

# Management of Prolonged Pregnancy

## What is prolonged pregnancy?

After 41 weeks your pregnancy is considered prolonged (overdue). Approximately 10% of all pregnancies are prolonged.

## Current evidence on management of prolonged pregnancy

The evidence available suggests that:

- there are very small additional risks to the baby after 41 weeks of pregnancy (the risk of stillbirth is about 1 in 1,000)
- beyond 42 weeks however, the risks are increased further (to about 3 in 1000)
- there is no perfect way to monitor the health of every baby that is overdue
- an induction of labour when your pregnancy is prolonged (at 41 weeks gestation) decreases the chance you will need a Caesarean section.

If your pregnancy is normal, but clearly prolonged, you will be offered an induction of labour. If you choose not to be induced at this stage, you will be offered increased fetal monitoring.

## Women wishing to await spontaneous labour

If your pregnancy is normal but prolonged AND you do not wish to have labour induced we recommend

- fetal heart rate monitoring two times a week, and
- an ultrasound scan to assess the amount of amniotic fluid around the baby.

At these visits your well-being is also assessed.

These tests

- **monitor baby's well-being at that point in time - not beyond** - therefore they cannot provide absolute reassurance of future fetal survival and
- may detect a medical reason for your baby to be born. If this is the case it will be fully discussed with you.

## Assessing the cervix

Your cervix (neck of the womb) will need to be assessed before you have an induction. This assessment will determine whether your cervix is:

- **'ripe'** which means it has been naturally thinned and softened by the hormones present in your body and is ready for labour, or
- **'unripe'** which means it is firm, long and closed and will need to be softened by artificial methods.

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## Induction protocol at KEMH

### *If the cervix is 'ripe'*

- During a vaginal examination in the clinic, the cervix can be stretched to help start labour. This has been shown to increase the chances of labour starting naturally within the next 48 hours. For some women this is an uncomfortable procedure.
- Arrangements can be made for induction of labour at a mutually convenient time. Induction of labour involves a vaginal examination to break the bag of waters around the baby and, if necessary, the use of an intravenous drip containing Syntocinon (artificial oxytocin). Syntocinon will help to start the contractions for labour.

### *If the cervix is 'unripe'*

- Arrangements can be made for admission to hospital at a mutually convenient time to ripen the cervix.
- The cervix can be ripened by either:
  - inserting a Foley catheter into the cervix and keeping it under tension, or
  - use of a drug called prostaglandin placed in the upper vagina. Prostaglandin comes in the form of either a slow-release impregnated ribbon that is left in place for up to 12 hours or a jelly which may require two or three doses six hourly.

*Occasionally an induction of labour may be delayed when Labour and Birth Suite is busy.*

**The above information may be discussed with the doctor or midwife in the Antenatal Clinic / Family Birth Centre.**

Further information about induction of labour is available via the internet from:  
<http://www.nice.org.uk/pdf/inductionoflabourinfoforwomen.pdf>

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