

POSTTERM PREGNANCY

DEFINITIONS:

- Prolonged pregnancy: Pregnancy lasting longer than 287 days (41 completed weeks) from LMP
- Postterm pregnancy: Pregnancy lasting longer than 294 days (42 completed weeks) from LMP; occurs 3.5-12% of patients or EDC + 14 days.
- Etiology factors:
 - 1) Error in dating
 - 2) Unknown
 - 3) Primiparity
 - 4) Prior postterm
 - 5) Placental surfactase deficiency or foetal anencephaly
 - 6) Male sex
 - 7) Genetic predisposition

RISKS:

Fetal: Mortality: Slight increase in perinatal mortality after 42 completed weeks

Morbidity: Dysmaturity up to 20% of postdate pregnancies due to chronic uteroplacental insufficiency (IUGR), Increased incidence of meconium passage and meconium aspiration syndrome, Increased incidence of fetal macrosomia may contribute to increased cesarean section or shoulder dystocia complications rate, oligohydramnios due to decreased placental function.

Neonatal: Meconium aspiration, metabolic disturbance, hypothermia, risk of death within year of life and learning disability; all postulated

Maternal: Anxiety, increased C/S rate, dysfunctional labor, increased chorioamnionitis, endometritis, increased use of oxytocin for 2–35%, duration of labor doubles, and increased operative role

MANAGEMENT:

Antenatal surveillance and induction of labor.

A. Accurate Dating--review dating process and reconfirm EDC

B. Antenatal Testing:

1. Nonstress Test: twice weekly NST at 41+ weeks:

15% will be non-reactive, and CST will be needed

2. Weekly AFI (Amniotic Fluid Index) at 41+ weeks:

Oligohydramnios associated with increased incidence of meconium, fetal acidosis, C/S for fetal distress, low APGAR scores, low AFI < 5, borderline 5-8 [See AFI]

C. Induction: Induction of labor at 41+ weeks has been shown in multiple randomized, controlled trials to lower C/S rate and reduce perinatal mortality. (Category B). ACOG: induction at 42 weeks with favorable cervix.

Note: That induction with a non-favorable cervix may result in higher C/S rate.

D. Induction – Nonpharmacologic:

1. Membrane “sweeping” – after 40 weeks 67% will go into labor within 72 hours, can repeat weekly
2. Amniotomy -50% primips/multips go into labor within 12 hours
3. Nipple stimulation (not in VBACs)
4. Mechanical dilation – osmotic dilation, 24 French Foley balloon

REFERENCES:

Family Centered Maternity Course, July 2002.
FP Obstetrics, 2nd Edition

ACOG Practice bulletin, number 55, SEPT.2004