

# Postdates & Postmaturity

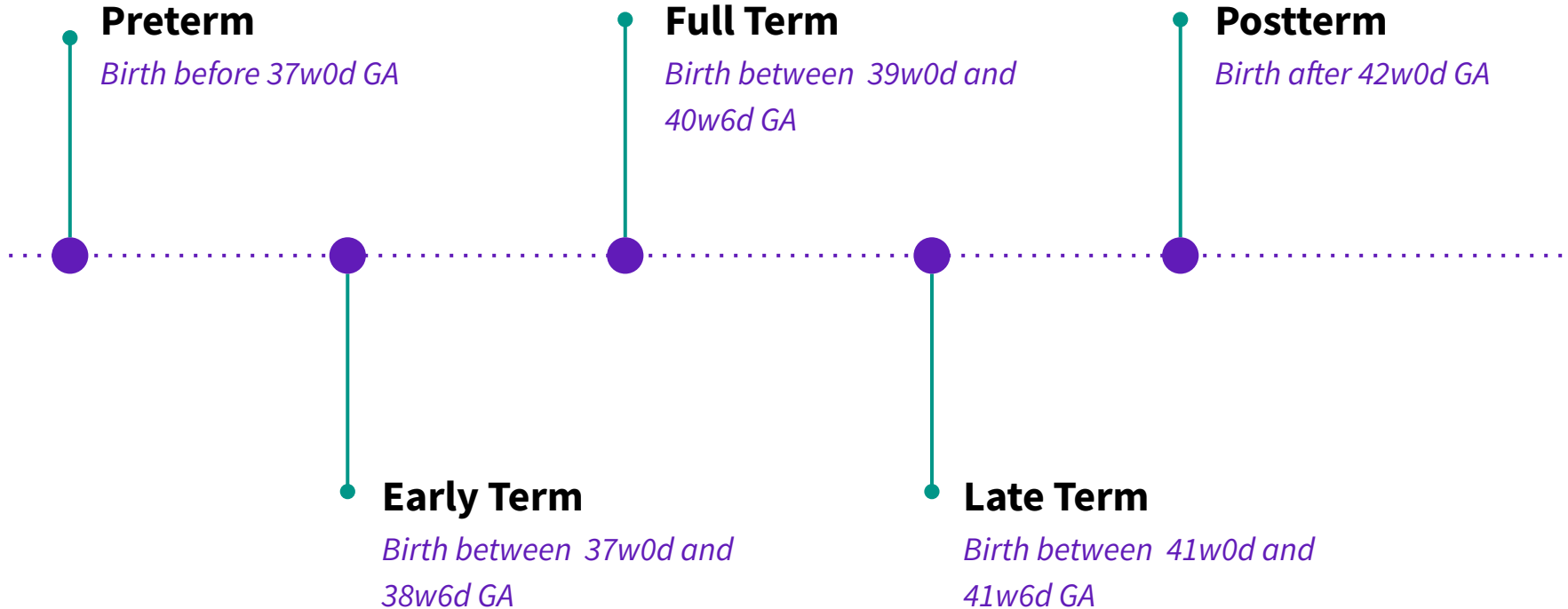
HIVE Presentation June 2022



# Estimating Due Dates

- EDD from LMP  
*Naegal's Rule, Woods' Rule*
- EDD from embryo transfer  
*(IVF)*
- EDD from ultrasound  
10-69mm CRL
- EDD from ultrasound before  
16 weeks GA\*\*  
*Most effective at predicting accurate  
EDD and lowering incidence of  
“postdates”*

# “Term” Terminology



# Post-Dates

In some practices, describes a pregnancy beyond EDD.

Clinically, described as pregnancy beyond 42 weeks

EDD as determined by client chart

# Postmaturity

Clinical manifestations of placental dysfunction and compromise in a newborn as observed post-birth.

Typically “lean” babies, wrinkled, peeling skin, and meconium staining in fluids, membranes, placenta, skin.

# SO WHAT?

## What are the Risks with Post-Dates Pregnancies?

**Ossification of fetal skull bones**

*More difficult second stage*

**Increase in Fetal weight**

*Shoulder dystocia, hypoglycemia, etc.*

**Oligohydramnios**

*Tolerance of Labor*

**Placental function**

*Growth restriction and tolerance of labor*

**Meconium Aspiration**

*Difficulty breathing at/after birth*

**Stillbirth**

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*Expectant  
Management*

*Induction of  
Labor*

# *Expectant Management*

## Postdates Monitoring Options

- Kick Counts
  - Regular home monitoring (by client), typically daily at/after term
  - Aiming for 6 movements in 2 hours or more
- Non-Stress Tests (NST)
  - Can be performed in-office or in-hospital
  - Portable machines
  - 20 min, can repeat 20 more min
  - Normal Baseline, 2+ Accelerations (15bpmx15sec+), no decelerations
  - Considered “valid” results for ~48h





# *Expectant Management: Biophysical Profiles*

Measured as 0 or 2 points for each component

Optimum score 8/8

If you do/add an NST, can be 0 or 2 points for non reactive/reactive NST for a total of 10/10

Fetal Biophysical profile		
Biophysical Variable	Normal (score=2)	Abnormal (score=0)
Fetal breathing movements	1 episode FBM of at least 30 s duration in 30 min	Absent FBM or no episode >30 s in 30 min
Fetal movements	3 discrete body/limb movements in 30 min	2 or fewer body/limb movements in 30 min
Fetal tone	1 episode of active extension with return to flexion of fetal limb(s) or trunk. Opening and closing of the hand considered normal tone	Either slow extension with return to partial flexion or movement of limb in full extension Absent fetal movement
Amniotic fluid volume	1 pocket of AF that measures at least 2 cm in 2 perpendicular planes	Either no AF pockets or a pocket <2 cm in 2 perpendicular planes

# *Expectant Management*

## How Long is Reasonable To Wait?

- Client intuition, willingness to wait
- Local regulations about transfer of care at certain gestations
- Placenta is NOT a timed organ and will not inherently deteriorate

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

# *Induction Of Labor*

## **How Can Clients Encourage Labor?**

- Walking, Gentle Exercise
- Herbs
- Homeopathy
- Acupuncture & Acupressure
- Sex
- Castor Oil (Cocktail)
- Nipple Stimulation

# *Induction Of Labor*

## How Can Midwives Induce Labor?

Stretch & Sweep

Foley

Amniotomy

Herbs

Homeopathy

Castor Oil (Cocktail)

Acupuncture & Acupressure

Nipple Stimulation

Oxytocin

Misoprostol

Cervical Ripening Agents

***Special Consideration:***  
**VBAC**

# *Induction Of Labor*

## The Role of Bishop's Scores

**Score of 8+ most favourable**

Bishop scoring system:

Score	Dilation (cm)	Position of cervix	Effacement (%)	Station (-3 to +3)	Cervical Consistency
0	Closed	Posterior	0-30	-3	Firm
1	1-2	Mid position	40-50	-2	Medium
2	3-4	Anterior	60-70	-1, 0	Soft
3	5-6	--	80	+1, +2	--

# Postmaturity



- Dry, peeling skin
- Meconium staining (cord, placenta, baby)
- Overgrown nails
- Deep creases on palms/soles of feet
- “Long & Lean”