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# Post-term Pregnancy

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# Definition

- *Term:* 280 days from LMP
- *Post-term:* 14 days past term, >42 weeks
- Incidence: 5-10%

# Gestational Dating

- Use LMP unless uncertain of date , first trimester bleeding, on contraceptives, or h/o irregular menses---> then use U/S

# Criteria for changing EDC

- Sonogram EGA      Results
  - 6-11+6 wks      Difference 7d or less-->LMP  
•                        “                  >7 -----> U/S
  - 12-20+0 wks      Diff.      10d or less-->LMP  
•                        >10d-----> U/S

# Perinatal Mortality in Post-term

- Rises >41 weeks, significant rise >43wk

# Morbidity in post-term

- 1. Macrosomia
- 2. Oligohydramnios
- 3. Meconium staining
- 4. Dysmaturity Syndrome
- 5. Perinatal asphyxia

# Macrosomia ( wt>4500gms)

- 25% of post-term infants weighed 4000-4500 gm vs 10% of term pt.
- Incidence of >4500gm is 2-10% post-term vs <1% at term.

## Macrosomia cont...

- Macrosomia(N=525) Control(N=520)
- Shoulder dyst.= 19%            0.2% P= <0.05
- Erb's palsy=        6%            0.2% “
- Clavicular Fx=    4%            0.0% “
- Perinatal death= 2.3%        0.4% “
- Lazer *JRM* 1986; 6:501

# Oligohydramnios

- Most common definition <5.0 cm AFI
- Causes:?? Placental aging, chronic hypoxemia, altered transmembrane fluid uptake
- Oligohydramnios increases risk of Umbilical cord compression & Meconium passage

# Meconium passage

- Incidence:Term: 10-15%
- Post term : 25-30%
- with low AFI : 71%
- Meconium aspiration: 2- 4% with moderate meconium

# Perinatal Asphyxia

- May be secondary to Oligo. and cord compression---> Acute fetal hypoxia
- Uteroplacental insufficiency---> chronic hypoxemia

# Postmaturity(dysmaturity) Syndrome

- Placental insufficiency which may cause:
- Incidence 10-20% postterm
- Decreased SQ tissue
- Meconium
- Hypothermia
- Hypoglycemia
- Polycythemia/ Hyperviscosity

# Management

- Antenatal testing?? No evidence that testing before 42 weeks is beneficial, but most will start testing (NST/AFI, CST, BPP) at 41 weeks.
- Frequent cervix exams- membrane stripping
- if favorable cervix---> induce

## Management cont...

- Post dates and unfavorable cervix: studies support either expectant management or induction; both associated with low complication rates and good outcomes
- if expectant management is chosen, daily fetal movements, antenatal testing and delivery at 44 weeks regardless cervix status

## Management cont...

- If induction chosen with unfavorable cervix most studies support prostaglandins. If favorable cervix either prostaglandins or Pitocin reasonable