



## Polyhydramnios (too much amniotic fluid)

Polyhydramnios is a condition when there is too much amniotic fluid (the fluid that surrounds the baby in the womb) during pregnancy. It is not usually serious and there is often no cause found. It affects 1-4% of all pregnancies.

### Why does this happen?

Polyhydramnios is caused by an increased production of urine by the baby or reduced swallowing of this fluid.

In 1 out of 3 women, the cause of polyhydramnios is not known. This is referred to as idiopathic.

### How is polyhydramnios diagnosed?

It is normally spotted during a routine antenatal check-up by your midwife in later stages of your pregnancy, because your bump may measure larger than expected for your due date. You will then be referred for an ultrasound scan. If you have symptoms of polyhydramnios, such as your tummy getting bigger suddenly, you may be referred for an ultrasound scan.

On ultrasound scan, the sonographer will measure the amount of amniotic fluid around the baby and confirm the diagnosis of polyhydramnios.

### How you get polyhydramnios?

The cause of polyhydramnios (too much amniotic fluid) is often unknown. Some possible causes include:

- diabetes during pregnancy (gestational diabetes)
- being pregnant with more than 1 baby
- a problem with your baby swallowing
- your baby having a genetic condition

### Treatments for polyhydramnios

Polyhydramnios (too much amniotic fluid) usually does not need any treatment. You may have extra check-ups for the rest of your pregnancy and during labour and birth.

If the polyhydramnios is caused by a condition such as gestational diabetes, you'll be treated for the condition.

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If you have severe polyhydramnios, you will be referred to a specialist doctor in Fetal Medicine. They will perform a detailed ultrasound scan to identify the underlying cause. Rarely, you may have some of the amniotic fluid drained from your womb using a thin needle or need medications to reduce the production of the fluid. You will be monitored afterwards to check your fluid levels.

## **Complications of polyhydramnios**

Complications of polyhydramnios are rare.

Rarely, in more severe cases, complications can include:

- your waters breaking early – call your maternity unit straight away if this happens
- placental abruption, where the placenta separates from the womb before the baby is born
- umbilical cord prolapse, where the umbilical cord slips down in front of the baby after your waters break
- you may go into labour before 37 weeks of pregnancy (baby being born prematurely). If you think you are in premature labour, contact your maternity unit straight away.
- your baby having a low birth weight – extra scans may be required during your pregnancy

Your obstetric team can give you more information about these complications.

## **Your labour and birth plan**

If you have mild polyhydramnios you may be able to give birth on the Midwifery led Unit, if you have no other complications.

If you have moderate or severe polyhydramnios, you will be advised to give birth in hospital. This is so you can be monitored closely, and treatment will be available quickly if needed.

You may have a higher chance of needing a caesarean section to avoid any problems.

Speak to your midwife if you have any concerns about your plans for labour and birth.

## **Contact Numbers**

Good Hope Hospital Maternity Assessment Centre 01214247055

Birmingham Heartlands Hospital Maternity Urgent Assessment Unit 01214249314

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