MANAGEMENT OF POST TERM PREGNANCY

Dr Simon Nji Ako

Postgraduate Training in Reproductive Health Research
Faculty of Medicine, University of Yaoundé 2007
• Dr AKO Simon Nji
• MD – UYI
• Specialist in Gyn/Obst – UYI
• Certificat d’étude supérieur (CES) en médecine de la reproduction – Université de Genève, Suisse
• Diplôme d’étude supérieure (DES) en Recherche de la Reproduction humaine UCG/WHO
• Consultant – Gyn/Obst – Central Maternity – Central Hospital – Yaounde – Cameroon
INTRODUCTION

Definition

• Pregnancy ≥ 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