



How to Increase Amniotic Fluid

Can I /Should I Increase it? What is it? I Need Help

- Amniotic fluid gives your baby room to move, helps protect the umbilical cord from compression, and is part of a healthy pregnancy.
- If an ultrasound shows that your fluid level is low, you may immediately hear the word induction.
- But a low fluid measurement is not the whole story.
- Before you make a decision, it helps to understand how the fluid was measured, why it might be low, and what your options are.

What is a normal amount of amniotic fluid?

Your amniotic fluid changes throughout pregnancy. It is not supposed to stay at one exact level.

Your provider can estimate the amount of fluid with an ultrasound using one of two common measurements:

AFI: Amniotic Fluid Index

- The uterus is divided into four sections, and the fluid pockets in each section are measured and added together.
- An AFI of 5 cm or less is commonly used to define oligohydramnios, or low amniotic fluid.

SDVP: Single Deepest Vertical Pocket

- Instead of adding four measurements together, the ultrasound technician measures the deepest single pocket of fluid.
- A single deepest pocket of less than 2 cm is considered oligohydramnios in ACOG's guidance for isolated oligohydramnios.

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AFI and SDVP don't always tell the same story

This is important!

Research comparing the two methods found that using AFI resulted in significantly more diagnoses of oligohydramnios and more inductions of labor than using the single deepest pocket method. The increased inductions did **NOT** result in better newborn outcomes in the studies reviewed.

So if your provider is recommending induction because of a low AFI, you can reasonably ask:

“Was the single deepest pocket measured too?”

You can also ask:

“What was the SDVP measurement?”

That doesn't mean a low AFI should be ignored. It means you have more information to consider before making a decision.

Can drinking more water increase amniotic fluid?

Sometimes – keep reading to find out what you **can** do!

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Research has found that increasing maternal fluid intake can increase measured amniotic fluid, particularly in pregnancies with oligohydramnios. A 2025 systematic review and meta-analysis found that oral hydration increased AFI at several time points, although the studies varied considerably and evidence about whether this improves important pregnancy or newborn outcomes is still limited.

So if your fluid level is borderline or unexpectedly low, ask your provider whether increasing your fluid intake and repeating the ultrasound is reasonable for you.

But don't think of drinking huge amounts of water as a guaranteed way to “fix” low fluid.

And **don't force yourself to drink excessive amounts of water.**

Why might amniotic fluid be low?

There isn't one answer.

Low fluid can be associated with things such as:

- leaking or ruptured membranes
- placental problems
- fetal growth restriction
- certain maternal health conditions
- some medications

pregnancy that has continued well beyond the due date

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What's the Next Question?

Sometimes no clear cause is found.

That's why the next question **isn't** simply: "How do I get my number higher?"

It's: **"Why is my fluid low, and what does that mean for my baby and my pregnancy?"**

What happens if my fluid is low?

That depends on your gestational age, the amount of fluid, whether your membranes are intact, how your baby is doing, and whether there are other concerns.

Your provider may recommend additional monitoring, another ultrasound, or other testing.

ACOG notes that for isolated oligohydramnios defined by a single deepest pocket of less than 2 cm, once- or twice-weekly fetal surveillance may be considered when delivery is not already planned.

Sometimes delivery is recommended because the risks of continuing the pregnancy are thought to outweigh the risks of delivering.

But a low fluid number does not automatically tell you what you should do.

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Before agreeing to an induction, ask questions

If you're being told that your fluid is too low and induction is being recommended, you can ask:

- **What was my AFI?**
- **What was my single deepest pocket?**
- **Is my fluid actually below the threshold for oligohydramnios?**
- **Do you know why my fluid is low?**
- **Is there any evidence that my baby is having a problem?**
- **Can we repeat the ultrasound or do additional monitoring before deciding?**
- **What are the risks of waiting?**
- **What are the risks of inducing now?**

Your provider may have a very good reason for recommending delivery. The point is to understand the reason before making the decision.

What about bed rest, exercise, or positioning?

- You may hear suggestions to rest, drink more water, change positions, walk, or try other techniques.
- Some of these may make sense in an individual situation, but there is not good evidence that things like bed rest, walking curbs, or positional exercises reliably increase amniotic fluid.
- Don't put yourself on bed rest unless your provider specifically recommends it for your situation.
- If your provider recommends increased hydration and another ultrasound, that's a different matter. Hydration has evidence that it can temporarily increase measured fluid levels.

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One more important thing

If you think you may be leaking amniotic fluid, **don't try to fix the problem by drinking more water and waiting it out.**

Contact your maternity care team.

A leaking or ruptured amniotic sac changes the situation and needs to be evaluated.

The bottom line

If an ultrasound shows low amniotic fluid, don't panic.

Find out exactly what was measured.

Ask whether the measurement was an AFI or a single deepest pocket.

Ask why your provider thinks the fluid is low and what other signs they are seeing.

Hydration may increase amniotic fluid measurements, but it isn't a guaranteed solution. And a low AFI doesn't tell the whole story.

You don't have to make a big decision based on one number without understanding what that number means.

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Talk with your provider about your individual situation, your options, and the risks and benefits of waiting versus delivering.

This handout is for education and is not a substitute for individualized medical advice from your doctor or midwife.

Sources

American College of Obstetricians and Gynecologists. Indications for Outpatient Antenatal Fetal Surveillance. [ACOG](#)

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Still Have Questions?

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