



Antenatal care

Polyhydramnios

What is polyhydramnios?

An ultrasound scan has shown that you have polyhydramnios. This is increased fluid surrounding your baby. An appointment will be made with an obstetrician who will monitor you and answer any questions you may have.

What is amniotic fluid?

Amniotic fluid provides cushioning to help protect your baby from trauma and infection. It allows baby to move and develop muscles and bone. The baby's lungs and gut develop as the fluid is swallowed and passes out as urine. The amount of fluid gradually increases with each week of pregnancy until 36-37 weeks.

How is polyhydramnios diagnosed?

During an ultrasound scan, measurements are taken:

- AFI (Amniotic Fluid Index) – deepest pools of fluid are measured and more than 25cm is classed as polyhydramnios
- SDP (Single deep pool) - the deepest pool of fluid is measured – if it is 8cm or over polyhydramnios is diagnosed

What causes polyhydramnios?

In approximately 50% of cases of polyhydramnios no cause is identified. Other causes of polyhydramnios may include:

- Twins or more
- Maternal diabetes
- Maternal substance misuse
- Maternal rhesus disease
- Chorioangioma – growth of blood vessels on the placenta
- Congenital infection (toxoplasmosis, rubella, parvovirus)

- Congenital or genetic disorders (oesophageal or duodenal atresia (blockage in gut) or Cardiovascular (heart) concerns)
- Hydrops fetalis - build-up of fluid in baby's abdomen or chest

Further investigations

Other tests may be organised to help determine a cause and a plan further care, including:

- Blood tests – to screen for diabetes and infection (TORCH)
- Amniocentesis/amnio-drainage – taking amniotic fluid from around the baby to relieve maternal discomfort
- Further ultrasound scans – to monitor fluid level, to check baby's stomach, kidneys and bladder and placental function

What are complications associated with polyhydramnios?

Polyhydramnios can be associated with:

- Premature birth
- Premature rupture of membranes (PROM) - waters breaking
- Placental abruption (placenta comes away from the uterus)
- Umbilical cord prolapse (the cord slips into the birth canal)
- Your baby is in the wrong position and needs to be delivered by caesarean section
- Increased risk of bleeding after the baby is born

What about labour and delivery?

If your polyhydramnios is mild, it is likely that you will be able to continue your pregnancy to term (39-40 weeks). If your polyhydramnios is more severe or there are concerns about your baby's wellbeing your labour may be induced (started) early, at 37 weeks or sooner if necessary.

It is recommended that you have your baby in hospital to allow for close monitoring of the baby's heart during labour and more options for emergency care.

What happens after birth?

The paediatrician (baby doctor) may recommend that a tube is passed into your baby's stomach to check for any problems such as atresia (blockages).

Useful numbers

If you have questions or concerns, please contact the following numbers:

Ultrasound scans

East Surrey 01737 768511 x6000
Crawley 01293 600300 x3036 (clinic times only)
Horsham 01403 227000 x7136 (clinic times only)

Antenatal clinic (obstetric appointments)

East Surrey 01737 768 511
Crawley 01293 600300 x3338
Horsham 01403 227000 x7130

Antenatal Day Unit – East Surrey Hospital

01737 768511 x1726

Delivery Suite / Labour ward

01737 768511 x6790

Antenatal screening

01737 768511 x6977
Opening hours: Monday to Friday, 8am to 5pm
www.surreyandsussex.nhs.uk

Patient Advice and Liaison Service (PALS)

Telephone: 01737 231 958

Email: pals@sash.nhs.uk

Write to: PALS, East Surrey Hospital
Redhill, Surrey RH1 5RH

You can also ask a member of staff to contact PALS on your behalf.

This information can be made available in other languages and formats, including larger text. Contact the PALS office for help.