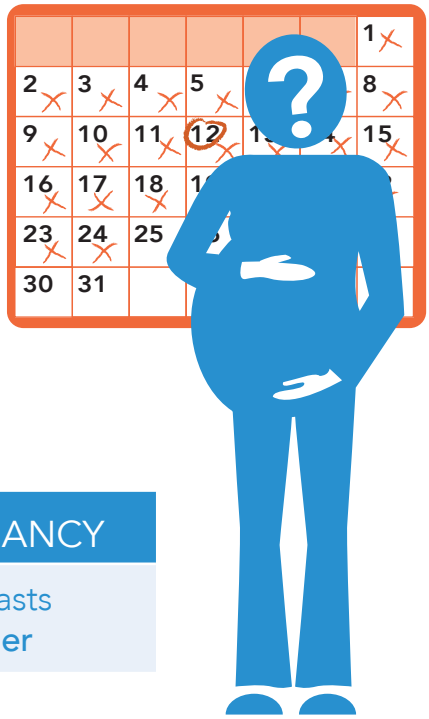
WHEN YOUR PREGNANCY GOES PAST YOUR DUE DATE



The average length of a pregnancy is considered to be about 280 days, or 40 weeks. It is normal for pregnancies to last longer than 40 weeks. A pregnancy that lasts between 37 and 42 weeks is considered a term pregnancy. After 40 weeks, a pregnancy may be referred to as post-dates. A pregnancy that goes beyond 42 weeks may be called a post-term or prolonged pregnancy.

POSTDATES PREGNANCY	**POSTTERM** PREGNANCY
A pregnancy that lasts more than 40 weeks	A pregnancy that lasts 42 weeks or longer

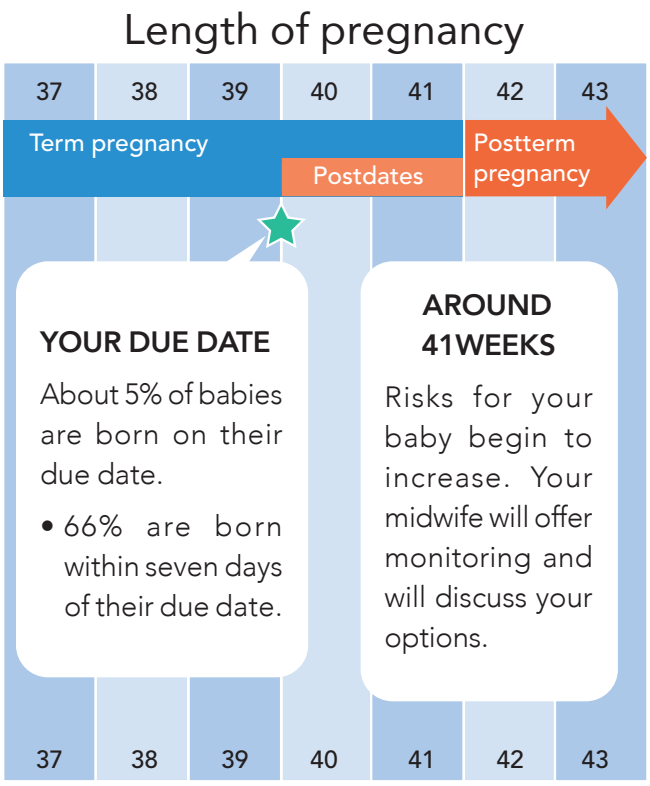
WHAT IS AN ESTIMATED DUE DATE?

This is the day when it is estimated that you will have your baby. It is calculated using:

- the date of your last menstrual period
- an ultrasound
- any other information you provide about tracking ovulation, date of conception, date of transfer (if pregnancy resulted from in vitro fertilization) and/or clinical symptoms

Your estimated due date helps your midwife assess whether your baby's growth is on track.

Only about five in 100 people give birth on their estimated due date. Your due date may have a lot of emotional significance for you, your partner and your family and friends. Expectations for your baby's birth may be high, and you may feel frustrated if your baby doesn't arrive by your due date.

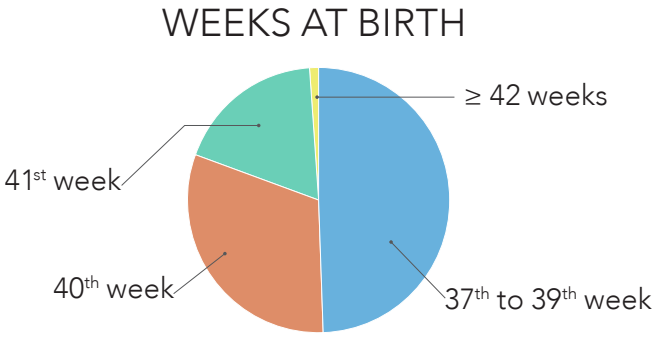


It's important to keep in mind that most postdates pregnancies are *not* associated with major or long-term complications. While the risk of certain complications is higher, the overall risk is still low. Your midwife will discuss your specific circumstances with you and help develop an individualized care plan. Talk to your midwife about any questions or concerns you may have.

This document provides client-friendly information based on the Association of Ontario Midwives' Clinical Practice Guideline No. 10: Management of the Uncomplicated Pregnancy beyond 41+0 Weeks' Gestation. It is designed to help you better understand some of the considerations and choices you may face while receiving care from your midwife. It is not intended to replace the informed choice discussions that you and your midwife will have. If you have any questions, concerns or ideas after reading over this document, please share them with your midwife.

HOW OFTEN DO PREGNANCIES LAST LONGER THAN 40 WEEKS?

In 2018, about half of midwifery clients in Ontario who had a term pregnancy had their babies between 37 and 40 weeks, and the other half went beyond 40 weeks.



Because some people choose to have their labour induced, we don't know how many pregnancies would naturally progress beyond 40 weeks.

You are more likely to have a longer pregnancy if:

- You, or other people in your family, have had longer pregnancies
- You are having your first child
- You have a higher BMI (body mass index)
- You are over 30
- Your baby is male

WHY DO WE PAY ATTENTION TO A POSTDATES PREGNANCY?

Most babies are born healthy, regardless of whether they arrive by their due date. However, certain risks may increase after 41 weeks. Some of these include:

- **Meconium aspiration syndrome:** Babies born later are more likely to release a sticky poo called meconium into the bag of waters (meconium-stained fluid). Meconium usually isn't a problem, but if your baby breathes it into their lungs they can develop serious breathing problems (meconium aspiration syndrome). The risks of your baby developing serious respiratory problems from breathing in meconium increase after 42 weeks (about five in 1000 babies born after 42 weeks, compared with one to five babies in 1000 born between 37 and 42 weeks). Most babies with meconium aspiration syndrome recover quickly.
- **Macrosomia:** Your baby may be larger than average, having spent a longer time in the womb, which can make labour and delivery more complicated. Approximately 47 in 1000 babies born between 37 and 42 weeks have macrosomia, compared with 115 in 1000 babies born after 42 weeks. Most babies with macrosomia are born without complications.
- **Stillbirth:** Babies born after 41 weeks are at an increased risk of dying before or during labour, or soon after birth.
- **Caesarean section:** There may also be an increased likelihood of unplanned caesarean section in pregnancies that last beyond 42 weeks.

RISK OF STILLBIRTH		
40 weeks	41 weeks	42 weeks
About **0.7** in 1000	About **1.1** in 1000	About **1.9** in 1000

WHAT HAPPENS IF MY PREGNANCY GOES PAST MY DUE DATE?

You might feel impatient. You, your partner and your family and friends may have made preparations for your baby's arrival. You might be excited to meet the new member of your family. You may also feel physically uncomfortable: your back could ache, and you may have a hard time getting comfortable enough to sleep.

Around 41 weeks, your midwife may recommend increased monitoring of your baby's well-being. Monitoring activities that your midwife may offer include:

- Counting how often your baby kicks during a specific time period.
- A period of monitoring your baby's heart rate using continuous fetal monitoring, called a non-stress test (NST).
- Using ultrasound to measure:
  - » the baby's movements, muscle tone, practice breathing movements and the amount of water (amniotic fluid) around the baby, assigning a score for each measurement (this is called a biophysical profile, or BPP).
  - » your baby's growth.

When you go past your due date, your midwife will discuss your options with you, including waiting for labour to start on its own (expectant management), non-medical methods to encourage labour and medical induction of labour.

WHAT ARE MY OPTIONS?

WAITING FOR LABOUR TO START ON ITS OWN

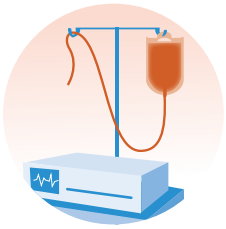
Choosing to wait for labour to start on its own is called expectant management. If your pregnancy lasts beyond 40 weeks, you may feel pressure or concern from friends or family who are anxious for your baby's arrival. Not all pregnancies are the same length, and it is perfectly normal for some to last longer. Many pregnant people prefer to wait for labour to start on its own. You may feel that labour will begin when both the baby and your body are ready. You may also wish to avoid unnecessary medical intervention.

If you decide to wait for labour to start on its own, your midwife will offer to monitor your baby's health, usually with an ultrasound. If they have concerns, they may recommend an induction.

NON-MEDICAL METHODS TO ENCOURAGE LABOUR

Many midwives will offer non-medical methods to encourage labour. It is important to remember that these approaches do not guarantee that labour will start. One method that midwives frequently offer is called a stretch and sweep, or sweeping the membranes. Your midwife will use their fingers to assess your cervix (the opening to the womb). Depending on the degree of change to your cervix, they will stretch your cervix open (stretch) and pass their finger between the inside of your cervix and the bag of waters that holds your baby (sweep). This can be uncomfortable; you may even find it painful. Research shows that a stretch and sweep between 38 and 40 weeks can shorten the time before the baby's birth by about a day. Your midwife may offer multiple stretch and sweeps.

Other non-medical methods used to encourage labour include castor oil, acupuncture, acupressure, homeopathy, and naturopathic and herbal remedies. Little research has been done to establish how well these approaches work or to test the ideal circumstances for their use. Please check with your midwife if you are interested in these methods of starting labour so you can discuss the benefits and possible risks of each.



INDUCTION OF LABOUR

Sometime between 41 and 42 weeks your midwife will offer an induction of labour. You may feel impatient, anxious or uncomfortable waiting for your baby's arrival. If you choose an induction, your labour will be started by one or more of the methods below, depending on how ready your body is to go into labour and other factors. The induction process may take multiple days.

- Gel or a tablet (like a tampon) can be inserted into your vagina, or birth canal. It contains a hormone called prostaglandin that softens the cervix so it can dilate more easily. In some cases, prostaglandin will also cause the uterus to contract. This method is administered in a hospital setting.
- A needle can be inserted in your arm (an intravenous drip, or IV) to give you a synthetic version of oxytocin, another hormone that stimulates the uterus to contract. IV oxytocin for induction of labour is only provided in a hospital setting. Because IV oxytocin can cause strong contractions, your baby's heart rate will be watched carefully with an electronic fetal monitor (EFM). It can be hard to move around with an EFM, though, because you are attached to a machine. You can ask if wireless EFM, called telemetry, is available at your hospital.
- A small hole in the amniotic sac can be made to break the water surrounding your baby. This will often encourage the uterus to contract. If your midwife recommends breaking the amniotic sac as a method of induction, this may be done at home, in a clinic or in the hospital. Your midwife will discuss this with you.

  In some hospitals, induction is managed by midwives, and in others your care will need to be transferred to a doctor. Talk to your midwife about what to expect at your local hospital.

SHOULD I HAVE AN INDUCTION OR SHOULD I WAIT?

Research shows that having labour induced between 41 weeks and 42 weeks, compared with waiting or having an induction later, further reduces the small risk of stillbirth. It also reduces the risk of meconium aspiration syndrome and the chances of an unplanned caesarean section. While research evidence for postdates pregnancy points to higher rates of caesarean section when labour is induced, the actual rates of caesarean section in Ontario in 2019 for people who had their labour induced (for any reason) was higher (22%) than for those who went into labour spontaneously (12%). People who choose to wait for labour to start on its own often wish to avoid unnecessary intervention during pregnancy and birth. Those who have an induction are also more likely to have an epidural (a spinal anaesthetic). The induction process may be lengthy and involve several trips to the hospital, as the length of time from induction to birth is different for everyone.

WILL A POSTDATES PREGNANCY AFFECT MY CHOICE OF BIRTHPLACE?

Having a postdates pregnancy doesn't necessarily mean you can't plan to give birth outside the hospital. There is little research to establish whether home birth is less safe than hospital birth for those whose pregnancies last longer than 40 weeks.

Because some methods of induction (prostaglandin gel, oxytocin) are only provided in a hospital, undergoing induction of labour may limit your options for where you give birth.

Babies born at 41 weeks and later are more likely to release meconium. If you are labouring out of hospital and your midwife notices meconium, they may advise a transfer to hospital.

HOW CAN I DECIDE WHAT'S BEST FOR ME?

There are many things to think about when you decide whether to have a medical induction or wait for labour to start on its own.

For example, you may want to consider these questions:

- How do you feel about the risks and benefits of medical induction compared to waiting for labour to start?
- Where do you want to labour? Where do you want to have your baby?
- How comfortable are you with having birth interventions?
- Are there any other factors that might affect your options (e.g., presence of other medical conditions, previous labour history)?

As long as your baby is healthy, waiting for your labour to begin on its own is a reasonable choice. In the meantime, monitoring of your baby's condition will help ensure that your baby continues to do well, and it will help your midwife determine whether induction of labour may be advisable. If monitoring suggests that your baby is no longer doing well in your uterus, choosing to undergo an induction before more serious problems develop may offer the best chance for a birth without complications.

WHAT IF I HAVE MORE QUESTIONS?

Share your questions, concerns and ideas with your midwife. Please write them down below and bring them to your next appointment.

Association of Ontario Midwives
Delivering what matters.

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

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