

Audit on evaluating the management and outcomes of polyhydramnios to enhance maternal and neonatal care.

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Introduction

Polyhydramnios, characterized by excessive accumulation of amniotic fluid, affects 1-3% of pregnancies. This condition is associated with adverse pregnancy outcomes such as:

- Preterm prelabor rupture of membranes (PPROM)
- Preterm labor (PTL),
- Abnormal fetal presentations
- Increased caesarean section rates
- Cord prolapse
- Placental abruption
- Postpartum hemorrhage (PPH)
- Increased perinatal complications

Identifying underlying causes—idiopathic (50-60%), maternal diabetes, fetal anomalies, infections, anaemia, or placental abnormalities—is crucial for optimal management.

Objectives

This audit aimed to evaluate the current management strategies for polyhydramnios and their impact on clinical outcomes, identifying areas for improvement to optimize care for affected pregnancies.

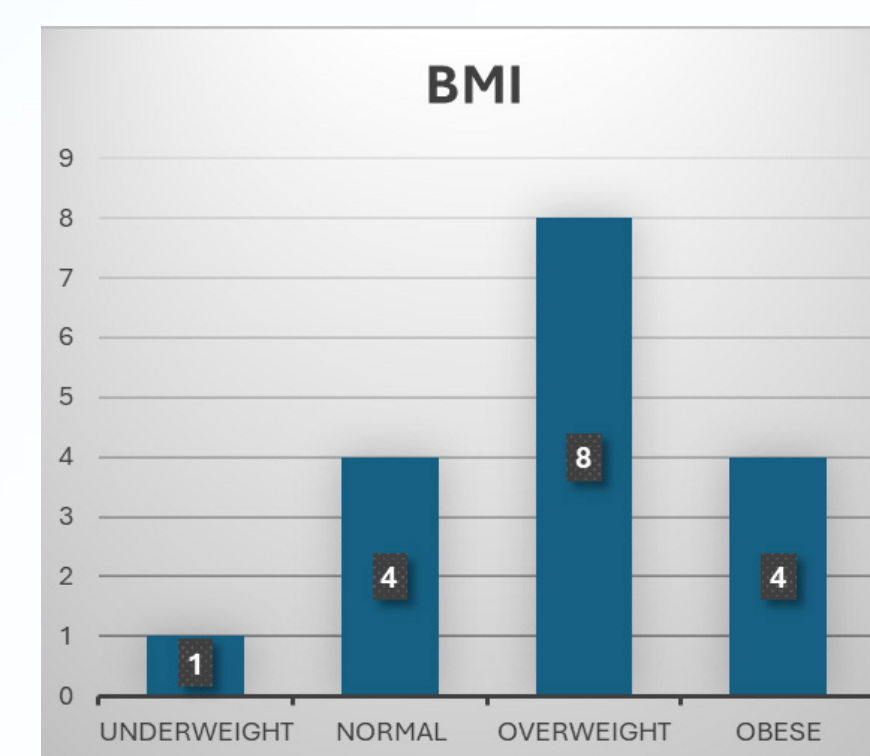
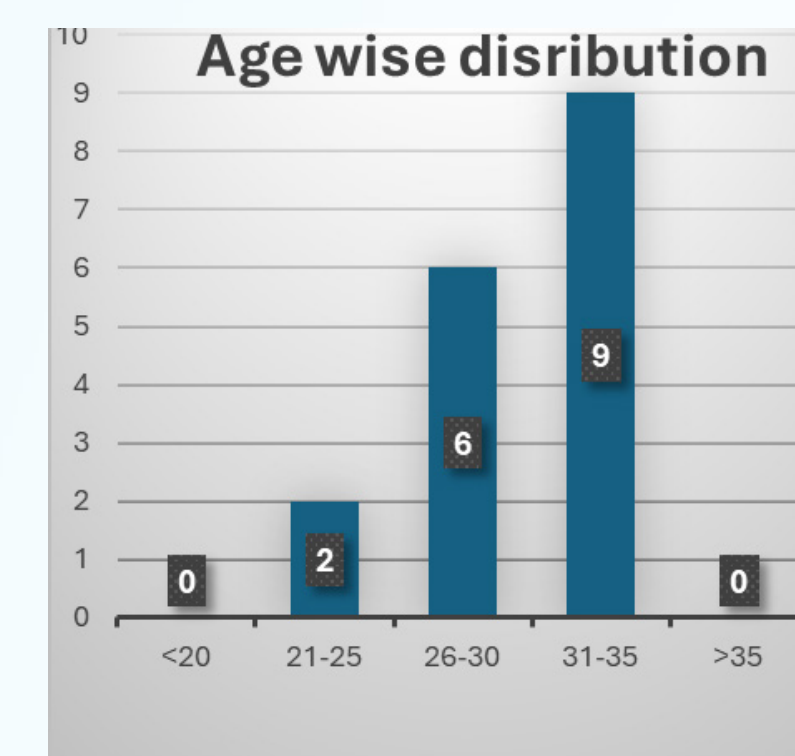
Methods

Methodology

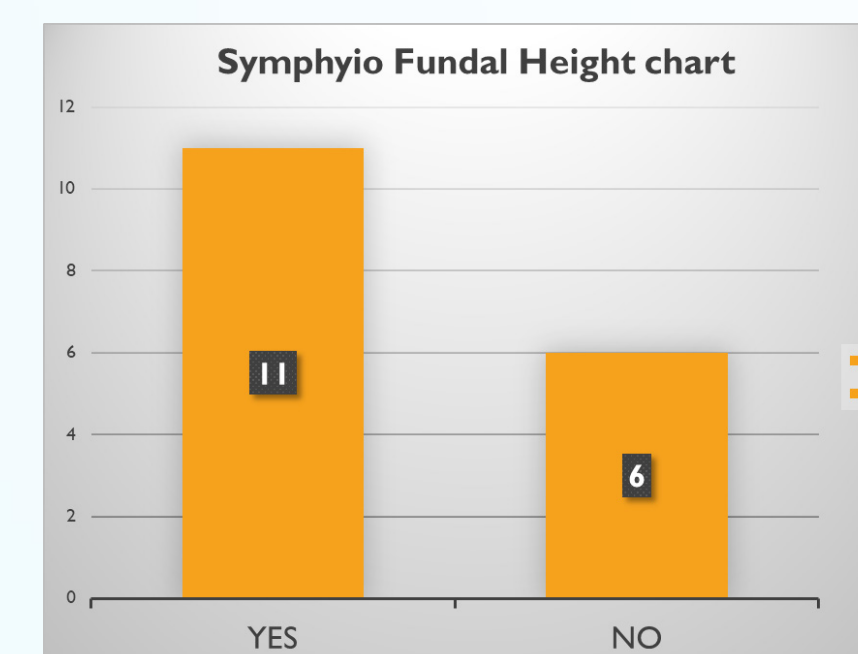
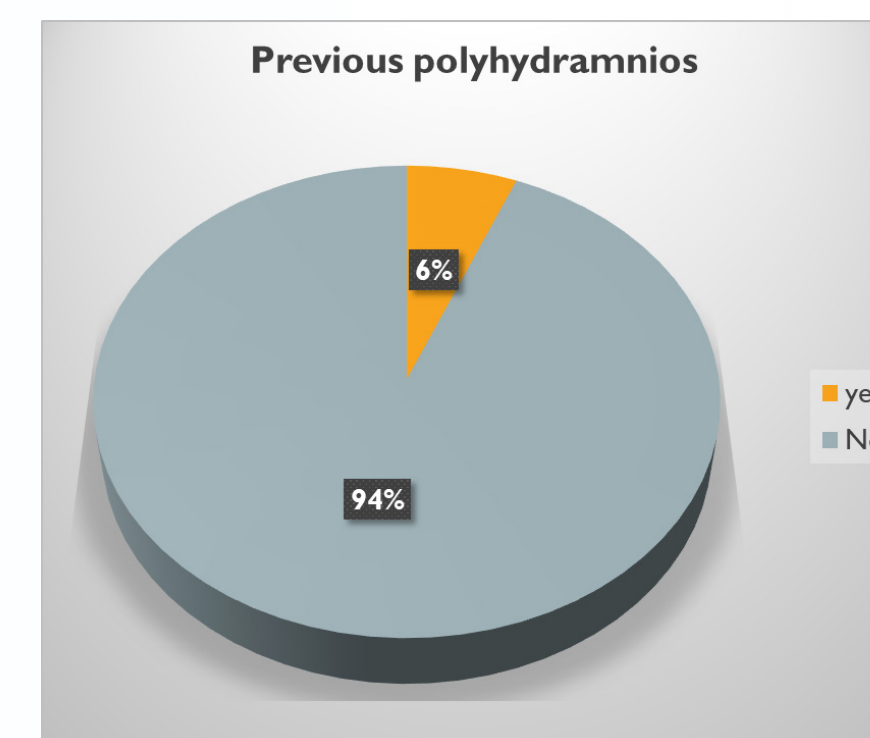
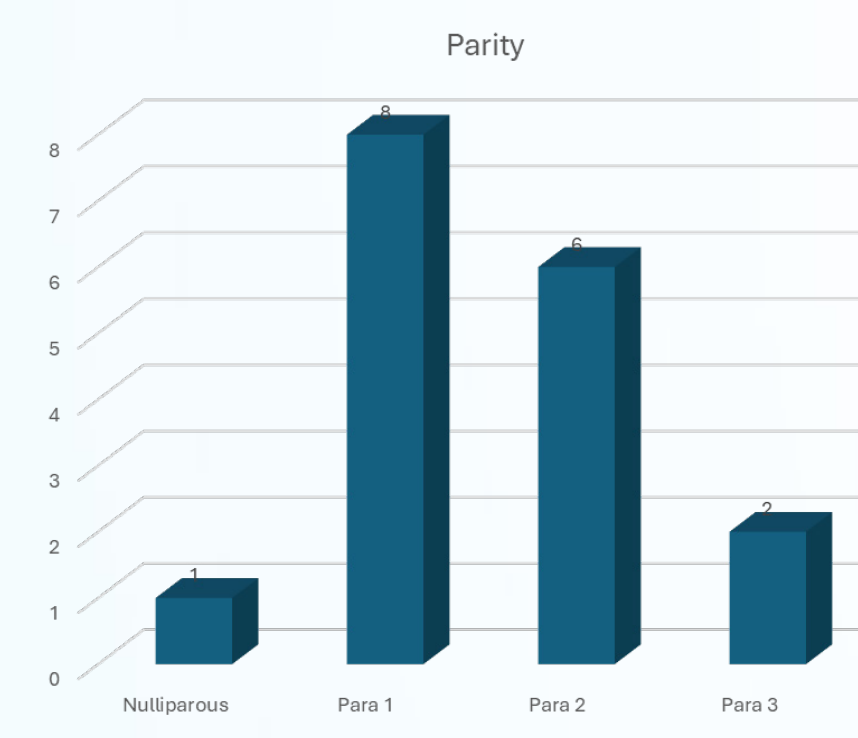
A retrospective review of 17 cases of polyhydramnios at Broomfield hospital was conducted. Data were collected on maternal demographics, etiology, interventions, and pregnancy outcomes. Key performance indicators were compared against established guidelines to assess adherence and identify gaps.

Results

Demography

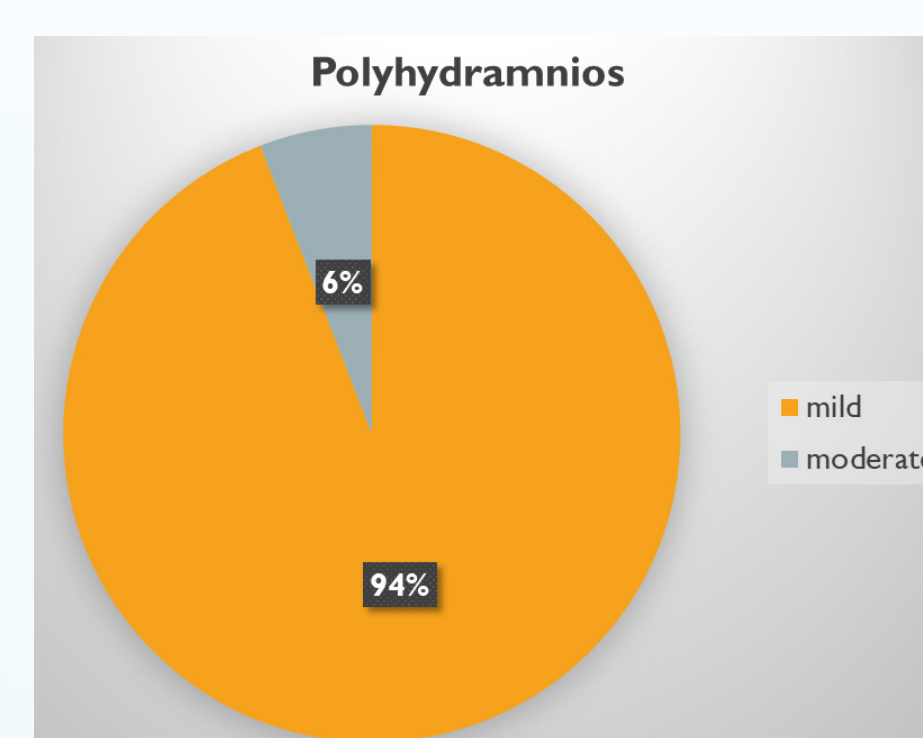
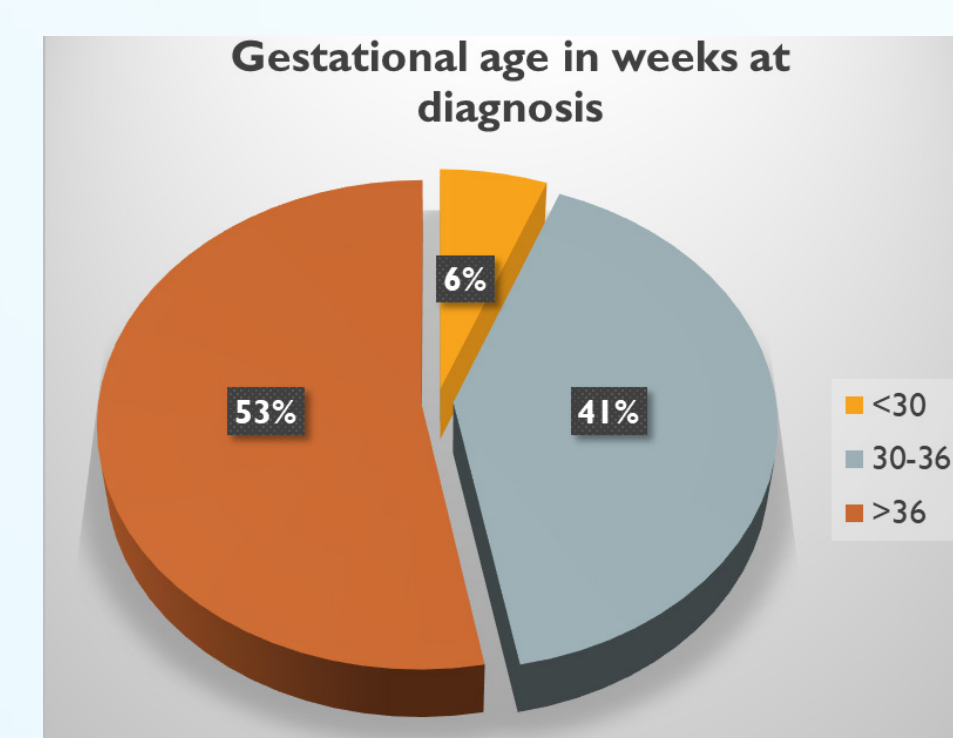


Previous Obstetric History



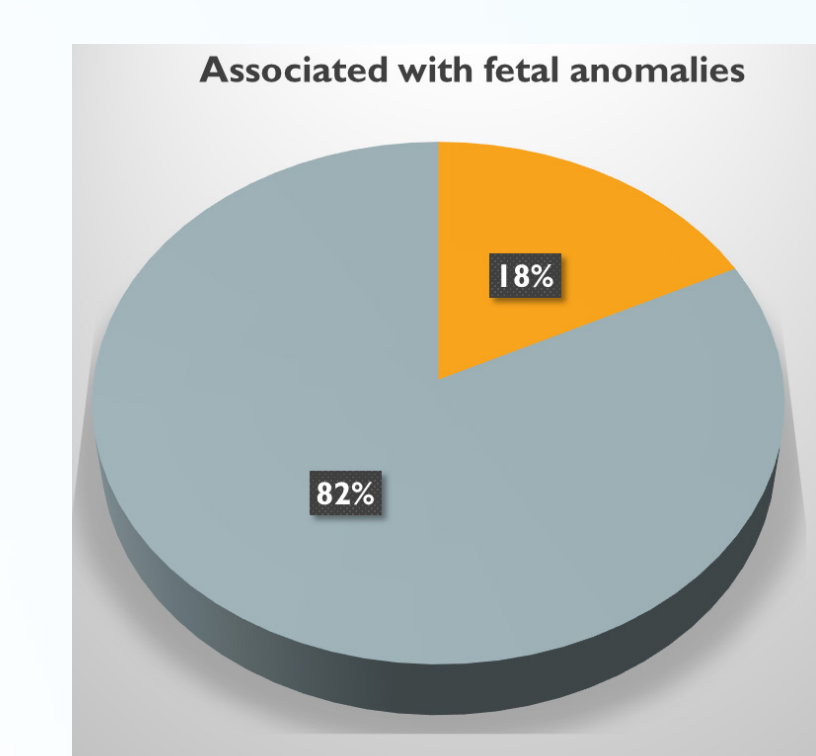
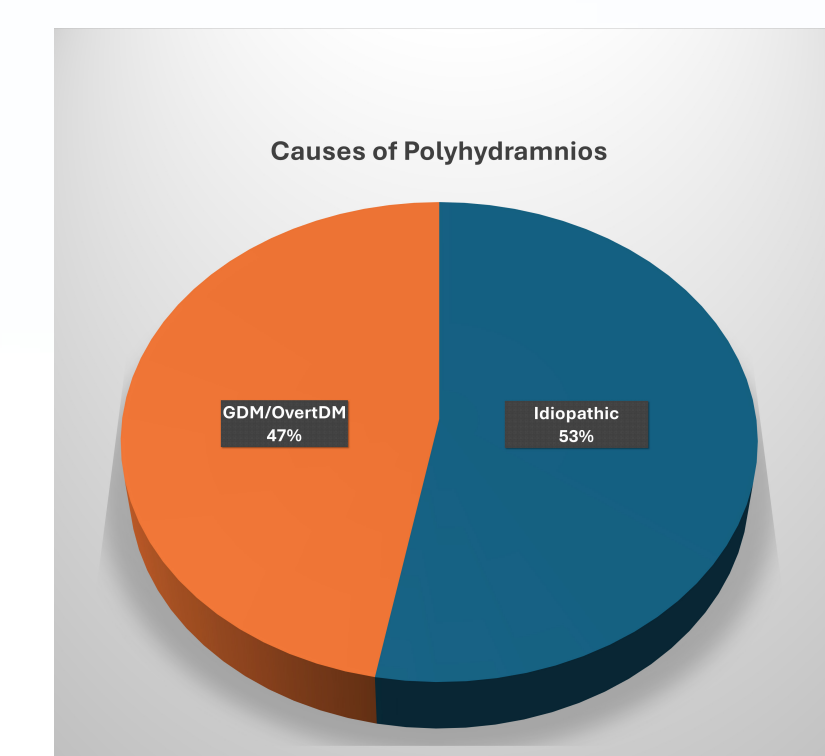
SFH charting completed in 65% of cases to identify Large for dates.

Diagnosis of Polyhydramnios



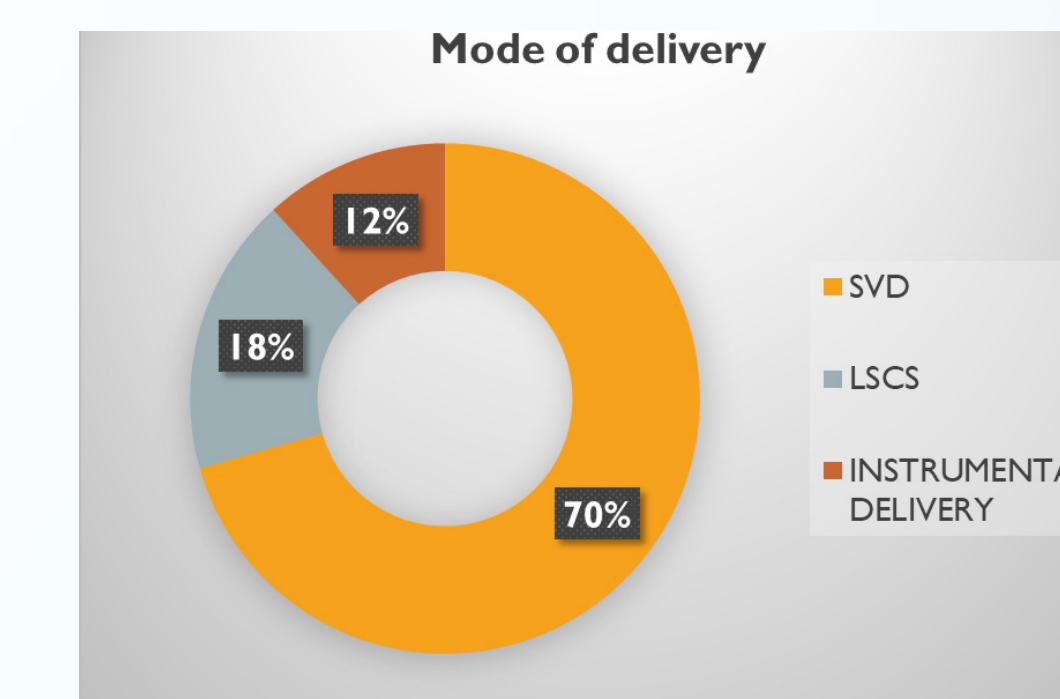
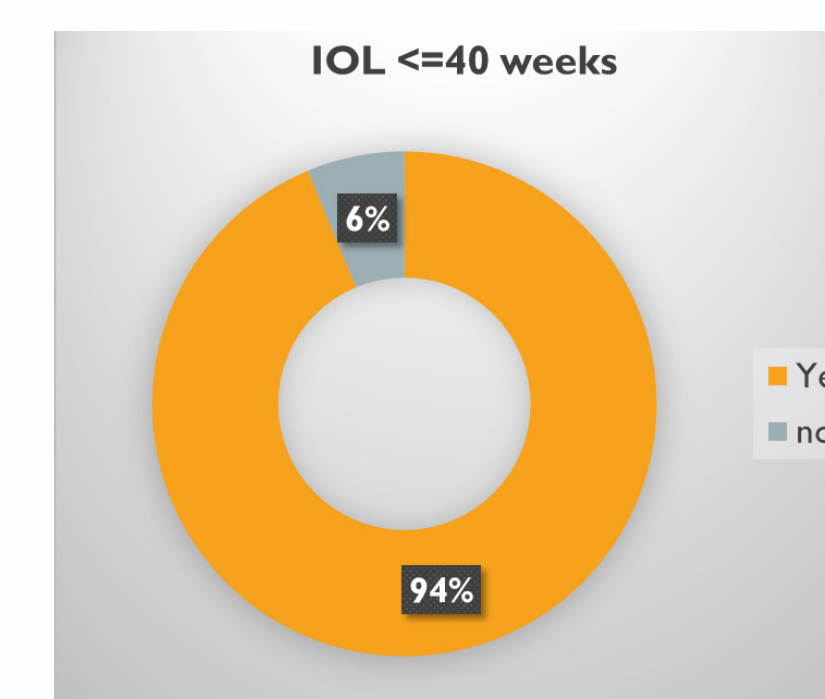
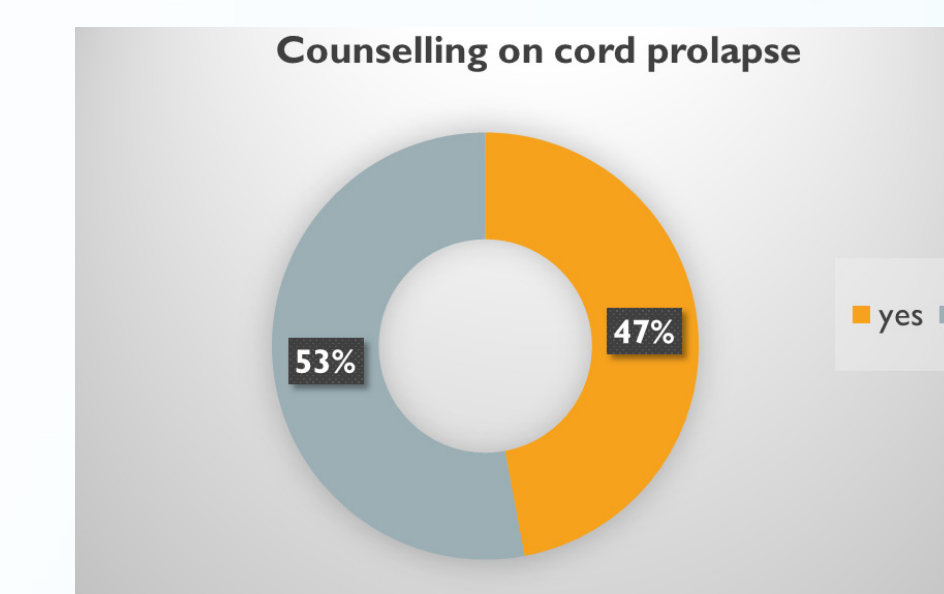
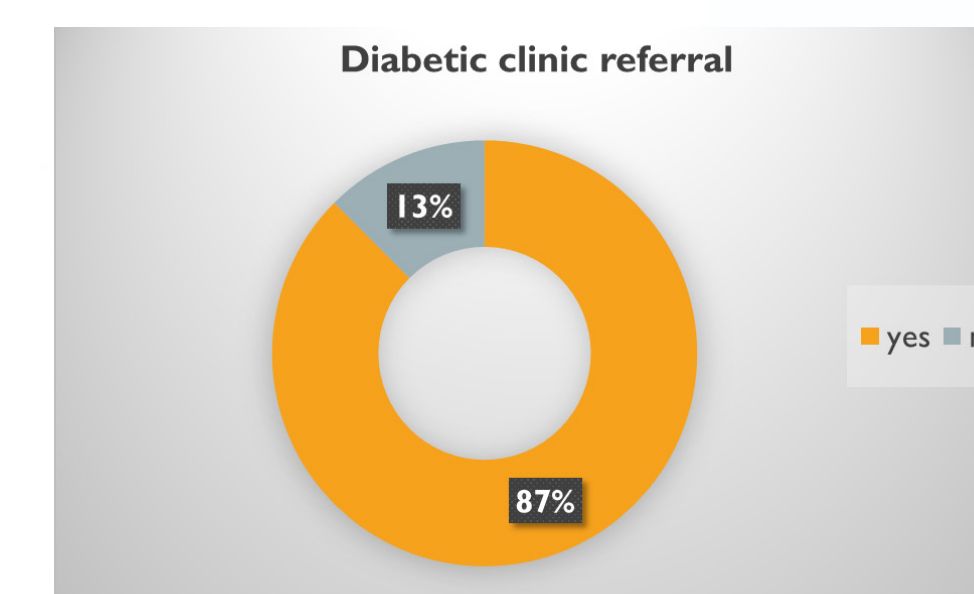
Results

Causes of Polyhydramnios

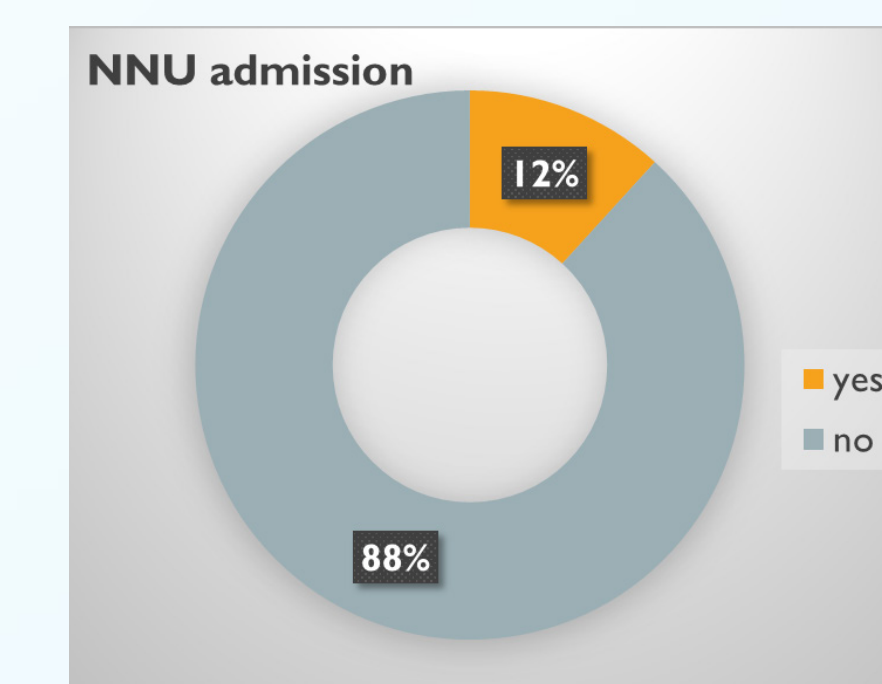
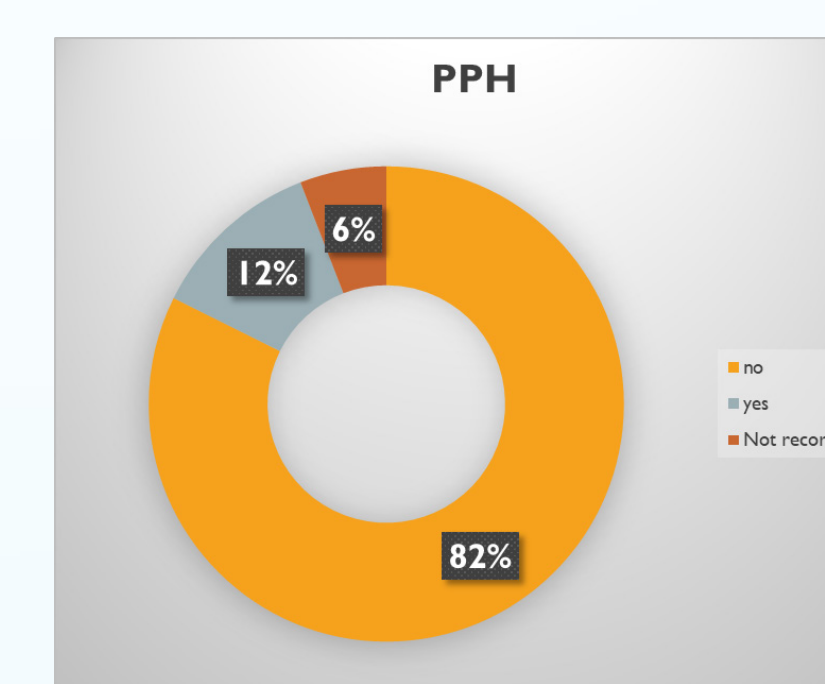


Identified anomalies: fetal abdominal cysts, short long bones, unilateral cleft lip and palate; no tracheo-oesophageal fistulas detected.

Management



Complications



Summary

Performance indices	Results
All antenatal women should have SFH chart filled by midwife	65%
TORCH screening should be done in women with polyhydramnios	82%
GTT/HbA1C should be done in women with polyhydramnios	100%
FMU referral in mod-severe polyhydramnios and in indicated cases	75%
All women with polyhydramnios should be counselled about cord prolapse	47%
IOL/CS should be offered at 39-40 weeks for mild polyhydramnios	94%

Preliminary findings reveal that idiopathic polyhydramnios constituted the majority of cases, followed by cases secondary to maternal diabetes. Adherence to diagnostic protocols and monitoring schedules was consistent while symphysio fundal height charting and cord prolapse counselling were 65% and 47%, respectively.

Recommendations:

- Enhance awareness of the importance of SFH charting and comprehensive counseling.
- Implement targeted education for healthcare providers via emails and posters.
- Conduct regular follow-ups to ensure prompt action on test results.
- Reaudit within 6-12 months to monitor progress and further improve care quality.

Conclusion:

This audit highlights critical gaps in managing polyhydramnios and proposes actionable recommendations to optimize maternal and neonatal outcomes. Collaborative efforts and adherence to guidelines are essential to achieving these goals.

Reference:

MSEGL-23078-Management of polyhydramnios
TOG July 2014 - Polyhydramnios in singleton pregnancies; perinatal outcomes and management.