# 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 uncomplicated[1] pregnancy.

Term pregnancy is defined as 37 to 42 weeks of gestation. Most clients 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 physicians trust the natural process and recognize the significance 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 (39 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 studies[2], for clients <40[3], 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 (39 weeks if your age is 40 or greater):

- Consider induction of labour
- 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 Awareness* handout given to you at 28 weeks).
- Review recommendations, your own situation, and make a plan that feels right for you.

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1 If your pregnancy is complicated by increased age or BMI, 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.

3 For clients >40 years, the risk of stillbirth is 1:500 at 40 weeks.

- Discuss with a midwife or physician when and if to induce labour, and what methods are available.
- 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.

Induction of labour is often recommended at 41 weeks. If your age is 40 or greater, induction is recommended at 39 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.

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## 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 39 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:_____

## References


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