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RESEARCH ARTICLE

PERINATAL OUTCOME IN TERM PREGNANCY WITH OLIGOHYDRAMNIOS.

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Key words:-

Amniotic Fluid; Apgar Score; Birth Weight.

Abstract

Introduction: Modern obstetrics is concerned with health and well-being of both mother and the unborn child. Recognition of foetus at risk for death or damage in utero, balancing the fetal risk against the risk of neonatal complications from immaturity, and determining the optimal time and mode of intervention are cornerstones. Quantification of amniotic fluid is an important component of the biophysical profile in USG evaluation of fetal well-being at term.

There is an inverse relationship between the amniotic fluid index and the adverse perinatal outcome. Oligo hydramnios is clinical condition characterized by amniotic fluid index (AFI) of 5cm or less. Its incidence is 3-5 % of all the pregnancies an accurate and reproducible method of determining abnormality in amniotic fluid volume (AFI) is sonographic assessment of amniotic fluid index (AFI) It often increase the risk of small for gestational age (SGA) and also the incidence of cesarean section, meconium stained, low Apgar score and Neonatal intensive care (NICU) admission.

Objective: The aim of study was to analyze the fetal out come in low risk pregnant women with oligohydramnios at term. This is a prospective, descriptive study.

Material and method: In this study 50 Antenatal women were assessed In Dr. Susheela Tiwari government hospital Haldwani, Distt. Nainital, Uttarakhand. The women history, clinical examination recorded and AFI measured and perinatal outcome compared between two groups AFI <5 and >5. Regarding the fetal and pregnancy outcome using chi square and p value, details were recorded in terms of fetal weight, Apgar score at 1 and 5 minutes.

Results: Mode of delivery, NICU admission neonatal death and induction of labour. Oligohydramnios is associated with a high rate of pregnancy complication and increased perinatal morbidity and mortality. Women with oligohydramnios usually have low birth babies.

Conclusions: However, we can expect a safe and good outcome for which proper fetal surveillance and regular antenatal care visits are required.

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Introduction:-

"It is agreed that Amniotic fluid represent in great part a transudation from maternal vessel but many authority consider that a portion of it derived from urinary secretion of fetus".

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Amniotic fluid-

Vital role in the normal growth of the fetus
Protective milieu for the growing fetus

muscular-

skeletal development
Guard against Umbilical cord compression fetal swallowing allows GI tract development.

Oligohydramnios

"AFI less than 5cm or

Single deepest pocket –
below 2cm."

Oligo hydramnios can cause -

1. Uteroplacental insufficiency,
2. Idiopathic IUGR,
3. Fetal hypoxia,
4. MSL increase LSCS rate and low Apgar score.

Objective:-

To analyze the fetal outcome in low risk pregnant women with oligohydramnios at term pregnancy.

Material and Methods:-

1. Prospective study done In Dr.Susheela Tiwari Government Hospital, Haldwani, Uttarakhand
2. Total cases -50
3. Two groups- AFI <5
4. AFI >5
5. Fetal outcome-
6. Fetal weight,
7. Apgar score at 1min.and 5min

Exclusion criteria

1. Previous cesarean section,
2. Post term pregnancies,
3. Previous perinatal loss, Recurrent missed abortion,
4. Medical disorder like DM, Hypertension and cardiac disease

Result And Discussion:-

1. Estimation of amniotic fluid volume is an integral part of antenatal surveillance.
2. Garmel et al. supported -67% Oligohydramnios were nulliparous
3. Charu et al - 66 % of women were nulliparous
4. Chauhan et al.- AFI < 5cm is associated with increased risk of Caesarean section for fetal distress and low APGAR Score at 5 minute,
5. Umber A and Jandial. et al. -increased incidence of Caesarean section and NRFHR in low AFI.
6. Golan et al. (26) reported a low APGAR score at 5minute in 4.6 babies.

Table 1

Sr. n.	Clinical variable	AFI<5 (n=15)	AFI>5 (n=35)	P value
1.	Maternal age	27.40±1.45	27.85±1.14	0.23
2.	Gravida			0.60
	G1	10 (66.7%)	18 (51.4%)	
	G2	3 (20%)	10 (28.6%)	
	G3	2 (13.3%)	7 (14%)	
3.	Gestational age >37 weeks	12 (80%)	31(88.6%)	0.41

Sr no.	Clinical variable	AFI <5(n=15)	AFI >5(n=35)	P value
1	MSL	7(50%)	12(36%)	0.05
2	Caesarean delivery	12(80%)	12(34.3%)	0.005
3	Birth weight<2.5 kg)	11(73.3%)	20(57.1%)	0.35
4	APGAR score at 1 min (<7)	8 (53.3%)	12(34.3%)	0.75
5	APGAR score at 5min (<7)	7(54%)	12(34.3%)	0.75
6	NST (non reactive)	6(46%)	10(28.5%)	0.05
7	NICU admission	9(60%)	10(%)	0.03

Conclusion:-

1. Oligohydramnios is associated with high rate of pregnancy complication and increase perinatal morbidity and mortality.
2. AFI assessed antepartum, and intrapartum would help to identify women who need increase antepartum surveillance for pregnancy complication.
3. Women with oligo hydramnios usually has low birth babies but can expect the safe and good outcome for which proper fetal surveillance and regular antenatal care visits are required.

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