 3. Put patient to bed. Place a pad under her.
- 4. Remove a swab from its protective sleeve. DO NOT touch the tip of the swab or allow it to come into contact with any liquid or other substance, which might affect the pH.

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- 5. Wearing gloves, part the labia. Inssert the swab into the vagina. Touch the tip of the swab to the upper vaginal tissue (posterior vaginal fornix and external cervical os). Best result is obtained using a vaginal speculum to expose the cervix.
- 6. Allow the tip to remain in contact with upper vaginal tissue for about **15 seconds**.
- 7. Carefully remove the swab and immediately examine the color of the tip. Use the Amniotest color card chart to interpret the results.
- 8. Enter result in QS system.

# **INTERPRETATION OF RESULTS:**

The color of the tip of the AmnioTest swab should be compared to the sample colors of the enclosed AmnioTest Color card.

Color	Approx.pH value	Indication consistent with
Yellow-orange	5.0	Intact Amniotic Membrane
Yellow-orange	5.5	Intact Amniotic Membrane
Yellow-olive	6.0	Intact Amniotic Membrane
Olive-green	6.5	Ruptured Amniotic Membrane
Blue-green	7.0	Ruptured Amniotic Membrane
Blue-black	7.5 or higher	Ruptured Amniotic Membrane

## **QUALITY CONTROL** (performed by POCC):

- 1. Remove one AmnioTest swab from its sleeve.
- 2. Wet the swab's tip with 3 or 4 drops of buffer solution.
- 3. Immediately compare the color developed on the swab tip to the closest matching color on the AmnioTest Color card.
- 4. If the pH value written next to the color selected on the card corresponds to the pH of the buffer solution then the swab is performing as expected. If the pH indicated on the color card fails to match the pH of the buffer used then repeat the test with a fresh swab. If the pH still does not match, the swab is not performing as expected and the remaining kit should not be used to test clinical specimens.
- 5. Record the results of each buffer solution in Amniotest QC log sheet.

**REFERENCED**: Pro-Lab Diagnostics AmnioTest Nitrazine Yellow Swabs package insert.