

Management and Outcomes of Fetal Hydrops in a Tertiary Care Centre in Singapore

Xin Yi Thong,^{1,2} *MBBS (Singapore)*, Le Ye Lee,^{1,3} *MMed (Paeds), MRCPCH (UK)*, Dawn AK Chia,⁴ *DCR(UK), DMU(UK)*, Yee Chee Wong,⁴ *MBBS (Singapore), MMED (O&G, Singapore), FRCOG (UK)*, Arijit Biswas,⁴ *MD, FRCOG, FAMS*

Abstract

Introduction: Fetal hydrops is a serious condition which can be caused by immune and non-immune aetiologies. We aimed to review the management of fetal hydrops at our hospital. **Materials and Methods:** A retrospective review of all cases of fetal hydrops diagnosed in our institution from 2006 to 2013 was carried out. **Results:** Out of the 30 cases of fetal hydrops diagnosed antenatally, 17 were cases of Bart's hydrops which were all terminated in-utero. Of the remaining 13 cases, 11 cases consisted of non-immune causes of hydrops. Planned antenatal interventions including in-utero blood transfusions (n = 4) and thoracentesis (n = 5) as well as planned caesarean deliveries (n = 11) were performed in the majority of cases. Postnatal neonatal intensive care with interventions including chest drainage and transfusions were also performed. A majority, 92%, of the cases survived the perinatal period following a variable length of hospital stay ranging from a week to 3 months. **Conclusion:** Management of fetal hydrops is complex. Close coordination between the obstetric and neonatal teams was the key to good short-term survival of neonates with antenatally diagnosed hydrops, as it allows timely antenatal intervention and anticipation of potential perinatal complications.

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¹Department of Paediatrics, Yong Loo Lin School of Medicine, National University Singapore, Singapore

²Khoo Teck Puat-National University Children's Medical Institute, National University Health System, Singapore

³Department of Neonatology, National University Hospital, Singapore

⁴Department of Obstetrics and Gynaecology, National University Hospital, Singapore

Address for Correspondence: Dr Thong Xin Yi, Department of Paediatrics, 5 Lower Kent Ridge Road, National University Hospital, Singapore 119074.

Email: xin_yi_thong@nuhs.edu.sg