Background

- Polyhydramnios is classified by the Amniotic Fluid Index (AFI) as mild (24 ≤ 30cm), moderate (30 ≤ 35cm) or severe (≥35cm).
- In the Netherlands an AFI≥ 24cm is an indication to refer for a level-II scan.
- Risk-stratification in women with polyhydramnios can be helpful in identifying the high risk fetus requiring antenatal tertiary care.

Objective

To determine the level of adverse fetal outcome (congenital anomalies and intra uterine fetal death and/or postpartum fetal death) in women with mild (AFI 24≤30cm), moderate (AFI 30≤35cm) and severe polyhydramnios (AFI ≥35cm)

Methods

- Inclusion of pregnant women with a singleton fetus, diagnosed with a polyhydramnios (AFI≥24cm) on Level-II scan in a tertiary referral centre from 2007-2016.
- Rates of adverse composite fetal outcome are stratified according to the polyhydramnios classification.

Results

- Cohort of 464 women with a median AFI of 27.4 (range 24.0-49.2).
- An adverse composite fetal outcome occurred in 42% (193/464) of women.
- An adverse composite fetal outcome was present in 36% (123/340) in the mild, 46% (35/77) in the moderate, and 75% (35/47) in the severe polyhydramnios group.
- The rates of adverse composite fetal outcome below and above an AFI cut-off of 27.5cm (based on the median) were 36% and 48%, respectively.

Conclusion

In almost 1 out of 2 fetus an adverse fetal outcome was seen (193/464, 42%).

An increasing AFI is associated with a higher prevalence of adverse composite fetal outcome, favoring the severe polyhydramnios group in their need for tertiary care and delivery.