INDUCTION INDICATION: ISOLATED OLIGOHYDRAMNIOS

LEVEL OF EVIDENCE

Recommendation for labour induction: II-2-C
Recommendation for timing of labor induction: III-C
Recommendations for priority: III-C

DEFINITION

Oligohydramnios is defined as either an amniotic fluid index (AFI) less than 50 millimetres or a deepest vertical pocket (DVP) of less than 20 millimetres. This definition is further subdivided into moderate oligohydramnios where the AFI is low with a normal DVP, or severe oligohydramnios where the DVP is low.

OUTCOMES

There are no randomized controlled trials evaluating the perinatal risk associated with isolated oligohydramnios. Evidence from systematic reviews of observational studies suggested that, though there is an association of oligohydramnios in general with a small for gestational age fetus and neonatal death, this risk cannot be well applied to the individual patient, nor be stratified by gestational age. There is conflicting evidence in the literature regarding the risk of isolated oligohydramnios. Most studies advocate no increased risk to the fetus/newborn while few suggest a potential increased risk of IUGR, perinatal mortality, or preterm birth. These outcomes are further clouded by the lack of a uniform definition for oligohydramnios in the literature. There is insufficient evidence to assess the risk of perinatal outcome based on severity of oligohydramnios.

RECOMMENDATIONS

Labour induction may be offered in persistent isolated oligohydramnios once the fetus reaches 37+0 weeks gestation. Induction should be considered as a priority 3 (< 72 hours).

SUPPORTING DOCUMENTATION REQUIRED

- Prenatal sheets
- Dating ultrasound (or information from fertility centre in the setting of IVF)
- Ultrasound reports confirming oligohydramnios

REFERENCES


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