Prolonged pregnancy’

Post-term gestation is defined as 42 weeks of gestation and beyond.

●● Many other terms, such as '**post-dates**' and '**prolonged pregnancy**', are used interchangeably with 'post-term'.

full term:describing pregnancies from 39+0 to 40+6 weeks of gestation

early term: describing pregnancies from 37+0 to 38+6 weeks of gestation .

late term: a term to describe the range of 41 to 41+6 weeks of gestation.

Accurate dating remains essential for the correct diagnosis and should ideally involve a first-trimester ultrasound estimation of crown–rump length.

●● It is likely that many so-called post-term pregnancies are due **to misdating**

Post-term pregnancy affects approximately 10% of all pregnancies and the aetiology is unknown

Risk factors for post-term pregnancy :

- anencephaly;
- placental sulfatase deficiency;
- fetal adrenal hypoplasia;
- male fetuses;
- previous post-term pregnancy;
- maternal obesity;
- nulliparity;
- white race.

The aetiology of post-term pregnancy appears to have both a maternal and fetal component. It seems likely that there is some genetic predilection towards post- term pregnancy

Post-term gestation is associated with☹ (complications)

●● stillbirth.

●● caesarean delivery.

●● fetal macrosomia.

●● meconium-stained amniontic fluid.

●● birth trauma.

●● prolonged labour.

●● neonatal acidaemia.

●● cerebral palsy.

●● neonatal/infant mortality.

Management of prolonged pregnancy

1) Ultrasound to confirm gestation should be offered prior to 20 weeks, as this reduces the need for induction for perceived post-term pregnancy.

2) Women with uncomplicated pregnancies should be offered induction of labour beyond 41 weeks.

3) From 42 weeks, women who decline induction of labour should be offered increased antenatal monitoring, consisting of twice-weekly CTG and ultrasound estimation of maximum amniotic pool depth.

Immediate induction of labour or delivery post-dates should take place if:

1. There is reduced amniotic fluid on scan.
2. Fetal growth is reduced.
3. There are reduced fetal movements.
4. The CTG is not perfect.
5. The mother is hypertensive or suffers from a significant medical condition.

When counselling the parents regarding waiting for labour to start naturally after 42 weeks, it is important that the woman is aware that

1- no test can guarantee the safety of her baby, and that perinatal mortality is increased (at least twofold) beyond 42 weeks.

2- A labour induced post-term is more likely to require caesarean section; this may partly be due to

I. the reluctance of the uterus to contract properly,

II. possible compromise of the baby leading to abnormal CTG.

Fetal surveillance and induction of labour are two strategies employed that may reduce the risk of adverse outcome. Unfortunately, there are no known tests that can accurately predict fetal outcome post-term; an ultrasound scan may give temporary reassurance if the amniotic fluid and fetal growth are normal. Similarly, a CTG should be performed at and after 42 weeks.