

Postdates and Post-term Pregnancy

Most clients 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 (40 weeks if your age is 40 or greater) is considered “postdates”; one that extends past 42 weeks (41 weeks if your age is 40 or greater) is considered “post-term”.

Midwives and physician trust the natural process and recognize the importance of letting a client’s body and baby decide the appropriate time for labour to begin. We 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 (40 weeks if you are 40 or greater). 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 postterm, most care providers recommend the following to assess fetal well-being:

Beginning at 41 weeks of pregnancy (or 40 weeks if your age is 40 or greater):

- 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).
- Review recommendations, your own situation, and make a plan that feels right for you.

¹ If your pregnancy is complicated by gestational diabetes, hypertension, or other medical concerns, our advice, or that of a consultant obstetrician, may differ 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.

- If you choose not to be induced, 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 or physician when and if to induce labour, and what methods are available.

Induction of labour is often recommended between 41 and 42 weeks. If your age is 40 or greater, induction is recommended at 40 weeks. There are both risks and benefits to any induction method.

Be sure to talk about the risks and benefits of induction versus waiting for spontaneous labour with one of your care providers 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 am aged 40 or greater, and choose to be induced at 40 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 _____ days.
- Other*: _____

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

Client's signature: _____ Date: _____

Care provider's signature: _____ Date: _____

References

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