

Term pregnancy is defined as 37 to 42 weeks of gestation. Most babies will naturally come during this time.

As midwives we trust the natural process and recognize the importance of letting a woman's body and baby decide the appropriate time for labor to begin. However, according to scientific evidence and experience, there is a small but significant increase in fetal injury and death in accurately dated pregnancies that extend beyond 41 weeks gestation. 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 and stillbirth. According to various studies the range of intrauterine fetal deaths per thousand babies is as follows:

At 40 weeks gestation: 0.26-1.08, at 41 weeks: 0.84 -1.63 and at 42 weeks: 1.55-3.47*.

Although there is no one clear guideline for how to manage pregnancies that are approaching 42 weeks, most obstetricians and many midwives recommend the following to assess the baby's health:

Beginning at 41 weeks of pregnancy:

*Continue to tune into your baby and be aware of your baby's movements through kick counts or other methods you have used.

*Have a formal NST (non-stress test) and AFI (amniotic fluid index). Repeat the NST/AFI every two to three days.

*Discuss with your midwife when and if to induce and what methods are available. In both home and hospital-based practices, induction of labor is often recommended between 41 and 42 weeks. There are both risks and benefits to any induction method.

As you approach 42 weeks of pregnancy:

Evidence shows that the risk to the mother and baby of continuing the pregnancy beyond 42 weeks is significant enough that a hospital induction is recommended. Be sure to talk with both your midwife and your hospital-based provider so that you can make an informed decision for yourself.

Most babies will come at the time that is ideal for them. This information is given to make sure you understand the small, but real risks associated with a longer pregnancy.

*Caughey, Aaron B. MD, MPP, MPH, and Musci, Thomas J. MD, Complications of Term Pregnancies Beyond 37 Weeks of Gestation, *Am J Obstet Gynecol* 2004;103:57–62.

Divon MY, Haglund B, Nisell H, Otterblad PO, Westgren M. Fetal and neonatal mortality in the postterm pregnancy: The impact of gestational age and fetal growth restriction. *Am J Obstet Gynecol* 1998;178:726 –31.

Runa Heimstad, MD, Pål R. Romundstad, MSc, Sturla H. Eik-Nes, MD, and Kjell Å. Salvesen, MD Outcomes of Pregnancy Beyond 37 Weeks of Gestation, *Am J Obstet Gynecol* 2006;108:500 –508.

Postdates Informed Choice, continued

I, _____, have read this information, spoken to my midwife about the risks associated with postdates pregnancy and choose to follow the above guidelines.

Client _____ Date _____

Partner _____ Date _____

OR

I, _____, have read this information, spoken to my midwife about the risks associated with postdates pregnancy and choose not to follow all or part of the above guidelines. Below is my alternative plan:

Client _____ Date _____

Partner _____ Date _____

I, _____, have read this information, spoken to my midwife about the risks associated with postdates pregnancy and now that I am at 41 weeks + _____ days choose to follow an additional/alternative plan:

Below is my additional/alternative plan as I approach 42 weeks:

Client _____ Date _____

Partner _____ Date _____