Spokane Midwives

Postdates Informed Consent

Postdates refers to a pregnancy that continues past 42 weeks with good dating (i.e. confident date of the first day of the last normal menstrual period, ultrasound between 8 and 10 weeks, or known conception date). The due date is set based on Naegel's rule (created in 1805) which allows 40 weeks from the last period. This rule is meant to set an approximation of when an individual woman may deliver. It is really a due time or due month. Three weeks before this date and 2 weeks after this date is considered term. It is known that first time mothers will typically go 10 days past the due date and women having a subsequent baby will go 5 days past. The take home message, we don't know when exactly YOU are due.

The rub is there is an increased risk of fetal/neonatal death the longer the pregnancy continues. The perinatal mortality raises two fold from the 40th to 42nd week and 4 fold at the 43rd week and 5-7 fold at the 44th week. This means 1-4 stillbirths per 1000 deliveries. That means 0.1-0.4% -a less than 1% risk even at 44 weeks. There needs to be 500-1000 women induced to prevent 1 perinatal death.

Other risks of postdates are:

- meconium passage in the amniotic fluid (25%) - increasing the risk of meconium aspiration syndrome
- macrosomia (baby bigger than 8 pounds 13 ounces) - increasing the risk of shoulder dystocia (8-10%)
- oligohydramnios – decreased levels of amniotic fluid - may lead to cord compression and fetal distress in labor

Situations increasing the likelihood of going postdates: first baby, greater than 39 years old, obesity, caucasian. Factors decreasing the likelihood of going postdates: thin, African-American, Latino, Asian.

Options/Management: At 38 weeks we asked you to get a baseline for your baby by doing Fetal Movement Counting (FMC). At 40½ - 41 weeks we now ask you to do FMC daily. This tool is useful in determining if your baby needs to be "evicted" (induced) or is happy "camping out" in the uterus. Other methods of fetal surveillance are: nonstress test (NST) done at the hospital and biophysical profile (BPP) done at Inland Imaging. Since NSTs are done at the hospital and read by doctors it is difficult for us to access this test. BPPs can be easily ordered. FMC you can do all on your own and it doesn't cost anything.

To induce or not to induce - that is the question. Certainly if there is a medical indication such as preeclampsia or poor fetal surveillance or lowering amniotic fluid, then the benefits outweigh the risks. Beyond that the decision is between you and the midwives. Below is the smorgasbord of options. Choose how you want your post dates pregnancy managed.

_____Expectant management (wait) with FMC.
_____BPP at _____weeks.
_____Induction at_____weeks.
_____Induction only if medical reasons indicate.

Signature of mother	Print Name	Date

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