

Normal Amniotic Fluid Volume

Polyhydramnios It is typically diagnosed when the amniotic fluid index (AFI) is greater than 24 cm. It is typically diagnosed when the amniotic fluid index (AFI) is Polyhydramnios is a medical condition describing an excess of amniotic fluid in the amniotic sac. It is seen in about 1% of pregnancies. It is seen in about 1% of pregnancies. an excess of amniotic fluid in the amniotic sac

Risk factors include infection of the amniotic fluid, prior PROM, bleeding in the later parts of pregnancy, smoking, and a mother who is underweight. Diagnosis is suspected based on symptoms and speculum exam and may be supported by testing the vaginal fluid or by ultrasound. If it occurs before 37 weeks it is known as PPRM (preterm prelabor rupture of membranes) otherwise it is known as term PROM.

Lumbar-peritoneal shunt (a.k.a. lumboperitoneal, LP): In cases of chronic increased intracranial pressure such as idiopathic intracranial hypertension and hydrocephalus, a tube or shunt with or without a one-way valve is used to drain the excess cerebrospinal fluid from the brain and transport it to the peritoneal...

Amniotic fluid is a clear, watery substance that surrounds the fetus. It helps to maintain a constant temperature around the fetus, cushion it from injury, and allows for proper fetal movement and organ development. The cause of anhydramnios is not always clear...

The yolk sac, amnion, chorion, and allantois are the four extraembryonic membranes that lie outside of the embryo and are involved in providing nutrients and protection to the developing embryo. They form from the inner cell mass; the first to form is the yolk sac followed by the amnion which grows over the developing embryo. The amnion remains an important extraembryonic membrane throughout prenatal development. The third membrane is the allantois, and the fourth is the chorion which surrounds the embryo after about a month and eventually fuses with the amnion.

The opposite of oligohydramnios is polyhydramnios, or an excess of amniotic fluid.

The term Potter sequence was initially intended to only refer to cases caused by BRA; however, it is now commonly used by many clinicians and researchers to refer to any case that presents with oligohydramnios or anhydramnios regardless of the source of the loss of amniotic fluid.

== Types ==

The opposite to polyhydramnios is oligohydramnios, not enough amniotic fluid.

== Structure ==

== Types ==

Amniotic sac On the outer side, the amniotic sac is connected to the yolk sac, the allantois, and via the umbilical cord, the placenta. It is a thin but tough transparent pair of membranes that hold a developing embryo (and later fetus) until shortly before birth. The outer membrane, the chorion, contains the amnion and is part of the placenta. The inner of these membranes, the amnion, encloses the amniotic cavity, containing the amniotic fluid and the embryo. The outer membrane, the chorion, contains The amniotic sac, also called the bag of waters or the membranes, is the sac in which the embryo and later fetus develops in amniotes. inner of these membranes, the amnion, encloses the amniotic cavity, containing the amniotic fluid and the embryo

Oligohydramnios is the cause of Potter sequence, but there are many things that can lead to oligohydramnios. It can be caused by renal diseases such as bilateral renal agenesis (BRA), atresia of the ureter or urethra causing obstruction of the urinary tract, polycystic or multicystic kidney diseases, renal hypoplasia, amniotic rupture, toxemia, or uteroplacental insufficiency from maternal hypertension.

Twin-to-twin transfusion syndrome blood volume, retarding the donor's development and growth, and also decreased urinary output, leading to a lower than normal level of amniotic fluid (becoming Twin-to-twin transfusion syndrome (TTTS), also known as feto-fetal transfusion syndrome (FFTS), twin oligohydramnios-polyhydramnios sequence (TOPS) and stuck twin syndrome, is a complication of monochorionic multiple pregnancies (the most common form of identical twin pregnancy) in which there is disproportionate blood supply between the fetuses. This leads to unequal levels of amniotic fluid between each fetus and usually leads to death of the undersupplied twin and, without treatment, usually death or a range of birth defects or disabilities for a surviving twin, such as underdeveloped, damaged or missing limbs, digits or organs (including the brain), especially cerebral palsy

Cerebral shunt: In cases of hydrocephalus and other conditions that cause chronic increased intracranial pressure, a one-way valve is used to drain excess cerebrospinal fluid from the brain and carry it to other parts of the body. This valve usually sits outside the skull but beneath the skin, somewhere behind the ear. Cerebral shunts that drain fluid to the peritoneal cavity (located in the upper abdomen) are called ventriculoperitoneal (VP) shunts.

Prelabor rupture of membranes is breakage of the amniotic sac before the onset of labour. Complications in the baby may include premature birth, cord compression, and infection. Women usually experience a painless gush or a steady leakage of fluid from the vagina. Complications Prelabor rupture of membranes (PROM), previously known as premature rupture of membranes, is breakage of the amniotic sac before the onset of labour. Women usually experience a painless gush or a steady leakage of fluid from the vagina. Complications in the mother may include placental abruption and postpartum endometritis

The signs and symptoms of amniotic fluid embolism can vary from one individual to another but involve systemic involvement of multiple organ systems. Often, a patient may present with a cough due to the release of bradykinin, an inflammatory marker released during times of pain and which causes an anaphylactoid reaction. The cough may then progress to dyspnea and shortness of breath or difficulty breathing due to the vasoconstriction of the pulmonary arterioles making it more difficult for air to flow through. This decreased air flow will lead to the decrease of oxygen being delivered... There are two clinical varieties of polyhydramnios: chronic polyhydramnios where excess amniotic fluid accumulates gradually, and acute polyhydramnios where excess amniotic fluid collects rapidly.

Potter sequence Oligohydramnios Potter sequence is the atypical physical appearance of a baby due to oligohydramnios experienced when in the uterus. It includes clubbed feet, pulmonary hypoplasia and cranial anomalies related to the oligohydramnios. Oligohydramnios is the

decrease in amniotic fluid volume sufficient to cause deformations in morphogenesis of the baby. [clarification needed] Oligohydramnios is the decrease in amniotic fluid volume sufficient to cause deformations in morphogenesis of the baby 02bfabf6a9

Amniotic fluid embolism An amniotic fluid embolism (AFE) is a life-threatening childbirth (obstetric) emergency in which amniotic fluid enters the blood stream of the mother, An amniotic fluid embolism (AFE) is a life-threatening childbirth (obstetric) emergency in which amniotic fluid enters the blood stream of the mother, triggering a serious reaction which results in cardiorespiratory (heart and lung) collapse and massive bleeding (coagulopathy). The rate at which it occurs is 1 instance per 20,000 births and it comprises 10% of all maternal deaths 02bfabf6a9

== Signs and symptoms == 02bfabf6a9 == Presentation == 02bfabf6a9 The condition occurs when the vein-artery connections within the fetuses' shared placenta allow the blood flow between each fetus to become progressively imbalanced. It usually develops between week 16 and 25 of pregnancy, during peak placental growth. The cause of the developmental effects on a surviving fetus may include necrotic embolisms from a dead fetus, low blood volume due to pooling in the dead fetus or velamentous cord insertion (insertion of the umbilical cord into the chorioamniotic membranes).... 02bfabf6a9

Shunt (medical) A vesico-amniotic shunt is a tube that In medicine, a shunt is a hole or a small passage that moves, or allows movement of, fluid from one part of the body to another. a reduction in the volume of amniotic fluid, and problems with the development of the baby's lungs and kidneys. The term may describe either congenital or acquired shunts; acquired shunts (sometimes referred to as iatrogenic shunts) may be either biological or mechanical 02bfabf6a9

Amniotic fluid embolism is suspected when a woman giving birth experiences very sudden insufficient oxygen to body tissues, low blood pressure, and profuse bleeding due to defects in blood coagulation. 02bfabf6a9

Synovial fluid (perhaps in analogy to other plural terms for liquids such as "waters" for amniotic fluid). If one insists on using this pseudo-Latin term synovium for the synovial Synovial fluid, also called synovia,[help 1] is a viscous, non-Newtonian fluid found in the cavities of synovial joints. Synovial fluid is a small component of the transcellular fluid component of extracellular fluid. With its egg white-like consistency, the principal role of synovial fluid is to reduce friction between the articular cartilage of synovial joints during movement 02bfabf6a9

Amniocentesis is a medical procedure where fluid... 02bfabf6a9 Since its initial characterization, Potter sequence has been defined into five distinct subclassifications. There are those in the medical and research fields that... 02bfabf6a9 Treatment is based on how far along a woman is in pregnancy and whether complications are present. In those at or near term without any complications, induction of labor is generally recommended. Time may also be provided for labor to begin spontaneously. In those 24 to 34 weeks of gestation without complications corticosteroids and close observation is recommended. A 2017 Cochrane... 02bfabf6a9 The inner membrane of synovial joints is called the synovial membrane and secretes synovial fluid into

the joints. Synovial fluid is an ultrafiltrate from blood, and contains proteins derived from the blood plasma and proteins that are produced by cells within the joint tissues. The fluid contains hyaluronan secreted by fibroblast-like cells in the synovial membrane, lubricin (proteoglycan 4; PRG4) secreted by the surface chondrocytes of the articular cartilage and interstitial fluid filtered from the blood plasma. This fluid forms a thin layer (roughly 50 µm) at the surface of cartilage and also seeps into microcavities and irregularities in the articular cartilage surface, filling all empty space. The fluid in articular cartilage effectively serves as a synovial fluid reserve. During movement...

Oligohydramnios Low amniotic fluid can be attributed to a maternal, fetal, placental or idiopathic cause and can result in poor fetal outcomes including death. The limiting case is anhydramnios, where there is a complete absence of amniotic fluid. Amniotic fluid is necessary to allow for normal fetal movement, lung development, and cushioning from uterine compression. The limiting case is anhydramnios. Oligohydramnios is a medical condition in pregnancy characterized by a deficiency of amniotic fluid, the fluid that surrounds the fetus in the abdomen, in the amniotic sac. The prognosis of the fetus is dependent on the etiology, gestational age at diagnosis, and the severity of the oligohydramnios. characterized by a deficiency of amniotic fluid, the fluid that surrounds the fetus in the abdomen, in the amniotic sac. It is typically diagnosed by ultrasound when the amniotic fluid index (AFI) measures less than 5 cm or when the single deepest pocket (SDP) of amniotic fluid measures less than 2 cm.

Cardiac shunts may be described as right-to-left, left-to-right or bidirectional, or as systemic-to-pulmonary or pulmonary-to-systemic.

Amniocentesis Prenatal diagnostic testing, which includes amniocentesis, is necessary to conclusively diagnose the majority of genetic disorders, with amniocentesis being the gold-standard procedure after 15 weeks' gestation. It has other uses such as in the assessment of infection and fetal lung maturity. Amniocentesis or amniotic fluid test (AFT) is a medical procedure used primarily in the prenatal diagnosis of genetic conditions.

An amniocentesis is typically performed in the second trimester between the 15th and 20th week of gestation. Women who choose to have this test are primarily those at increased risk for genetic and chromosomal problems, in part because the test is invasive and carries a 0.1% to 0.3% risk of pregnancy loss with the risk of pregnancy loss...

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