

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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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)
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)

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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

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

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