CONDITION

Polyhydramnios

Polyhydramnios is an unusually large amount of amniotic fluid around a baby during pregnancy.

WHAT IT IS
Excess amniotic fluid during pregnancy

BODY SYSTEM
Pregnancy and reproductive system

MAIN SYMPTOMS
Rapid abdominal growth, discomfort, breathlessness, contractions

WHAT CAUSES IT
Diabetes, fetal conditions, infection, or unknown

HOW IT IS DIAGNOSED
Ultrasound measurement of amniotic fluid

MAIN TREATMENT
Monitoring, treating causes, or removing excess fluid

CAN IT BE CURED?
Sometimes - underlying causes may be treatable

IS IT AN EMERGENCY?
Sometimes - bleeding, fluid leakage, or breathing difficulty

LONG-TERM OUTLOOK
Often good when mild and unexplained

Overview

Polyhydramnios means there is more amniotic fluid than expected around a baby during pregnancy. Amniotic fluid is the liquid inside the uterus that cushions the baby and supports movement, growth, and lung development.

The amount of fluid normally rises through much of pregnancy and then levels off or falls near the due date. Polyhydramnios is confirmed when an ultrasound measurement is above the expected range.

Most cases are mild. Mild polyhydramnios often develops later in pregnancy, causes few symptoms, and has no clear cause. It may only need routine monitoring.

Moderate or severe polyhydramnios can place extra strain on the uterus. It may also be a sign

of diabetes in the pregnant person or, less often, a condition affecting the baby. Finding polyhydramnios does not by itself show what caused it or mean that the baby has a health problem.

The condition matters because a very stretched uterus can increase the chance of early contractions, unusual fetal positioning, or complications when the waters break. Your care plan will be based on the amount of fluid, how quickly it increased, the stage of pregnancy, and whether another condition is present.

Symptoms

Many people with mild polyhydramnios have no symptoms. It may be noticed when the uterus measures larger than expected or during an ultrasound performed for another reason.

Possible symptoms include:

These symptoms are not specific to polyhydramnios. Breathlessness, swelling, and abdominal discomfort can occur in pregnancies without excess fluid.

Symptoms may be more noticeable when fluid builds up quickly or reaches a high level. Sudden abdominal enlargement, painful contractions, leaking fluid, bleeding, or a clear reduction in fetal movement needs prompt assessment.

- A belly that becomes larger more quickly than expected
- Abdominal tightness, pressure, or discomfort
- Shortness of breath, especially when lying down
- Heartburn or difficulty eating a full meal
- Swelling in the legs, feet, or external genital area
- Uterine tightening or contractions

Causes and risk factors

Amniotic fluid is produced mainly through the baby's urine later in pregnancy. The baby also swallows fluid, which is absorbed through the digestive system. Polyhydramnios can develop if too much fluid is produced or if the baby cannot swallow and absorb the usual amount.

In many mild cases, no cause is found. This is called idiopathic polyhydramnios , meaning polyhydramnios without an identified cause.

Possible causes include:

Polyhydramnios is more likely to have an identifiable cause when it is severe, appears early, increases quickly, or is accompanied by an unusual ultrasound finding. Even after testing, however, the cause may remain unclear.

- Diabetes during pregnancy. High blood glucose can cause the baby to produce more urine. This may occur with diabetes that began before pregnancy or gestational diabetes, which develops during pregnancy.
- Conditions affecting swallowing. A blockage in the digestive tract or a problem involving the brain, nerves, or muscles may make it difficult for the baby to swallow fluid.
- Fetal anemia. Severe anemia can change the baby's circulation and increase urine production. Possible causes include blood-group incompatibility and certain infections.
- Genetic or chromosome conditions. Some conditions that affect development can be associated with polyhydramnios.
- Infections during pregnancy. A small number of infections can affect the baby and alter fluid levels.
- Complications of identical twin pregnancies. In twin-to-twin transfusion syndrome, blood flows unevenly between twins sharing a placenta. The twin receiving more blood may develop excess fluid.

Diagnosis

Polyhydramnios is confirmed by ultrasound. Symptoms or a uterus measuring large for the stage of pregnancy are not enough to make the diagnosis.

During ultrasound, a clinician may use one of two measurements:

The results help classify the excess fluid as mild, moderate, or severe. Fluid measurements can change, so another ultrasound may be arranged to see whether the level is stable, rising, or returning toward the expected range.

The ultrasound also checks the baby's growth, movements, anatomy, and position. In a twin pregnancy, it can assess the fluid around each baby and look for complications related to a shared placenta.

Further assessment may include a review of previous scans, diabetes testing, and blood tests for selected infections or blood-group antibodies. Genetic testing may be offered if ultrasound shows a possible developmental or chromosome condition. Not everyone needs every test.

Monitoring may include repeat ultrasounds or tests of the baby's heart rate and movements. The need for these tests depends mainly on the severity, cause, and stage of pregnancy.

- The single deepest vertical pocket , which measures the deepest clear pocket of fluid
- The amniotic fluid index , which adds measurements from four areas of the uterus

Treatment and management

Mild polyhydramnios without another concerning finding often does not need treatment. Routine pregnancy care may continue, sometimes with extra appointments or ultrasound measurements.

When a cause is identified, management focuses on that cause. For example, managing high blood glucose may help prevent the fluid level from rising further. A fetal medicine specialist may become involved if an ultrasound suggests a condition affecting the baby or placenta.

If the uterus becomes extremely stretched and causes severe pain or breathing difficulty, some fluid may be removed with a procedure called amnioreduction . A needle is guided through the abdomen into the amniotic sac using ultrasound, and fluid is drained. Fluid can build up again, and the procedure has risks, so it is generally reserved for significant symptoms in severe cases.

Medicines that reduce fetal urine production are not routinely used only to lower the fluid level because they can affect the baby's circulation and have other risks.

Planning for birth depends on the amount of fluid, its cause, fetal growth and position, symptoms, and any other pregnancy complications. Mild unexplained polyhydramnios does not always require an early birth. More severe cases may need birth in a hospital with specialist newborn services.

Because the baby may have more room to change position, fetal position is often checked close to labour or before induction. The care team may also take extra care when breaking the waters because a sudden large release of fluid can allow the umbilical cord to move below the baby.

Complications

Most mild cases do not lead to serious problems. The chance of complications is higher when polyhydramnios is severe, begins early, or is caused by another condition.

Possible pregnancy and birth complications include:

Polyhydramnios is also associated with a higher risk of stillbirth in some pregnancies. The individual level of risk is strongly influenced by the severity and underlying cause. This

association is one reason moderate or severe cases may need closer monitoring.

If polyhydramnios results from a fetal, genetic, or placental condition, the baby's outlook depends more on that condition than on the excess fluid itself.

- Preterm contractions or birth before 37 weeks
- The waters breaking early
- The baby lying sideways or bottom-first
- Umbilical cord prolapse, when the cord slips below the baby after the waters break
- Placental abruption, when the placenta separates too early
- Heavy bleeding after birth because the stretched uterus does not contract firmly
- A greater likelihood of assisted or caesarean birth

Prevention

Polyhydramnios usually cannot be prevented. Many cases have no identifiable cause, and conditions affecting fetal development cannot generally be prevented by changing everyday activities.

If you have diabetes, keeping blood glucose within the targets set by your pregnancy team may reduce complications related to high glucose, including excessive fetal urine production. It cannot prevent every case.

Attending routine pregnancy appointments allows changes in uterine size, fetal growth, and fluid levels to be found. This is early detection rather than prevention.

There is no good evidence that changing how much water you drink, reducing salt, or restricting normal activity prevents polyhydramnios. Do not limit fluids unless a clinician has advised this for another medical reason.

Living with it and what to expect

Living with polyhydramnios may mean more appointments and uncertainty, particularly while tests are being completed. It can help to remember that mild, unexplained polyhydramnios is common in clinical practice and often remains stable or improves.

Fluid levels may rise, fall, or stay about the same over the following weeks. A normal measurement on a later scan can occur, but it does not guarantee that monitoring will stop. Your care team will consider the full pregnancy history rather than one measurement.

Physical discomfort may increase as the uterus grows. Smaller meals, an upright position after eating, and resting in a supported position may ease pressure or heartburn. These steps improve comfort but do not lower the fluid level.

Continue following the fetal movement advice given by your maternity service. Polyhydramnios may change how movements feel because there is more fluid around the baby, but you should still seek assessment if your baby is moving less than usual.

After birth, the excess amniotic fluid is no longer present. Recovery for the pregnant person is usually similar to recovery after other births, although the team may watch more closely for heavy bleeding. The baby may need an examination or tests if a cause was suspected before birth.

Polyhydramnios in one pregnancy does not mean it will occur in every future pregnancy. The chance of recurrence is influenced by the cause, such as whether diabetes or an inherited condition is involved.

When to get medical help

Contact your maternity unit promptly if:

Call emergency services for severe difficulty breathing, heavy vaginal bleeding, fainting, or severe constant abdominal pain.

A cord prolapse is also an emergency. If your waters break and you can feel or see something like a cord in the vagina, call emergency services immediately. Do not try to push it back.

For routine follow-up, attend scheduled ultrasound and pregnancy appointments even if you feel well. Contact your usual maternity team between appointments if discomfort, swelling, or breathlessness is gradually worsening.

- Your abdomen suddenly becomes much larger or more painful
- You have regular tightenings or think labour may be starting early
- Fluid is leaking or your waters have broken
- Your baby is moving less than usual
- Breathlessness is new, worsening, or interfering with normal activity

Common questions

Does polyhydramnios mean something is wrong with my baby?

Not necessarily. Many mild cases have no identified cause, and the baby appears healthy on ultrasound. Moderate or severe polyhydramnios is more likely to be linked to another condition, so additional assessment may be offered.

Can polyhydramnios go away on its own?

Yes. Mild polyhydramnios may improve or return to the expected range before birth. Other cases remain stable or increase. Repeat ultrasound can show how the level is changing.

Will I need a caesarean birth?

Not always. A vaginal birth may be possible, particularly when the baby is head-down and there are no other complications. Caesarean birth may be recommended for reasons such as an unusual fetal position, concerns during labour, or an underlying fetal or placental condition.

Does drinking less water reduce amniotic fluid?

No. Restricting your drinking is not a treatment for polyhydramnios and could cause dehydration. Amniotic fluid levels are mainly controlled by fetal urine production and swallowing, not by ordinary changes in how much you drink.

Can polyhydramnios cause early labour?

It can increase the chance of early contractions, early breaking of the waters, and preterm birth because the uterus is more stretched. Many people with mild polyhydramnios still reach term.

Will polyhydramnios affect future pregnancies?

Usually not. Polyhydramnios itself ends with the pregnancy. Whether it returns in a later pregnancy depends on the underlying cause, if one was found.

Sources

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