

# Management of prolonged pregnancy

**‘Prolonged pregnancy’ is defined as a pregnancy that continues beyond 42+1 weeks. The aim of this leaflet is to provide information on what happens if you reach this stage.**

## What might this mean for me?

The majority of women will have given birth by 10 days after their due date. However, about 1 in 10 will still be pregnant, and we offer induction of labour at this time. In general, healthy women, whose baby is also healthy and who are under the age of 40 years, gain no advantage to being booked for an induction before 41+4 weeks, as induction can lead to unnecessary intervention and an increase in the chance of a Caesarean birth. Women aged 40 or older have an increased risk of stillbirth when compared to younger women, and will be offered an induction date close to the estimated due date for their baby.

## What are the risks involved?

Carrying on with pregnancy beyond 42+1 weeks is of concern to doctors and midwives as there is evidence that for every 500 pregnancies that continue over this time, one baby will die.

If you decide you don't want to take up the offer of induction, your obstetrician (doctor) will discuss a plan for increased monitoring of the baby, both before and during the birth. If these tests are all normal, you may, in certain circumstances, choose to continue.

There is very little evidence regarding the best and most effective means of monitoring a baby beyond 42+1 weeks. The monitoring we offer gives us a 'snapshot' of the baby's condition at that moment, but does not guarantee that all will remain well for the next few days.

## What will happen if I don't want to be induced?

If you do not wish to be induced, and choose to continue your pregnancy beyond 42 completed weeks, your obstetrician will want to discuss the following:

- Whether your dates are correct.
- Whether there are no medical or obstetric reasons for delivery.
- If the baby is moving well.
- That you have an ultrasound scan for growth and fluid (liquor) volume.
- Monitoring of baby's heartbeat electronically on the day of the scan and obtaining a printed read-out (CTG).

These tests are organised through the hospital clinics and will be done at the Royal Berkshire Hospital. If these tests are reassuring, we recommend that scans to check the fluid around the baby are done at least twice a week, and that electronic monitoring of the heartbeat (CTG) is done at least every other day. In addition, you will be seen in the hospital clinic. If there are any concerns about the baby's movements, or if the tests do not provide reassurance, we will strongly recommend labour is induced at that time.

## **What should I do if I go into labour over 42 weeks?**

Any woman beginning labour later than 42+1 weeks should contact the Triage Midwife on telephone number: **0118 322 7304**, and will be advised when she is admitted for delivery that we recommend continuous monitoring of the baby during your labour. We do have WiFi monitors so women can remain active in labour, or possibly use the pool if all other checks on wellbeing are reassuring.

If you have any further questions, please discuss them with your obstetrician or midwife.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

J Ablett, Consultant Obstetrician, June 2005

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