LEVEL OF EVIDENCE
Recommendations for labour induction: II-2-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.

Postdates is defined by gestational age greater than 40+0 weeks gestation according to dating by the earliest ultrasound (on or after 7+0 weeks) or if the pregnancy is a result of timed ovulation induction (ART) then gestational age and Estimated Date of Delivery (EDD) should be based on that information. Postdates assessment for fetal well being begins at 41+0 weeks and is comprised of amniotic fluid assessment and Non-Stress Testing (NST).

OUTCOMES
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. Oligohydramnios risk may be prognosticated as part of the modified Biophysical Profile which is comprised of a combination of fluid assessment and NST. If either is abnormal as part of the postdates assessment, there may be an increased risk for adverse perinatal outcome including perinatal mortality.

RECOMMENDATIONS
Labour induction is recommended in the postdates population when oligohydramnios is present. Induction should be considered as a priority 1 (< 8 hours). Obstetrical consultation is required prior to induction booking.

SUPPORTING DOCUMENTATION REQUIRED
• Prenatal sheets
• Dating ultrasound (or information from fertility centre in the setting of IVF)
• Ultrasound report confirming oligohydramnios

REFERENCES


