

Learning About Your Pregnancy Ultrasound Results

You just had a pregnancy ultrasound. Your results may include some terms that you don't know and want to learn more about. This handout will describe some conditions that may be found during a pregnancy ultrasound. Talk to your doctor about any questions that you have about your results.

Oligohydramnios

Oligohydramnios is when you have **too little** amniotic fluid. Amniotic fluid is the fluid that surrounds your baby in your uterus (womb). It's very important for your baby's development.

Causes

This condition may happen for many reasons.

- Your water breaks early, before going into labor
- Poor fetal growth
- A placenta that functions poorly
- Certain birth defects (such as, kidney and urinary tract problems)

Treatment

To figure out the best treatment, we will need to find out as much as we can about the condition. To do that, you may need one or more other tests. These could include:

- Nonstress test
- Biophysical profile
- Amniotic Fluid Index (AFI)

The goal is to prevent delivery for as long as it's safe. Treatment may also make you more comfortable. Treatment will depend on your symptoms, pregnancy, and health. It will also depend on how severe the condition is.

Treatment may include:

- **Monitoring:** This means closely watching the amount of amniotic fluid using ultrasound. You will need to monitor fetal movement.
- **Limiting strenuous exercise and increasing fluid intake.**
- **Regular checkups:** Your healthcare provider may want to see you more often.
- **Delivering the baby:** If problems are too risky for you or your baby, you may need to deliver your baby early.

Polyhydramnios

Polyhydramnios is when you have **too much** amniotic fluid. Amniotic fluid is the fluid that surrounds your baby in your uterus (womb). It is mostly made up of fetal urine. The amount of fluid is always changing as baby swallows fluid and then expels it through urine. Amniotic fluid is very important for your baby's development. Most cases of polyhydramnios are mild and result from a slow buildup of amniotic fluid during the second half of pregnancy. Severe cases may cause you to feel short of breath or lead to preterm labor.

Causes

- A process that increases the amount of urine the baby makes or decreases baby's ability to swallow
- A birth defect that affects the baby's GI tract or central nervous system
- Mother has diabetes
- Twin-twin transfusion — can occur with identical twins in which one twin receives too much blood and the other too little

- A lack of red blood cells in the baby (fetal anemia)
- Mother's blood is not compatible with baby's
- Infection

Other times, the cause is not clear.

Treatment

You may need a more detailed ultrasound and other tests. Testing will be based on your risk factors, infections and prior tests of your baby. Treatment involves closely watching your pregnancy. This means you may need:

- Nonstress test
- Biophysical profile
- Amniotic Fluid Index (AFI)

Subchorionic Bleed

A subchorionic bleed is when blood collects between the uterine lining and the outer fetal membrane. Blood may also collect under the placenta itself. You may also hear this type of bleed called a subchorionic hematoma or hemorrhage. This type of bleed can be seen on an ultrasound. You may or may not also have vaginal bleeding. Most bleeds resolve on their own, and women go on to have healthy pregnancies.

Causes

The precise cause is unknown.

Treatment

Once you have this type of bleed, there's nothing that can be done to stop it. Your doctor may ask you to come in for follow-up exams or a repeat ultrasound. Your doctor may tell you to increase your fluid intake, avoid heavy lifting, or excessive exercise.

Umbilical Cord Cysts

Umbilical cord cysts are sacs of fluid in the umbilical cord. These cysts occur in about 2-3 of every 100 pregnancies. They are often found during the 7-14 week ultrasound.

Causes

In most cases the cause is unknown and these cysts will not harm the baby. They almost always go away by 14 weeks of pregnancy. If there are many cysts or they last longer into the pregnancy, then they may be sign of concern.

Treatment

If we find a cord cyst during an early ultrasound, we will suggest a second ultrasound between 11-14 weeks. This will help us figure out if the cyst is a sign of concern. We may also suggest more detailed genetic testing.

Further Testing

Based on your results from the ultrasound, your doctor may suggest other tests. These tests could include:

- **Nonstress test:** This test checks how your baby's heart rate reacts when your baby moves. During the test, you'll wear a special device on your belly to measure the baby's heart rate. You may be asked to eat or drink something to make the baby active.
- **Biophysical profile:** This test uses an ultrasound to look more closely at your baby's breathing, tone and movement. It can also look at the volume of amniotic fluid. This may be combined with a nonstress test.
- **Amniotic Fluid Index (AFI):** This is an ultrasound that measures the volume of amniotic fluid.