

## **POSTDATES – MANAGEMENT OF PREGNANCY BEYOND 41 WEEKS GESTATION**

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

### **1. AIM**

- Appropriate management of woman with pregnancy beyond 41 weeks gestation

### **2. PATIENT**

- Woman under the age of 40 with uncomplicated singleton pregnancy duration exceeding 41 weeks by best available dates

### **3. STAFF**

- Registered Midwives
- Medical staff
- Student Midwives

### **4. EQUIPMENT**

- Cardiotocograph (CTG) Machine
- Doppler

### **5. CLINICAL PRACTICE**

- Discuss option of stretch and sweep to prevent post dates pregnancy. This may be done once to twice weekly from 38 weeks gestation
- Discuss possible recommendation for induction of labour with the woman at the antenatal clinic visit closest to 40 weeks
- Verify estimated due dates as over 41 weeks according to estimating due date LOP
- Explain to the woman the rationale for offering induction of labour at over 41 weeks gestation and explain the background risk of stillbirth is low
- Review risk factors
- Inform woman with the following that they are at an increased risk of stillbirth:
  - Women over the age of 40 years
  - Obesity (Body mass index  $\geq 30$ )
  - Small for gestational age fetus ( $< 10^{\text{th}}$  centile)
  - Smokers
  - History of decreased fetal movements
  - Pre-existing diabetes
  - Hypertension
- Give woman the information brochure on induction of labour "**Pregnancy beyond 41 weeks gestation: Management and induction of Labour** (Appendix 1)
- Offer induction of labour from 40+8 weeks gestation and recommend induction of labour no later than 42+0 weeks gestation
- Perform vaginal examination (and offer stretch and sweep) to determine Bishop's Score, if induction of labour (IOL) is planned and organise to occur prior to 42 weeks
- Book induction of labour by calling Birthing Services Manager (in hours), then book antenatal bed if cervical ripening is required
- Offer twice weekly CTG from 40+8 weeks gestation

---

**CLINICAL POLICIES, PROCEDURES & GUIDELINES**

---

Approved by Quality & Patient Safety Committee  
18 December 2014

**POSTDATES – MANAGEMENT OF PREGNANCY BEYOND 41 WEEKS GESTATION cont'd**

- Offer Amniotic Fluid Index (AFI) from 40+8 weeks gestation (arrange in office hours). This may be performed by a credentialed clinician or the Medical Imaging Department
- Discuss with the woman the limitations of this surveillance
- Discuss with the woman the importance of her ongoing awareness of fetal movement patterns and that she should call the hospital if there is a change of the fetal movements
- Recommend induction of labour if initial or subsequent AFI  $\leq 5$ cms or deepest pocket  $\leq 2$ cm on formal scan

**Expectant Management**

- Arrange medical consultation regarding ongoing management (to occur by 42 weeks gestation) for those women who wish to await spontaneous labour after 41+6 weeks gestation, and arrange ongoing surveillance (twice weekly AFI, and three times a week CTG after 42 weeks gestation)
- Recommend induction of labour if initial or subsequent AFI  $\leq 5$ cms or deepest pocket  $\leq 2$ cm
- Recommend electronic fetal monitoring if gestational age  $\geq 42$  weeks gestation at time of birth and inform woman that birth will need to occur in the delivery suite, not the birth centre

**6. DOCUMENTATION**

- Antenatal card
- Integrated clinical notes

**7. EDUCATIONAL NOTES**

- There is no sensitive test for fetal welfare in prolonged pregnancy, in other words there is no test accurate to predict stillbirth
- Women should be offered induction of labour from 40+8 weeks gestation, as the present evidence reports a decrease in perinatal mortality without increased risk of Caesarean section<sup>1</sup>
- A Cochrane review of 22 trials included 9,383 women<sup>(2)</sup> showed that compared with a policy of expectant management, a policy of labour induction was associated with fewer (all-cause) perinatal deaths: (Relative Risk (RR)=0.31, 95% CI 0.12 to 0.88; 17 trials, 7,407 women). There was one perinatal death in the labour induction policy group compared with 13 perinatal deaths in the expectant management group. The number needed to treat to benefit (NNTB) with induction of labour in order to prevent one perinatal death was 410 (95% CI 322 to 1492). Fewer babies in the labour induction group had meconium aspiration syndrome (RR 0.50, 95% CI 0.34 to 0.73; eight trials, 2,371 infants) compared with a policy of expectant management. For women in the policy of induction arms of trials, there were significantly fewer caesarean sections compared with expectant management in 21 trials of 8,749 women (RR 0.89, 95% CI 0.81 to 0.97)
- A Cochrane review of 22 trials (2,797 women) assessing membrane sweeping to induce labour, of which 20 compared sweeping of membranes with no treatment, showed that sweeping of the membranes, performed as a general policy in women from 38 weeks, was associated with reduced duration of pregnancy and reduced frequency of pregnancy continuing beyond 41 weeks (relative risk [RR](#) 0.59, 95% confidence interval ([CI](#)) 0.46 to 0.74) and 42 weeks ([RR](#) 0.28, 95% [CI](#) 0.15 to 0.50). To avoid one formal induction of labour, sweeping of membranes must be performed in eight women (number needed to treat ([NNT](#)) = 8)<sup>4</sup>

## CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee  
18 December 2014

### POSTDATES – MANAGEMENT OF PREGNANCY BEYOND 41 WEEKS GESTATION cont'd

#### 8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Induction of Labour Policy and Procedure
- Fetal Heart Rate Monitoring
- Obesity in pregnancy, labour and postpartum
- Fetal Growth Assessment in Pregnancy
- Estimating due date (EDD)
- Sweeping Membranes to prevent Post-term Pregnancy
- Administration of prostaglandin for cervical ripening/induction of labour
- Cervidil guideline
- Foley catheter for cervical ripening
- Age and maternity outcomes guideline
- NSW Ministry of Health. Maternity Management of pregnancy beyond 41 weeks gestation. Guideline. GL2014\_015. July 2014
- Intrapartum fetal heart rate monitoring

#### 9. RISK RATING

- Low

#### 10. REFERENCES

- 1 [Clinical Practice Obstetrics Committee; Maternal Fetal Medicine Committee, Delaney M, Roggensack A, Leduc DC, Ballermann C, Biringer A, Delaney M, Dontigny L, Gleason TP, Shek-Yn Lee L, Martel MJ, Morin V, Polsky JN, Rowntree C, Shepherd DJ, Wilson K.](#) Guidelines for the management of pregnancy at 41+0 to 42+0 weeks. [J Obstet Gynaecol Can.](#) 2008 Sep;30(9):800-23.
- 2 Metin Gülmezoglu' Caroline A Crowther' Philippa Middleton' Emer Heatley' Induction of labour for improving birth outcomes for women at or beyond term. Cochrane Database of Systematic Reviews. 2012; 13;6:CD004945
- 3 [Flenady V, Koopmans L, Middleton P, Frøen JF, Smith GC, Gibbons K, Coory M, Gordon A, Ellwood D, McIntyre HD, Fretts R, Ezzati M](#) Major risk factors for stillbirth in high-income countries: a systematic review and meta-analysis. [Lancet.](#) 2011 Apr 16;377(9774):1331-40.
- 4 Boulvain M, Stan CM, Irion O. Membrane sweeping for induction of labour. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD000451.

#### REVISION & APPROVAL HISTORY

Maternity Services LOPs 4/11/14

Replaced – *Induction of Labour for Women with a Post-dates Low Risk Pregnancy*

Approved Quality & Patient Safety Committee 20/6/13

Endorsed Maternity Services LOPs group June 2013

Reviewed April 2013

Approved RHW Quality Council 16/5/05

Endorsed Maternity Services Clinical Committee 19/4/05 (addition to point 2 following RCA Oct 2009)

Replaced – *Postdates management of women with a low risk pregnancy*

Approved Quality Council 17/5/04

FOR REVIEW : OCTOBER 2019

## APPENDIX 1

### **Patient Information Leaflet INFORMATION ABOUT YOUR BIRTH OPTIONS WHEN YOU ARE 1 WEEK PAST YOUR DUE DATE**

This leaflet gives you information to assist you in making the best choice for you and your baby should your pregnancy go beyond 41 weeks, which is one week past your due date.

Discuss this with your midwife and/or doctor.

#### **I am now 41 weeks and 'overdue'. What are my choices?**

When you became pregnant your midwife or doctor would have given you an estimated due date. This date is only an estimate. Most babies will be born within seven days either side of this date.

Not every pregnancy is the same. It is normal for different women to have shorter or longer pregnancies. In fact, about 8 in 100 women will not have gone into labour by 41 weeks. Most women will start to labour before they reach 42 weeks.

If you are still pregnant at 41 weeks, making decisions regarding your birth options should be made in partnership with your care provider. Appropriate information and support will help you make the best possible choices over a very short period of time.

Whilst there are benefits for waiting for labour to start naturally, it is recommended that induction of labour occurs before 42 weeks gestation.

#### **Is there anything that can help me go into labour naturally?**

There are some non-medical options that may encourage your labour to start. Your healthcare professional will be able to give you more information and advice.

One option that can be offered is a procedure called 'stretch and sweep.' This is done during a vaginal examination (internal examination). Your care provider inserts their finger into your cervix and makes circular movements around your cervix. A 'stretch and sweep' encourages the release of hormones that help your uterus contract. You may need to undergo this procedure more than once. A 'stretch and sweep' can be repeated at regular intervals until labour commences. Undergoing a 'stretch and sweep' does not harm you or your baby.

Benefits of 'stretch and sweep':

- A 'stretch and sweep' may increase your chance of going into spontaneous labour.
- You can have a 'stretch and sweep' during a pregnancy check-up and you can usually go home afterwards.

Disadvantages of 'stretch and sweep':

- The procedure can be uncomfortable with some women finding it slightly painful.
- A small amount of vaginal bleeding or spotting can happen after the procedure along with some irregular contractions. If you are concerned please contact your midwife or the Delivery Suite on 02 9382 6100.
- It may not start your labour.

#### **What if I wait for labour to start naturally?**

The benefits of waiting for labour to start naturally may include:

- Less likelihood of interventions such as CTG (monitoring for baby), hormone drip, breaking of waters
- May be easier to move about in labour.

The disadvantages of waiting for labour to start naturally may include :

- A very small risk of stillbirth
- Increased chance of baby passing meconium (doing a poo) on the inside and breathing it in.

While you are waiting for labour to start, extra check-ups will be required for you and your baby. These check-ups usually involve monitoring your baby's heartbeat using a cardiotocograph (also called a CTG machine) and may also include an ultrasound scan to measure how much amniotic fluid is around your baby.

### **Your baby's movements**

Your baby should continue to move right up to, and through labour. If you notice a decrease or change in patterns of your baby's movement or have any concerns regarding their movement it is important to contact your midwife or the Delivery Suite on 02 9382 6100.

### **What if I choose induction of labour after 41 weeks?**

When thinking about induction of labour you may want to talk to your midwife or doctor to weigh up the risks and benefits of all of your options.

The benefits of induction of labour after 41 weeks may include:

- Reduced risk of complications including stillbirth for your baby
- Reduced risk of having a caesarean section

The risks of induction of labour may include:

- Increased need for pain relief including an epidural. This may lead to further intervention such as forceps or vacuum assisted birth
- Small increased risk of maternal bleeding

You may need to have some help to get your cervix ready for labour. Please read "Induction of labour" patient information leaflet.

An induction of labour involves a combination of breaking your waters and the use of medication to get labour started. The aim is to get your cervix to open up and the uterus to start contracting. During your induction midwives and doctors will work together to look after you. Your baby will be continuously monitored by CTG.

If you decide you would like to have an induction of labour your midwife or doctor will arrange a suitable date for you.

### **What if I reach 42 weeks and labour hasn't started?**

If you reach 42 weeks gestation your care provider will discuss with you the risks to you and your baby of going beyond 42 weeks.

These risks may include:

- The risk of stillbirth is still low, although increases from 3 in 1000 at 41 weeks to 7 in 1000 at 42 weeks.
- An increased chance of your baby being bigger
- An increased risk of caesarean section operation

### **Next steps for me:**

---

---

---

---

---

## APPENDIX 2

### Induction of labour at RHW patient information leaflet

#### Delivery suite phone number: 02 9382 6100 (24 hours a day)

Some women may be recommended to have their labour induced. This may be because they are “overdue” or because they have high blood pressure, or for other reasons. This leaflet has been written to give some information about what is involved. What will happen will depend on how ready or favourable your cervix is for labour.

A vaginal examination will be performed prior to your induction to determine how open or ready your cervix is. When a cervix is ready it is open or dilated, softer and shorter. Usually, the more ready your cervix is, the easier the induction of labour will be.

#### **IF YOUR CERVIX IS NOT READY**

You will need to have either a Foley's catheter inserted or Prostaglandin (hormone) gel (Prostin) or tablet (Cervidil) applied to the cervix in order to make it more ready. A few women need both. For either of these options you will need to stay at the hospital overnight prior to the booked induction date. Before your labour starts, in most cases, your partner cannot stay overnight with you.

- **Foley's catheter insertion:** a soft plastic catheter (tube) is placed into the cervix and a small balloon is inflated with water. The catheter usually falls out once the cervix is ready for labour. If it doesn't fall out it will be removed the morning after it is inserted.
- **Prostaglandin induction of labour:** Prostaglandins are inserted into the vagina. Sometimes more than one dose is needed. You will transfer to the Delivery Suite for the labour and birth (usually the following morning but sometimes it may take longer). Some women do go into labour after the insertion of the prostaglandin.
- Most women do not go into labour with just a Foley's catheter or Prostaglandin. Most women require their waters to be broken and a drip containing medicine (Oxytocin) to get them into labour (described further below).

#### **IF YOUR CERVIX IS READY**

Then you will be asked to call your midwife or Delivery Suite at 06:00am on the morning of your booked induction to confirm a bed is available.

#### **ONCE YOUR CERVIX IS READY**

- When you come to Delivery Suite, the induction will be started by **breaking your waters**. This is done during a vaginal examination, by using a small piece of plastic to break the membrane over your baby's head. The baby does not feel any pain. You may have some discomfort from the vaginal examination. You may feel the waters flowing out. Some women go into labour after having their waters broken, but many do not.
- **Oxytocin drip.** The Oxytocin is started very slowly, and increases gradually until you are contracting well.
- Your baby's heart rate will be monitored closely, together with the contractions. We use a machine known as Cardiotocograph (CTG) monitor. This requires two elastic straps around your abdomen. You will usually be able to move around the room or use the shower as we have some wireless CTGs.

If you have any concerns or questions about your pregnancy or planned induction please talk to your doctor, midwife or call Delivery Suite. It is very important you ring the delivery suite if you have any concerns about fetal movements.

## **FREQUENTLY ASKED QUESTIONS:**

### **How long will it take for my labour to start?**

It is hard to know when your labour will start. The more ready your cervix is, the less time it will take. Women having their first baby, on average, have a longer labour. For most women having their first baby they will be in hospital for more than 24 hours before their labour starts.

### **How long will my labour be?**

The average length of a first labour is 12 hours. This is timed from when active labour begins (regular strong contractions) not from when any milder irregular contractions start. Your second and subsequent labours are usually shorter.

### **What can I have for pain relief?**

This is your choice. You can discuss this with the midwife who is caring for you in labour. Some women manage using active birth methods (position changes, massage, heat and water) for the whole of their labour. Others may choose to have some pain relief like nitrous oxide (gas), morphine or an epidural (local anaesthetic injected into your back). Please ask your doctor or midwife for more information.

### **Is there anything I can do to encourage my labour to start?**

Having a vaginal examination to perform a "stretch and sweep" may help your labour start. A membrane sweep is done during a vaginal examination. Your care provider inserts their finger into your cervix and makes circular movements around your cervix with his or her fingers. To be most effective a stretch and sweep may need to be performed more than once. Please ask your doctor or midwife about this. There have been many other suggestions over the years. This includes hot curries, sex, acupuncture, raspberry leaf tea and nipple stimulation. Unfortunately none of these other methods have proven to be effective methods of labour induction. Raspberry leaf tea is not recommended due to safety concerns.

### **When do I come in?**

You will be given a date and time to come in. Sometimes this may need to be changed to a different date or time if the hospital is very busy. This is to ensure the best care is given to you and your baby when you are in labour.