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

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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.

Key words: Antenatal, Complications, Interventions, Non-immune, Survival