ABSTRACT

TITLE: STUDY OF PERINATAL OUTCOME IN OLIGOHYDRAMNIOIS IN TERM PREGNANCY

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AIM & OBJECTIVE

To determine the perinatal outcome in term pregnancies with AFI ≤ 5 by amniotic fluid index.

METHODS

Patients more than 37 wks with intact membranes induced or coming with spontaneous onset of labour to Govt. Theni Medical College Hospital labour room were recruited into the study after obtaining informed consent and had amniotic fluid volume assessment using ultrasound by the amniotic fluid index method. The ultrasound examination was done by the obstetricians who were not involved in monitoring the patients using 3.5 MHz linear transducer on a LOGIQ 100 PRO (GE) ultrasonography machine. AFI was estimated by the four quadrant method described by Phelan and colleagues. With patient in supine position and the uterus was divided by using the umbilicus and the linea nigra as reference points for the upper and the lower halves and for the left and right halves respectively. A pocket of amniotic fluid was defined as a column of fluid with a width of more than 5 mm free of fetal extremities and the umbilical cord. The ultrasound transducer was kept in a perpendicular plane to the patient table and without angling to follow the maternal abdomens curvature. Amniotic
fluid index was measured based on the sum total of the deepest vertical pockets in each of the four quadrants. These patients were divided into 2 groups by AFI method and designated as having oligohydramnios less than 5 and more than 5cm.

No intervention was carried out based on the AFV measurements. All patients were monitored by continuous external cardiotocogram(CTG) in labour and the APGAR scoring was done after delivery. The results were analysed only at the end of the study.

Categorical study variables were compared between the study group and the control group using Chi square test and paired t test.

Tests were used to compare the numerical variables between the study group. P value of less than 0.05 was considered statistically significant.

RESULTS

Demographic characters were similar. Compared to normal amniotic fluid volume, AFI ≤5 was associated with increased incidence of caesarean delivery for fetal distress, low APGAR score after delivery, increase in intrapartum abnormal fetal heart rate pattern, increased incidence of NICU admission and neonatal death.

CONCLUSION

From this study we conclude that oligohydramnios is a high risk pregnancy and proper antepartum care is required in patients with oligohydramnios. Every case of oligohydramnios needs careful antenatal evaluation, individualization, decisions regarding time and mode of delivery. Oligohydramnios can result in IUGR, poor perinatal outcome and perinatal death.