Aneurin Bevan University Health Board

Polyhydramnios Pathway for Clinical Practice

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1 Executive Summary

This document is a clinical guideline designed to support safe and effective practice.

1.1 Scope of policy

This guideline applies to all clinicians working within maternity services.

1.2 Essential Implementation Criteria

Auditable standards are stated where appropriate.

2 Aims

To provide support for clinical decision making.

3 Responsibilities

The Gynaecology and Maternity Management team

4 Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision

5 References

Karkhanis P and Patni S (2014) Polyhydramnios in singleton pregnancies: perinatal outcomes and management. TOG Volume 16, Number 3: 207-213

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the policy owner.

Polyhydramnios - Pathway for Clinical Practice in Singleton Pregnancy

- Reported incidence of Polyhydramnios varies from 0.2 -3.9%

- Classified as Mild (AFI of 25-29.9cm)
  Moderate (AFI 30-34.9cm)
  Severe (AFI >35 cm)

- Perform further tests to identify likely causes for the polyhydramnios

- Mother - OGTT
  Blood group and Rhesus typing
  Exclude maternal drug exposure (Lithium)
  Infection screen-CMV,Rubella,Toxoplasma,Parvovirus

- Fetus – Ultrasound survey to exclude structural abnormalities (1% risk of anomaly with mild polyhydramnios and 11% with severe polyhydramnios)

- In 50-60% of cases no cause is found but surveillance is essential due to raised risk of perinatal morbidity and mortality

- Refer to Fetal medicine in case of
  - structural anomaly
  - growth restriction with polyhydramnios
  - concerns with fetal movements
  - severe or worsening polyhydramnios

- Counsel women regarding increased risk of preterm labour and delivery, unstable fetal lie, rupture of membranes with cord prolapse, intervention in labour including emergency caesarean section and postpartum haemorrhage

- Consider antenatal steroids if evidence of preterm labour

- No benefit for IOL in unexplained polyhydramnios

- Neonatal assessment with naso gastric tube (to check patency of upper GI tract prior to feeding)

Appendix 1

Polyhydramnios - Pathway for Clinical Practice in Singleton Pregnancy