



OLIGOHYDRAMNIOS AND ITS FETO-MATERNAL OUTCOME

Dr. Purnima Sharma

ABSTRACT

Oligohydramnios amongst one of the most common complications of pregnancy, its incidences being about 1-5%. This study was conducted to find feto-maternal outcome, at tertiary hospital. Methods: This prospective study was done among 92 patients with gestational age from 30-40wks with Oligohydramnios at department of obstetrics and gynaecology in Umaid Hospital, Jodhpur

Results : The mean age of women was 24. 583. 99 SD and amongst them 45.65% were between 21-25 years. 33.6% patients were nulliparous and 66.3% patients were multipara. 67.3% women had borderline oligohydramnios whereas 32.6% women had severe oligohydramnios. Of all patients 33.6% had delivery before term. In majority of the cases (72%) delivery was by caesarean section and 71.7% sections were due to fetal distress. 33.6% patients had reactive CTG and 66.3% non reactive CTG on admission. Liquor was clear in 58.6% cases whereas 41.3% cases had meconium stained liquor. Among 92 babies, 70.65% babies had low birth weight. 22.82% suffered from respiratory distress syndrome and 11.9% from meconium aspiration syndrome. 14 neonates were admitted in neonatal facilities with these complications.

KEYWORDS : AFI, Lower segment caesarean section, Oligohydramnios, feto-maternal outcome

INTRODUCTION

During antenatal fetal scrutiny, amniotic fluid assessment is a crucial parameter to know the fetal status.¹ Initial sign of an obstetrical issue is abnormal amniotic fluid volume on ultrasonography.² Incidence of oligohydramnios is about 1-5% of total pregnancies.³ Oligohydramnios is seen as a sign of placental insufficiency. Prolonged oligohydramnios increases the risk of pulmonary hypoplasia, fetal skeletal and facial deformities, due to compression of uterine wall and adherent fetal parts and prolonged external compression. Congenital fetal abnormalities with oligohydramnios are uteroplacental insufficiency, PROM, IUGR, postterm pregnancy, placental abruption.⁴ Oligohydramnios also increase the section rate due to fetal distress up to 41%.⁵ It also increases the maternal morbidity and mortality by like inertia, increased section rates due to malpresentation.¹⁵

AIMS- To study materno-fetal outcome

METHODS-

It is a prospective observational study conducted at Umaid Hospital, Jodhpur, in the Department of Obstetrics and Gynaecology between August 1st 2018 to 1st march 2019. Clearance was taken from the ethical committee. AFI was measured with the help of ultrasonography by using phelan's four quadrant technique.⁶

Inclusion Criteria-

singleton fetus with intact membranes and gestational age 30-40 weeks

Exclusion Criteria -

PROM, anomalous fetus, severe pre-eclampsia, postterm pregnancy.

RESULTS-

Table 1- Demographic Characteristics Of Patients

	Number	Percentage
Age group		
18-20	17	18.4%
21-25	42	45.65%
26-30	21	22.8%
>31	12	13%
Parity		
Nulliparous	31	33.6%
Multiparous	61	66.3%
Education		
Upto class XII	56	60.8%
Class XII	36	39.1%

AFI on admission		
5.1-8cm	62	67.3%
<5cm	30	32.6%
GA at delivery		
<37	31	33.6%
>37	61	66.3%

Table 2 –CTG On Admission

CTG	number	percent
Reactive CTG	31	33.6%
Non reactive CTG	61	66.3%

Table 3- Color Of Liquor At Rupture Of Membranes

Color of liquor	number	percent
clear	54	58.6%
Meconium stained	38	41.3%

Table 4-Indication Of LSCS

Indication	number	percent
Fetal distress	66	71.7%
Elective LSCS	26	28.26%

Table 5- Perinatal Outcome

Disease	Number	Conservative treatment	admission
Birth weight			
<2.5kg	65 (70.65%)		
>2.5kg	27 (29.3%)		
APGAR Score			
<7 at 5 mins	33 (35.86%)		
Birth asphyxia	21 (22.82%)	7 (33.33%)	14 (66.66%)
Meconium aspiration syndrome	11 (11.9%)		
Early neonatal death	3(3.26%)		
Still birth	3 (3.26%)		

620 pregnant women were admitted during our study period. Among them 92 women were diagnosed to have oligohydramnios. Table -I shows demographic characteristics of pregnant women. The mean age of women was 24. 583. 99 SD and amongst them 45.65% were between 21-25 years. 33.6% patients were nulliparous and 66.3% patients were multipara. 67.3% women had borderline oligohydramnios whereas 32.6% women had severe oligohydramnios.

Of all patients 33.6% had delivery before term. In majority of the cases (72%) delivery was by caesarean section and 71.7% sections were due to fetal distress. Table -II shows 33.6% patients had reactive CTG and 66.3% non reactive CTG on admission. Table-III indicates colour of the liquor at the time of

membrane rupture .Liquor was clear in 58.6% cases whereas 41.3% cases had meconium stainedliquor. Table – 5 shows perinatal outcome . Among 92 babies ,70.65% babies had low birth weight. 22.82% suffered from respiratory distress syndrome and 11.9% from meconium aspiration syndrome. 14 neonates were admitted in neonatal facilities with these complications.

CONCLUSION-

Oligohydramnios has increases rate of pregnancy complication and high perinatal morbidity and mortality. AFI assessed antepartum, and intrapartum would help to identify women who need increase antepartum surveillance for pregnancy complication. Women with oligohydramnios generally have low birth babies but with good fetal surveillance , good perinatal outcome is possible.

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