

## Pregnancy Outcomes of Idiopathic-Polyhydramnios With Normal Ultrasound

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Polyhydramnios is present in approximately 2% of pregnancies. The overall incidence of polyhydramnios irrespective of etiology ranges in various studies from 0.2 to 3.9% (1,2). Approximately 50-60% of cases are idiopathic (3). The amniotic fluid index (AFI) technique defines hydramnios as an AFI of  $\geq 24$  cm or  $\geq 25$  cm, which respectively is  $\geq 95$  and  $\geq 97.5\%$  in normal singleton pregnancies. Also, the single deepest pocket (SDP) is  $\geq 8$ , or the examiner's subjective assessment of having an increased amount of amniotic fluid volume (1). Idiopathic-polyhydramnios (IP) is defined as disorders that are not associated with factors such as maternal diabetes, isoimmunization, fetal infection (Cytomegalovirus (CMV) or toxoplasmosis), placental tumors, multiple gestations, or fetus related anomalies in singleton pregnancies (e.g., central nervous system or gastrointestinal anomalies, aneuploidy, other structural anomalies, and hydrops) that can result in polyhydramnios (1,4-7). Polyhydramnios has previously been associated with an increased risk of a number of perinatal morbidity and mortality, such as preterm birth, aneuploidy, cesarean section, fetal anomalies, and perinatal and postnatal mortality (4-9). Pregnancy complicated by polyhydramnios can present diagnostic and therapeutic dilemmas for obstetricians. Many clinicians have viewed polyhydramnios as a prognostic factor of increased risk of pregnancy complications and have recommended an extensive evaluation of these pregnancies (9). In contrast to earlier reports, the correlation of IP with adverse pregnancy and childbirth outcomes has been less consistent in more recent investigations. IP is a matter of debate in obstetric practice, as pregnancy outcomes IP are conflicting in literature. The previous narrative review performed by Magann *et al.*, (2007) showed that IP was linked to fetal macrosomia in the larger studies. There was an increase in the risk of adverse pregnancy outcomes such as preterm birth, Apgar score  $<7$  at 5 min, Large

Gestational Age (LGA), meconium, Cesarean Section (CS), Neonatal Intensive Care Unit admission (NICU), and a 2-5 fold increase in the risk of perinatal mortality (1). This study showed that there is a clear association between pregnancy adverse outcomes with IP and recommended performing further prospective studies in this area. Our meta-analysis study also confirmed adverse pregnancy outcomes and showed that there is a higher Relative Risk (RR) for the outcomes, including NICU admission, Apgar scores  $<7$  min 5, preterm birth, and LGA. The RR of other consequences, such as macrosomia, fetal distress, and CS, was lower. (10). Although pregnancy outcomes of IP are conflicting in literature yet, the intensive intrapartum monitoring and further attention in the postpartum period are recommended in this regard. Further larger studies are needed to resolve complex mechanisms and to establish universal guidelines.

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