No. 214, August 2017

This guideline was peer-reviewed by the SOGC's Clinical Practice - Obstetrics Committee in May 2016, and has been reaffirmed for continued use until further notice.

No. 214-Guidelines for the Management of Pregnancy at 41+0 to 42+0 Weeks

This guideline was prepared by the Clinical Practice Obstetrics Committee* and reviewed by the Maternal Fetal Medicine Committee and reviewed and approved by the Executive and Council of The Society of Obstetricians and Gynaecologists of Canada.

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Abstract

Objective: To provide evidence-based guidelines for the management of pregnancy at 41+0 to 42+0 weeks.

Outcomes: Reduction of perinatal mortality associated with Caesarean section at 41+0 to 42+0 weeks of pregnancy.

Evidence: The Medline database, the Cochrane Library, and the American College of Obstetricians and Gynecologists and the Royal College of Obstetricians and Gynecologists, were searched for English language articles published between 1966 and March 2007, using the following key words: prolonged pregnancy, post-term pregnancy, and postdates pregnancy. The quality of evidence was evaluated and recommendations were made according to guidelines developed by the Canadian Task Force on Preventive Health Care.

Recommendations

1. First trimester ultrasound should be offered, ideally between 11 and 14 weeks, to all women, as it is a more accurate assessment of gestational age than last menstrual period with fewer pregnancies prolonged past 41+0 weeks (I-A).
2. If there is a difference of greater than 5 days between gestational age dated using the last menstrual period and first trimester ultrasound, the estimated date of delivery should be adjusted as per the first trimester ultrasound (I-A).
3. If there is a difference of greater than 10 days between gestational age dated using the last menstrual period and second trimester ultrasound, the estimated date of delivery should be adjusted as per the second trimester ultrasound (I-A).
4. When there has been both a first and second trimester ultrasound, gestational age should be determined by the earliest ultrasound (I-A).

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Key Words: Labour, induction, postdates pregnancy, post-term pregnancy

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J Obstet Gynaecol Can 2017;39(8):e164–e174

https://doi.org/10.1016/j.jogc.2017.04.020

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Women have the right and responsibility to make informed decisions about their care in partnership with their health care providers. In order to facilitate informed choice women should be provided with information and support that is evidence based, culturally appropriate and tailored to their needs. The values, beliefs and individual needs of each woman and her family should be sought and the final decision about the care and treatment options chosen by the woman should be respected.

5. Women should be offered the option of membrane sweeping commencing at 38 to 41 weeks, following a discussion of risks and benefits (I-A).
6. Women should be offered induction at 41+0 to 42+0 weeks, as the present evidence reveals a decrease in perinatal mortality without increased risk of Caesarean section (I-A).
7. Antenatal testing used in the monitoring of the 41- to 42-week pregnancy should include at least a non-stress test and an assessment of amniotic fluid volume (I-A).
8. Each obstetrical department should establish guidelines dependent on local resources for scheduling of labour induction (I-A).

ABBREVIATIONS

CI	confidence interval
CRL	crown–rump length
EDC	estimated date of conception
LMP	last menstrual period
NST	non-stress test
OR	odds ratio
PMR	perinatal mortality rate
RCT	randomized controlled trial
RR	relative risk

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