Original Research Paper

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FETAL OUTCOME IN OLIGOHYDRAMNIOS IN TERTIARY HEALTH CARE CENTRE, HALDWANI

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KEYWORDS :

Introduction

Oligohydramnios is a common complication of pregnancy and the incidence of this is reported to be around 1-5 % of total pregnancies. Since oligohydramnios of has got significant impact on neonatal outcome and material morbidity, it prompted us to study the condition.

AIM AND OBJECTIVES

To determine the fetal outcome in oligohydramnios at a tertiary care centre.

1. To assess the fetal distress, growth retardation, NICU admission, congenital malformations and neonatal mortality among patients of oligohydramnios.

2. To study maternal morbidity in the form of operative delivery and induced labour among patients of oligohydramnios.

MATERIAL AND METHODS

A detailed history and examination were done and oligohydramnios was diagnosed by AFI on USG. Routine management in form of rest, left lateral position, maintenance of hydration and control of etiological factor was done if present. Fetal monitoring was done by NST, modified biophysical profile and Doppler.

Inclusion criteria

- Patients willing for study with AFI less than 5 cms.
- Singleton pregnancy ≥37weeks POG

Exclusion criteria

- Patients not willing for study
- Patients with premature rupture of membranes, multiple pregnancy, systematic disorders like hypertension, diabetes, TB, thyroid, seizure disorders etc other medical illness

OBSERVATIONS

Table 1

Oligohydramnios	Frequency	Percent
Present	95	2.21%
Absent	4283	97.79%

Table 2:

Age groups	Frequency	Percent
18-25 years	57	60.0%
26-30 years	29	30.5%
> 30 years	9	9.5%

Table 3:

Parity	Vaginal delivery	Caesarian	TOTAL
Primipara	19	34	53
Multiparity	28	14	42
	47	48	95
x^2 value = 7.954, p-value = 0.005*			

Table 4

Labour	Frequency	Percent
Spontaneous	49	51.5%
Induced	29	30.5%
Immediate LSCS	17	18.0%
Vaginal (out of induced)	18	60.8%
LSCS (out of induced)	11	39.2%

Table 5:

Associated Factors	Vaginal delivery	Caesarian	Total
Pre-eclampsia	9	8	17
Postdatism	6	5	11
Breech	2	0	2
Idiopathic	30	35	65
□2 value = 2.189, p-value = 0.534			

Table 6:

Mode of Delivery	Frequency	Percent
LSCS	48	50.5%
NVD	47	49.5%

Table 7:

Indications for L.S.C.S	No.	Percent
Oligohydramnios with N.R F.H.R	42	87.5%
Oligohydramnios with N.P.O.L	1	2.1%
Oligohydramnios with Abnormal Doppler	4	8.3%
Oligohydramnios with IUGR with N.R F.H.R	1	2.1%

Table 8:

Baby Weight (in kgs)	Frequency	Percent
< 2.5	55	57.9%
≥2.5	40	42.1%

Table 9:

NICU admission (causes)	Oligohydramnios	Oligohydramnios with Fetal Distress	Total
Neonatal jaundice	3	5	8
Low birth wt	2	1	3
Resp. distress	6	8	14
Feeding difficulty	1	3	4
Total	12	17	29
	45.2%	54.8%	100%
x^2 value = 1.341, p-value = 0.719			

Table 10:

Outcome	Oligohydramnios	Oligohydramnios with Fetal Distress	Total	p-value
NICU admissions	12	17	29	0.029*
	25.5%	35.4%	30.5%	
Improved at Discharge	12	15	27	0.404
	25.5%	31.3%	28.4%	
Expired	0	1	1	0.320
	0.0%	2.1%	1.1%	
Referred	0	1	1	0.320
	0.0%	2.1%	1.1%	

Results

Oligohydramnios was present in 2.3% subjects. Maximum subjects belonged to 18-25 years age group (60.0%) followed by 26-30 years (30.5%) and more than 30 years age group (9.5%) Vaginal delivery was significantly more among multipara whereas LSCS was significantly more among primigravida. Neonatal jaundice and NICU admissions were more among babies of subjects with oligohydramnios with fetal distress. Main cause of NICU admissions in subjects with oligohydramnios with fetal distress is neonatal respiratory distress. Spontaneous labor was reported among 57.4% and induced among 42.6% subjects. Among subjects with induced labour, 44.8% had vaginal and 55.2% had LSCS delivery. Respiratory distress was more among babies of subjects with oligohydramnios with fetal distress though the difference was statistically non-significant (p-value > 0.05).

Conclusion

Oligohydramnios is a frequent occurrence and demands intensive fetal surveillance and proper antepartum and intrapartum care. Decision between vaginal and caesarean delivery should be balanced to avoid unnecessary maternal & fetal morbidity & mortality.

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