

MECONIUM STAINED LIQUOR AND YOUR NEWBORN

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What is Meconium Stained Liquor?

A baby's digestive system begins to work from early in the pregnancy and starts making waste products. The solid product is called Meconium and is usually passed as the first stool soon after birth. If it is passed before the birth, it gets diluted in the amniotic fluid and is called as meconium stained liquor.

Why has my baby passed Meconium before birth?

Passing Meconium even before the birth may indicate that the baby has been distressed (Fetal gasping). In babies who are born after due date, it is generally because their digestive system is mature and does not indicate distress in all of them. Around 15-20 babies out of 100, born at term, would have passed meconium during late pregnancy or labour, and in a majority of the cases, this does not become a problem.

Rarely the baby may inhale meconium stained amniotic fluid at any stage of labour and this can cause meconium aspiration syndrome. Meconium aspiration occurs in only about *1 in 100* (1%) of infants born in the presence of meconium stained liquor, causing breathing problems at birth (breathlessness/laboured breathing) which may require admission and treatment in the neonatal unit.

Inhalation of meconium and its effect on the baby can occur irrespective of the mode of delivery (caesarean section or following vaginal delivery). Obstetricians consider caesarean section when there are changes in the baby's heart tracings, or if the mother has a fever, or there is a slow progress of cervical dilation.

Why does a baby need extra observation?

Your baby will be stabilized and assessed by the paediatrician at birth and if the baby is active and is not having any signs of breathing difficulties, the baby will be shifted to the mother's side. However, sometimes breathing difficulties may not be apparent immediately at birth and your paediatrician may recommend that the baby is monitored in the Neonatal Intensive Care Unit (NICU) for an extended period after birth, to watch for activity, vital parameters and any signs and symptoms of breathlessness/ laboured breathing.

Symptomatic babies might require admission to NICU and are treated with breathing support (oxygen, CPAP or ventilator), IV fluids and other medications like surfactant, inhaled nitric oxide as and when required.

Prognosis

Depending on the severity of meconium aspiration, babies might develop additional organ dysfunction like seizures/fits, heart dysfunction, blood infections and kidney dysfunction. Nearly all the infants with MAS have a near complete recovery of lung function and health. *Rarely in very few cases, MAS can result in the death of the infant and long term problems, although it is obviously a possibility but greater when we do not monitor for women in labour appropriately.* After discharge from NICU, they need to be monitored for growth and development during follow-up. Some babies might require additional testing such as MRI brain, hearing and vision screening. Very few babies with meconium aspiration, due to hypoxia in the peri-birth period can have long term neurological problems like seizures, learning disability and cerebral palsy.

