

**The role of antepartum transabdominal amnioinfusion  
in management of oligohydramnios**

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**Object:** To evaluate the roles related to prophylactic transabdominal amnioinfusion in pregnancies with oligohydramnios.

**Study design :** Thirty-nine Pregnant women with oligohydramnios amniotic fluid index (AFI < 5) and intact membrane hospitalized for oligohydramnios and submitted to transabdominal amnioinfusion between 18 and 35 weeks' gestational age, and were matched retrospectively with a historic 'control' group of 39 women treated conservatively. Eleven women of the amnioinfusion group had ruptured membranes (pPROM group)

**Results :** Sixty-two procedure was done in 39 women and the mean pre- procedure AFI was 2.1cm and post-procedure AFI was 10.1cm. The mean first infusion to delivery interval was 32 days. The amniotic fluid index increased from a median value of 2.1 to 10.5 cm in amnioinfusion group after amnioinfusion. Both study and control group showed a similar rate of cesarean delivery (10 vs 14, respectively). but the number of cesarean sections for fetal distress was more frequent among control group than among amnioinfused patients (4/14 vs. 1/10 in amnioinfusion group). Amnioinfusion group showed a better mean umbilical arterial pH at delivery ( $7.30 \pm 0.12$  vs.  $7.28 \pm 0.11$ ,  $p < 0.05$ ) and lower base deficit (-1.8 vs. -6.9 in control group). No significant difference was observed in maternal or neonatal hospitalization days or infections morbidity except more maternal fever in pPROM group.

**Conclusion :** Our data suggest that the amnioinfusion seems to be a low fetal and maternal risk technique than conservative management. On the contrary, this procedure seems to offer several benefits to pregnant women of oligohydramnios with ruptured and unruptured amniotic membranes.

*Keywords: Transabdominal amnioinfusion; Oligohydramnios*