

# **MANAGEMENT OF POST TERM PREGNANCY**

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# INTRODUCTION

## Definition

- Pregnancy  $\geq 42$  weeks from LMP, also called post maturity/postdate
- Frequency: 4–14%
- Depends on: population studied, criteria used to assessed gestational age, proportion of women who undergo elective delivery

# Etiology

Unknown but:

- Hereditary, hormonal and non engagement of the presenting part

# Risks

- Perinatal mortality due to placenta insufficiency
- N/B the proportion of babies with congenital malformation is increased
- Oligohydramnios – intrapartum and neonatal deaths (cord compression).
- Early neonatal seizures (3–5X)
- Obstructed labour due to macrosomic babies and moulding due to calcification
- Increased incidence of operative delivery

# Diagnosis

- Antenatal
- History LMP, GA
- PE: large baby size
- X-ray: large ossification center in the upper end of the tibia
- US:
  - 100% exact during the first trimester (LCC)
  - Later: pregnancy, BIP, LF, weight, oligohydramnios, placenta, calcification

# Diagnosis (1)

- Postnatal
  - Baby length > 54 cm
  - Baby weight > 45 kg
  - Skull well ossified with smaller fontanells
  - Finger nails
  - Skin, look etc

# Management

- Induction or surveillance
- Effects of elective delivery
  - Controversy/lack of consensus
  - Studies marked by inherent selection biases
- On the mother
  - Demand for epidural anaesthesia
  - Caesarean section
  - Acceptability of induction



# Effects of management

- On the foetus

- Perinatal mortality

- Risk of meconium–stained fluid
    - No evidence of FHR alterations
    - No evidence on low Apgar scores
    - No effect on the incidence of neonatal jaundice

- Perinatal death (PD)

- No increased PD has been shown

# Surveillance

- Conservative management
- Involves consultations at 2-3 days intervals
- Use of US, cardiotocograph, amnioscopy, amniocentesis
  - No evidence that their use improves outcome

# Conclusions

- Post-term probably represents a variant of normal pregnancy
- Associated with a good outcome regardless of the form of care – elective induction or surveillance
- Discuss with the woman and allow her to choose the between elective induction and surveillance