

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

Polyhydramnios Guideline

Most common cause of severe increased amniotic fluid are anomalies and or syndromes, while diabetes, multiple gestations and idiopathic are more common with mild to moderate hydramnios. Of the idiopathic group 25% are found to have a cause after birth. Idiopathic prenatally may be diagnosed as fetal anemia, Bartter syndrome, infection and neuromuscular disorders

Most common structural are disorders that interfere with fetal swallowing, (GI obstruction, neuromuscular, abdominal mass with secondary GI obstruction. Increased production can be due to nephroma, increased renal perfusion. High output cardiac failure can also lead to increased fluid (third space)

Polyhydramnios can lead to preterm birth, maternal compromise, fetal malposition, cord prolapse, abruption with rupture of membranes, long second stage, and uterine atony postpartum

Definition:

AFI \geq 24.

For twins largest pocket greater than or equal to 8 cm

	Mild	Moderate	Severe
AFI	25 to 30	30.1 to 35	> 35
Pocket	8 to 11.9	12 to 15.9	> 16

Management:

Detailed Fetal Ultrasound examination

- Fetal echo
- MCA Doppler

Offer Genetics

- If anomaly suspected, severe criteria met or growth restriction present
- Consider microarray

Screen for:

- Diabetes
- ParvoB-19
- Keilhauer Bechte
- Type and Screen
- Consider TORCH

Fetal Monitoring

- Mild to moderate
 - Every 1 to 2 weeks until 37 weeks and weekly from 37 weeks to delivery
- Severe
 - Weekly

Fluid reduction

- Severe and symptomatic
 - <32 weeks
 - ♦ Amnio-reduction
 - ♦ Indomethacin
 - ◇ 25 mg four times per day
 - ◇ Max 2-3 mg/kg per day
 - ◇ Must stop at 32 weeks
 - ◇ Twice weekly fetal echo (Ductus) if >48 hours, after 24 weeks
 - ♦ Consider Betamethasone

Labor

- Frequent position checks
- Controlled amniotomy
- Continuous fetal heart rate monitoring

Timing

- Mild to moderate: 39-40 weeks
- Severe: 37 weeks
- Severe with symptoms: 34-37 weeks

Can use prostaglandins

Beware uterine atony, pulmonary embolism

[References:](#)

ACOG Practice Bulletin #175. Ultrasound in Pregnancy. December 2016.

UpToDate. Polyhydramnios. www.uptodate.com. Accessed 4/10/2018.