
GUIDELINE FOR MANAGEMENT OF POST-TERM PREGNANCY

Post-term pregnancy is one of the most common indications for elective delivery, and a source of much controversy in both the obstetric and midwifery literature. This guideline is intended to provide the midwife with a guide for the management of post-term pregnancy in her practice, and is based on the available evidence.

DEFINITION: Documented post-term pregnancy of more than 42 weeks (14 days past estimated due date). Some midwives may have definitions related to specific ethnic groups.

INCIDENCE:

41 weeks:	27%
42 weeks:	4.4-14.9%
43 weeks:	2-7%

COMPLICATIONS:

Meconium staining:	approximately 25% of post-term births
Macrosomia:	10-20%
Shoulder dystocia:	8-10% of babies larger than 4,000 g.

MANAGEMENT:

NOTE: Some midwives may have protocols for management that include alternative therapies

Midwives need to be prepared to deal with the complications associated with post-term pregnancy as listed above.

40 weeks

- Discuss incidence of post-term pregnancy
- Discuss risks associated with post-term pregnancy for mother and baby
- Re-evaluate estimated date of confinement
- Discuss management options, including local management and provincial/national guidelines, strategies to initiate labour, College of Midwives of Manitoba Standard for Planned Out-of-hospital Birth, if applicable
- Review fetal movement patterns

41 weeks

- Review fetal movement patterns
- Discuss risks associated with post-term pregnancy for mother and baby
- Discuss management options, including the community standard, strategies to initiate labour, College of Midwives of Manitoba Standard for Out-of-hospital Birth, if applicable
- Recommend biophysical profile scoring (BPS) and book, if woman agreeable
- Offer consult to a physician, and book if woman agreeable
- Evidence of change in fetal status (e.g. change in fetal movement pattern, non-reactive non-stress test, decrease in biophysical profile score or other clinical observations) is an additional indication for consultation

42 weeks

- Book bi-weekly clinical assessment
- Review fetal movement patterns
- Discuss risks associated with post-term pregnancy for mother and baby
- Discuss recommendations of the consultant, and/or refer to consultant

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- Discuss management options, including the community standard, strategies to initiate labour, College of Midwives of Manitoba Standard for Planned Out-of-hospital Birth, if applicable
- Make a treatment plan
- If the management plan is expectant, book BPS for 3-4 days after the last assessment
- Evidence of change in fetal status (e.g. change in fetal movement pattern, non-reactive non-stress test, decrease in biophysical profile score or other clinical observations) is an additional indication for consultation

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