IN THE NAME OF GOD

MANAGEMENT OF POLYHYDRAMNIOS

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PERINATOPLOGY DEPARTMENT

MANAGEMENT OF POLYHYDRAMNIOS

- DCDA twin pregnancy
- Singleton pregnancy
- Polyhydramnios with an identifiable etiology
- Idiopathic polyhydramnios

Polyhydramnios with an identifiable etiology

- Understanding etiology of polyhydramnois guides us in:

Antepartum fetal and maternal surveillance

Intrapartum management

Timing of delivery

Base of management is maternal symptoms

- Maternal shortness of breath
- Abdominal discomfort (impaired daily activity)
- Uterine contractions

Patients without sever polyhydramnios are not candidate for intervention

Patients with sever polyhydramnios

- Abdominal discomfort (impaired daily activity)
- Maternal shortness of breath

Amnioreduction

A course of betamethasone is recommended before amnioreduction

sever polyhydramnios with uterine contractions

- <32 wks of gestation with no criteria for amnioreduction:

48 hr course INDOMETACINE

BETAMETHASONE

- <32 wks of gestation with criteria for amnioreduction

(Abdominal discomfort & shortness of breath)

Amnioreduction

INDOMETACINE post procedure

sever polyhydramnios with uterine contractions

- 32-34 wk

Nifedipine

Betamethasone

- >34

Don’t use tocolytic

A course of betamethasone is recommended in 34 -36+6

Refractory patients

- Amnioreduction should relive maternal symptoms immediately
- <34 wk: re amnioreduction and before 32 wk second course indomethacin for PLP
- Before 32 wk in refractory patients we can use indomethacin longer than 48 hr for reduce amniotic fluid but we must monitor fetus for premature closure of DA every 2-7 days
- >34 wk with refractory symptoms after two times amnioreduction delivery may be a choice

Antenatal Surveillance

According to adverse pregnancy outcome in cases that have been complicated by polyhydramnious and due to increase risk of prenatal mortality(2-5 fold) Antenatal Surveillance tests are recommended in these cases

Antenatal Surveillance

- Mild to moderate polyhydramniose : NST & BPP every 2 wk till 37 wks then weekly
- Severe polyhydramniose: NST & BPP weekly(AF score not reassuring)
- Growth scan and umbilical artery Doppler every 4 wks

Information to provide the mother

- Inform your physician immediately on spontaneous ROM
- Inform your physician if you have regular uterine contraction
- Women to be informed about knee-chest position