



Case Report on Oligohydramnios

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ABSTRACT

Introduction: Oligohydramnios is an extremely rare condition where there is a deficiency of liquor amnii in the amount of less than 200ml at the time of delivery. Sonographically, it is maximum vertical pockets of liquor is < 2cm or the amniotic fluid index is < 5cm (less than 5 percentiles) is specified.

Patient history: A 28 year old woman came to Sri Manakula Vinayagar Medical College and Hospital with the complaints of lower back pain for 1 day and backache for 4 months.

Past surgical history: Mother has history of ectopic pregnancy get ruptured and left salpingectomy done at JIPMER, 2013.

Clinical findings: Reduced foetal movements, lower back pain, backache, and abdominal discomforts.

Investigations: Ultrasonography (AFI= 5cm), Hb%-10.8%, MCV- 91.1fl, MCHC- 32.3%, MCH- 29.5pg, Total WBC count- 8,500 cells/cu.mm, Lymphocyte- 17%.

Nursing management: Assess both maternal and foetal conditions carefully, foetal heart rate and vital signs should be assessed properly. During labour, an amnio infusion should be given via intrauterine catheter. Fluids should be administered via amniocentesis before giving birth. The level of amniotic fluid may help by increasing the amount of oral fluid intake.

Conclusion: Mother was admitted to SMVMCH and was diagnosed as oligohydramnios and got appropriate treatment and her condition has improved.

Key words: Oligohydramnios, amniotic fluid, cervical cerclage, amniocentesis.

percentile) or more than 24 cm (above 95th percentile) was considered abnormal at gestational age from 20 to 40 weeks, Absence of any measurable pocket of amniotic fluid is defined as anhydramnios. AFT between 5 and 8 is termed as borderline AFT or borderline oligohydramnios

Past obstetrical history: Mother has history of ectopic pregnancy get ruptured at 2013 and left salpingectomy done at JIPMER, 2013. Mother had 2 spontaneous vaginal delivery and delivered 2 female baby.

Menstrual history:

Age of menarche- 14 years

Duration of menstrual period- 3-4 days

Duration of cycle in days- 28 days

Regularity- regular

LMP- 20.10.22

EDD- 27.07.23

Period of gestation- 34 weeks + 4 days.

Antenatal assessment:

Weight- 68 kg

Height- 167cm

Previous number of antenatal visits- 3

Treatment- mother has taken 2 doses of TT injection, and she's taking iron, folic acid & calcium

Clinical findings:

Reduced fetal movements, abdominal discomfort, leaking of the amniotic fluid on ultrasound

Definition: it is an extremely rare condition where the liquor amnii is deficient in amount to the extent of less than 200 ml at term. Sonographically it is defined when the maximum vertical pocket of liquor is less than 5cm.

I. INTRODUCTION

It is an extremely rare condition where the liquor amnii is deficient in amount to the extent of less than 200 ml. at term. Sonographically, it is defined when the maximum vertical pocket of liquor is less than 2 cm or when amniotic fluid index (AFT) is less than 5 cm (less than 5 percentile) With AFI less than 5 cm (below 5th



Etiology:

Fetal conditions: fetal chromosomal abnormalities or structural abnormalities, renal agenesis, obstructed uropathy, spontaneous rupture of membrane, intrauterine infection, postmaturity, IUGR, amnion nodosum.

Maternal conditions: hypertensive disorders, uteroplacental insufficiency, dehydration, idiopathic.

Clinical features: smaller uterine size, less fetal movements, malpresentation, evidence of IUGR.

Investigations:

1. CBC

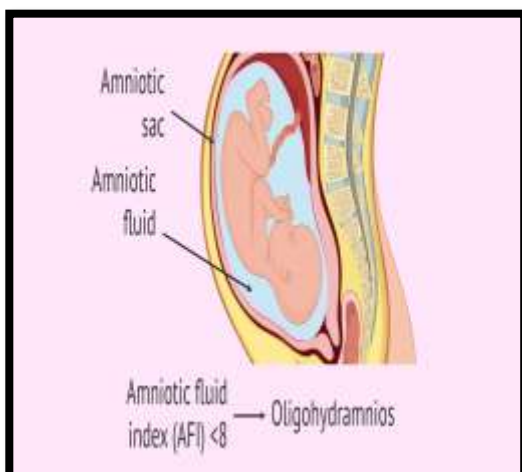
- Hb – 10.8gm%
- Total RBC count- 3.90 mil/cu.mm
- Total WBC count- 8,500/cu.mm
- Total platelet count- 1.78 lak/cu.mm

2. LFT

- Total bilirubin- 0.7mg/dl
- SGPT- 20U/L
- SGOT- 29 U/L

- #### 3. Ultrasonography:
- Single cell uterine fetus with 34 weeks+4 days with Oligohydramnios

AFI- 5 cm



Complications:

Fetal: abortion, deformity due to intra amniotic adhesions or due to compression, fetal pulmonary hypoplasia, cord compression, high fetal mortality.

Maternal: prolonged labor due to inertia, increased operative interference due to mal presentation, increased maternal morbidity.

Medical management:

Day 1:

- Mother delivered Male baby by emergency LSCS.
- Inj. Carbetocin 1ml IM given.
- Inj. Syntocin 20units IV infusion started.
- Inj. Flagyl 500mg IV, TDS.
- Inj. Pan 40mg IV, BD
- Inj. Cefuroxime 1gm IV, BD
- Inj. Tramadol 50mg, IM TDS.
- Monitor vital signs

Day 2:

- Continue the medicines and IV fluids.
- Sips of water followed by liquid diet.
- To do CBC and urine routine.
- Ambulation of the patient
- Continue the orders

Day 3:

- To do dressing for the mother
- Provide perineal care.
- To continue the IV fluids.
- Mobilize the patient.

Day 4:

- CBD to be removed
- Follow the medicines

Day 5: Continue the same orders

Day 6:

- Continue the same orders
- To change injection to
- Tablet tab. pan 40mg p/o BD
- Tablet. Livogen XT- OD, Tab. Shelcal- OD, Tab. Dolo 650mg TDS

Surgical management:

- Emergency LSCS in an abnormal position. Mother undergone emergency LSCS due to severe Oligohydramnios

Nursing management:

Day 1:

- Due drugs are given as per the doctor's order.
- Maintain intake and output chart.
- Maintain NPO till further orders.
- Place the mother in propped up position.
- Check the vital signs for the mother.

Day 2:

- Advise the mother to take sips of water and take the liquid diet gently.
- Due drugs are given as per the doctors' orders.



- Provide catheter care
- Maintained I/O chart .intake- 1900ml; output- 2100ml.

Day 3:

- Dressing was done.
- IV fluids are administered.

Day 4:

- Advice to take more plenty of oral fluids.
- Administered the drugs as per the doctor's order.

Day 5:

- Catheter was removed and perineal care was given.
- Assess the skin changes for the mother

Day 6:

- Advice the mother to take normal diet.
- Educate the mother to do minimal activities.

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II. DISCUSSION:

The patient 28 years old was apparently admitted in SMVMCH on 19/6.2023. patient complaints of lower back pain, backache and decreased foetal movement, as she has complaints all this things patient was undergone several investigations like blood investigation, ultrasonography. After all this investigation patient was diagnosed as oligohydramnios where her amniotic fluid index(AFI) was 5cm. The condition of patient was improved after getting care by various multidisciplinary health care team. She was admitted in the ANC ward for further management.

Oligohydramnios well known to be associated with high adverse risk during the perinatal period. However, it is a poor indicator for the adverse effects during this period. But it is also used as a predictor for delivery. So, closely monitoring of the volume of amniotic fluid during antenatal period is very helpful to find out the risk of the adverse effects during perinatal period.

III. CONCLUSION

Oligohydramnios is one of the most common complications during the pregnancy which can cause maternal mortality and morbidity. But if it is diagnose in early stage and if it is treated properly we can reduce the maternal and foetal complications. My patient has received proper care and her conditions also improved as evidenced by the patient conditions and the treatment is still going on till my last date of care.

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