

Practice patterns in the management of isolated oligohydramnios: a survey of perinatologists.

[Schwartz N](#), [Sweeting R](#), [Young BK](#).

Source

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Abstract

OBJECTIVE:

Optimal management of isolated oligohydramnios (IO) remains debatable. We surveyed Society for Maternal-Fetal Medicine (SMFM) members regarding their opinions and practice patterns.

STUDY DESIGN:

Questionnaires were mailed to perinatologists across the US. IO was defined as sonographic low fluid (per the practitioner's definition) in the absence of intrauterine growth restriction, fetal anomaly or significant maternal comorbidity.

RESULTS:

The overall response rate was 35% (n = 632). Ninety-two percent of respondents consider IO to be a risk factor for various adverse outcomes. With a favourable cervix, 34% and 82% would consider inducing labour without documented lung maturity prior to 37 and 39 weeks, respectively. When asked whether induction of labour in cases of IO reduces perinatal morbidity, 45% were unsure and 21.4% thought it would not. Only 33% believe induction could decrease adverse outcomes. Newer members of SMFM (<10 years) and those of private practice were more likely to believe that induction is efficacious in decreasing morbidity.

CONCLUSION:

There is significant divergence regarding the management of IO. Despite being unsure of its benefit, most practitioners lean towards intervention. The available literature is insufficient to make firm recommendations supporting intervention for IO.