

Postdates and Post-term Pregnancy

Most women will spontaneously go into labour at the time that is ideal for them and for their babies. This informed choice document is provided to make sure that you and your partner understand the small but real risks associated with a longer but otherwise uncomplicated¹ pregnancy.

Term pregnancy is defined as 37 to 42 weeks of gestation. Most women will spontaneously begin labour during this time frame. A pregnancy that extends past 41 weeks is considered “postdates”; one that extends past 42 weeks is considered “post-term”.

As midwives, we trust the natural process and recognize the importance of letting a woman’s body and baby decide the appropriate time for labour to begin. We also know that spontaneous labour at term is, generally speaking, more likely to result in a normal, physiologic birth.

However, there is a small but significant increase in fetal injury and death in accurately dated pregnancies that extend beyond 41 weeks gestation. The risk of the following complications increases:

- Meconium aspiration
- Respiratory distress
- Placental insufficiency
- Shoulder dystocia
- Intrauterine growth restriction
- Birth injury
- Operative vaginal delivery
- Cesarean section
- Stillbirth

According to various studies², the risk of stillbirth increases in a post-term pregnancy:

- At 40 weeks: 1-3 per 1000
- At 41 weeks: 1-3 per 1000
- At 42 weeks: 4-7 per 1000
- At \geq 43 weeks: 11.5-14 per 1000

Although there is no one clear guideline for how to manage pregnancies that are approaching 42 weeks, most care providers recommend the following to assess the baby’s health:

Beginning at 41 weeks of pregnancy:

- Continue to tune in with your baby and be aware of your baby’s movements, performing kick counts as necessary (and as instructed in the *Fetal Movement Counts* handout given to you at 28 weeks).
- Have a NST (non-stress test) and AFV (an ultrasound that measures amniotic fluid volume). Repeat the NST every two to three days until your baby is born.
- Discuss with a midwife when and if to induce labour, and what methods are available.

¹ If your pregnancy is complicated by gestational diabetes, hypertension, or other medical concerns, our advice, or that of a consultant obstetrician, may be different from what we present here. If complications arise, we will share our findings with you, and recommend actions based on safety for mother and baby as our primary concerns.

² See the References section on the next page for sources for this data.

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Induction of labour is often recommended between 41 and 42 weeks. Many women choose to be induced between 41 weeks + 3 days and 41 weeks + 6 days gestation. There are both risks and benefits to any induction method.

As you approach 42 weeks of pregnancy:

Evidence shows that the risk to the mother and baby of continuing the pregnancy beyond 42 weeks is significant enough that an induction is recommended *prior* to 42 weeks. Be sure to talk about the risks and benefits of induction versus waiting for spontaneous labour with one of the midwives so that you can make an informed decision for your family.

INFORMED CONSENT

I have read and understand this document, and had the opportunity to have my questions answered. If my pregnancy reaches 41 weeks gestation:

- I choose to be induced at 41 weeks gestation.
- I choose to have my pregnancy monitored via NST and AFV at 41 weeks, and schedule induction at 41 weeks plus 3 days.
- I choose to have my pregnancy monitored via NST and AFV starting at 41 weeks, and schedule induction at 41 weeks plus 6 days.
- Other*: _____

*I understand that this plan means that I am refusing recommended care.

Client's signature: _____ Date: _____

Midwife's signature: _____ Date: _____

References

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- Mette Hedegaard, M., Lidegaard, O., Skovlund, C., Steinrud Mørch, L., Hedegaard, M. (2014.) Reduction in stillbirths at term after new birth induction paradigm: results of a national intervention. *BMJ Open* 2014;4:e005785 doi:10.1136/bmjopen-2014-005785
- Norwitz, E. R. (2014.) Postterm pregnancy (Beyond the Basics). UpToDate. <http://www.uptodate.com/contents/postterm-pregnancy-beyond-the-basics>