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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

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بالرسالة صفحات لم ترد بالأصل



Hydration therapy in oligohydraminos in Ain Shams University Maternity Hospital: Randomized Controlled Clinical Trial

A Thesis

Submitted for partial fulfillment of Master degree in Obstetrics & Gynecology

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List of Abbreviations

Abb.	Full term	
ACOG		
<i>AF</i>	Amniotic fluid	
AFI	Amniotic fluid index	
<i>AFV</i>	Amniotic fluid volume	
FGR	Fetal growth restriction	
<i>IV</i>	Intravenous	
MGSS	Mean gestational sac size	
<i>MH</i>	Maternal hydration	
<i>MVP</i>	Maximum vertical pocket	
PPROM	Preterm prelabor rupture of membranes	
<i>RR</i>	Relative risk	
SDP	Single deepest pocket	

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Introduction

Amniotic fluid is surrounding the fetus allowing musculoskeletal development and protecting it from trauma. It also maintains temperature and has a minimal nutritive function. Amniotic fluid also promotes growth and differentiation of tissues of lung and gastrointestinal tract through inhalation and ingestion of Amniotic fluid respectively (Eslaminejad and Jahangir, 2012).

Normal amniotic fluid volume changes with gestational age. Oligohydraminos has been defined as follows: Aminotic fluid volume is less than 500 ml at 32-36 weeks of gestation or maximum vertical pocket is less than 2 cm from late midtrimester or AFI is less than 5cm (*Lord and Bhimji*, 2017).

Normally the amniotic fluid volume increases from approximately 250 mL at 16 weeks to 1000 mL at 34 weeks then declining thereafter to approximately 800 mL at term. The amniotic fluid volume reflects the status of both the mother and the fetus and is altered in many physiological and pathological conditions (*Dubil and Magann*, 2013).

Oligohydraminos is one of the prevalent threatening conditions to fetal health. Intrauterine growth restriction, respiratory distress syndrome and chronic fetal hypoxia are associated with oligohydraminos (*Uche et al.*, 2018).

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Hydration can be considered an effective way of decreasing the chance of oligohydraminos because maternal dehydration increases the chance of the condition. Therefore both serum and oral hydration therapies are hypothesized to be effective treatment for oligohydraminos (Gizzo et al., 2015).

Previous studies have demonstrated that maternal hydration is beneficial in treating pregnancies with oligohydramnios (Shahnazi et al., 2012).



AIM OF THE WORK

The aim of this study is to find out if there is significant increase in amniotic fluid index after acute maternal hydration in pregnant women with oligohydraminos and to evaluate therapeutic effectiveness of two different modalities of hydration therapy.