Gentle Beginnings Midwifery
Educational Handout
Post-Dates Pregnancy

So your due date has arrived but not your baby! It is normal to be anxious and excited to see your little one but your baby may have other plans. An estimated due date is just that, an estimation. It is completely normal for pregnancies to last between 37-42 weeks. As long as your baby is happy, there is no need to rush things. This educational handout will guide you through the upcoming choices and review what to expect next.

Definitions:
Post-Dates: A pregnancy that last beyond your due date.
Post-Term (prolonged pregnancy): A pregnancy that lasts beyond 42 weeks of pregnancy.

What happens if my pregnancy is post-dates?
Before the 41st week of pregnancy, the risks of induction of labour outweigh the benefits therefore unless there is a medical reason, it is best to wait. Even though you may be tired and feeling a lot of aches and pains, induction prior to 41 weeks have been associated with higher intervention rates especially for 1st time moms. It is practice and community standard to discuss expectant management (waiting for labour) and induction of labour at 41 weeks once you pass your due date.

Risk of Induction prior to 41 weeks	Risk of Post-dates >42 weeks
-Increased risk of c-section (which increases risk to mother and baby such as breathing difficulties and breastfeeding issues in newborns and hemorrhage, infection and longer recovery in moms) -Increased risk of intervention (i.e oxytocin, epidural)	-Increased risk meconium stained amniotic fluid, macrosomia (large baby),and stillbirth (1.5/1000 at 41 weeks compared to 2/1000 at 42 weeks) - Risk of perinatal mortality (includes stillbirth and neonatal mortality combined) - 1.18/1000 at 41 weeks compared to 5.23/1000 at 42 weeks

What happens if I choose to wait?
Your midwife will offer increased monitoring of your baby to make sure that the baby is still thriving in your uterus.

 This monitoring can include:
  - Counting how often your baby kicks during the day
  - Non-stress test: monitoring of your baby's heartbeat for a period of time using an electronic fetal heart rate monitor. (This can be done in clinic or at a hospital)
  - U/S to measure the level of amniotic fluid surrounding the baby. Low amniotic fluid can be a sign that the placenta is aging and not functioning properly.
  - A Biophysical Profile: an u/s that will give a score of 2 for each of the following signs seen: baby movement, practice breathing movement, muscle tone and amniotic fluid level. A score of 8/8 is reassuring.

As long as the monitoring is normal, waiting for labour to come on its own is a very reasonable choice.

What if I choose to be induced?

Your midwife will do a consultation with an Obstetrician to plan your induction.

An induction of labour includes 3 steps.

1- Inserting a "tampon" with the prostaglandin hormone around your cervix. This will help soften and dilate your cervix and in some cases start contractions. The biggest risk of using this method is hyperstimulation (many contractions with little space in between). Your midwife will monitor the baby for 2 hours after the insertion and if there are no concerns, it will be left for 12 hours or until your labour starts. In some cases, you may be allowed to return home

1- Step one can also be accomplished by using a balloon catheter. This method is done by an obstetrician by inserting a catheter (like a urinary catheter) into the uterus and filling the end with water. The balloon will then gently rub the membranes around the baby and the top of your cervix resulting in your body producing lots of prostaglandin to soften and dilate your cervix. It is left in for 12 hours or until it comes out. There is a small chance of infection and the procedure can be slightly uncomfortable.

2- Step 2 is an artificial rupture of membranes: Your midwife will break the bag of waters around the baby.

3- Stimulating contractions with oxytocin. Oxytocin is given through an IV. It is given in small doses at small increment until you have regular contractions. Risks include hyperstimulation, drop in baby's heart rate, uterine rupture (if used for prolonged duration). You will be continuously monitored with an electronic fetal monitor to make sure your contraction pattern is normal and your baby is tolerating the labour properly.

In some cases where your cervix is already soft and open, your midwife may recommend skipping step 1 and starting with step 2.

What happens if my pregnancy reaches 42 weeks?

There is a lack of evidence to support expectant management for women reaching 42 weeks of pregnancy. Except we do know that there is an increased risk of perinatal morbidity and mortality for those pregnancies. A consultation with an obstetrician is required and your midwife will recommend an induction of labour.

How to prevent post-dates pregnancies

Stretch and Sweep: a vaginal exam done by your midwife where she will stretch your cervix and separate the membranes from your cervix. This will make your body produce the hormone prostaglandin which will help soften and dilate your cervix. If your body is ready, this can also help kick start your labour within 48 hours. A stretch and sweep can be uncomfortable and cause a bit of bleeding and extra discharge. Your midwife can review appropriate timing for this procedure.

Acupunture: Some studies have shown that women using acupuncture have needed less inductions. These studies are small and lack statistical power but acupuncture seems to be safe in pregnancy and could potentially help reduce the chance of post-dates.

Homeopathics and herbal remedies(i.e Caulophyllum, red raspberry leaf tea, Evening Primrose Oil): There is a lack of research supporting homeopathics as effective in preventing post-dates pregnancies. There seems to be no risks to using these homeopathics remedies but a discussion with a naturopath may be helpful if you are interested in these methods. (This information does not include Castor Oil, you should not take Castor Oil without a discussion with your midwife)