# Polyhydramnios

**Purpose**: To provide guidelines for screening and management of polyhydramnios complicating pregnancy.

1. Definition: polyhydramnios is defined as a single deepest pocket (SDP)  ≥8 cm at less than 24 weeks or in a multiple gestation or amniotic fluid index (AFI) >25 cm (AFI ≥97.5 percentile) after 24 weeks.

1. Classification:
2. Mild polyhydramnios: AFI > 25 cm - 29.9 cm.
3. Moderate: AFI >30 cm – 34.9 cm.
4. Severe polyhydramnios:  SDP ≥16 cm or AFI of ≥35 cm.

1. Etiology:
2. Major associations are diabetes and fetal malformation, but up to 50% of mild polyhydramnios is of unknown cause (idiopathic).
3. Risk of major anomaly at birth after normal ultrasound is 1% with AFI <30, 2% with AFI 30 to 34.9, 20-40% with AFI ≥35 cm.
4. Implications for the pregnancy: Polyhydramnios is associated with higher rates of macrosomia, malpresentation, cord prolapse, abruption, primary cesarean delivery, and uterine atony.

1. Workup should include (at least) a glucose screening test, antibody screen if not done in last four weeks, RPR, and accurate fetal anatomy ultrasound. Parvovirus, toxoplasma, and CMV IgM and IgG can be included. Amniocentesis should be strongly considered if there is severe polyhydramnios, hydramnios with fetal anomaly on ultrasound, polyhydramnios associated with FGR or detected <24 weeks.

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