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GOING OVERDUE

Your Due Date

The "due date" of your baby is usually calculated by adding 280 days i.e. nine months and 7 days to the first day of the last menstrual period. It is only an estimate of the date of delivery (or EDD) that can be influenced by the actual date of conception and normal variation in the length of pregnancy. Contemporary studies suggest that the length of a first pregnancy is, on average, nine months and 10 days from the last menstrual period.

It needs to be appreciated that this date is only reliable if egg release and conception occurred exactly 14 days after the first day of the last period. In fact, this method of calculation of an EDD is unreliable in up to 50% of pregnancies.

Revision of the EDD is often recommended after an ultrasound scan performed before 20 weeks of pregnancy suggests that the baby is of a size which is greater or less than that suggested from the date of the last menstrual period. *It is important to recognise that, in most instances the first and earliest scan is the most accurate in determining an EDD*. The due date should *not* be revised by scans performed later in pregnancy since they are less accurate in predicting the due date.

Evidence suggests that a normal pregnancy can end *up to two weeks before and two weeks after your due date.* Only one baby in 20 is actually born on the estimated date of delivery and 5 or 6 pregnancies in every hundred will carry on beyond the 42nd week.

Concerns Which Arise

It is very disappointing and frustrating when the big day arrives and nothing has happened. Medical concern may also arise since there is evidence that the incidence of problems begins to rise when pregnancy proceeds *beyond the 42nd week.* This has been regarded as due to "ageing" of the placenta which provides the baby with nourishment and oxygen. However, this is by no means an inevitable consequence of every prolonged pregnancy and it is necessary to weigh the risks of inducing labour against the risk of allowing the pregnancy to continue.

What Can You Do

As you reach and pass the due date it becomes important that you continue to check on the well-being of your baby. You can do this best by taking note of the baby's movements and recording them on a "kick chart". You will be seen regularly and note taken of such things as the growth of the uterus and the amount of fluid around the baby.

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Special tests to check on the baby's heart rate responses or the amount of amniotic fluid may also be arranged.

What Your Doctor Will Do

If the last few weeks of your pregnancy has been quite normal i.e. no evidence of slow growth of the baby, no hypertension (high blood pressure or toxaemia) and no vaginal bleeding, then you will be allowed to proceed for *at least a week* past the due date. At that time an internal vaginal examination may be made to see if the cervix is "ripe" and whether an induction of labour would be simple, safe and likely to result in a normal labour.

During this examination your doctor may “sweep the membranes” from their attachment to the cervix. This may be uncomfortable but it is not the same as amniotomy or artificial rupture of the membranes. It is a useful and apparently harmless way of triggering labour in some instances. For others it may assist in the ripening of the cervix.

If induction of labour is required then this will be discussed with you. If the cervix is not ready for labour then it may be better to observe the baby closely until labour begins naturally or some other circumstances supervene.

There are a few other questions about going overdue which can be answered:

Will the baby grow too large if pregnancy is allowed to proceed past the due date?

Answer: While it is true that the baby most probably continues to grow this does not mean that it will be too big to be safely delivered in the normal way. Trying to induce delivery before the uterus is ready for labour may result in a greater chance of Caesarean section being required.

Does the baby stop moving before labour begins?

Answer: As the amount of fluid around the baby is reduced close to the time of the onset of labour then the nature of the movements may *change* but they do not stop. If you feel less than 10 movements within a 12 hour period or the number of movements change dramatically you should contact your doctor, midwife or the hospital.

Can tests be performed to determine if the placenta is still functioning adequately to nourish the baby?

Answer: A scan may be performed to assess the amount of amniotic fluid around the baby as well as its movements and breathing. More commonly fetal heart rate responses (cardiotocogram or CTG) are used to test wellbeing of the baby. Unfortunately, evidence suggests that none of these tests alone are sufficient to determine which babies are at risk and which mothers will benefit from induction of labour.

When should Labour be Induced?

Answer: In the balance of risks it has been demonstrated that it is probably best to induce labour before the end of the 42nd week.

Is induction of labour safe?

Answer: Any medical intervention carries certain risks. It is a doctor's responsibility to evaluate these and discuss this with you. Induction of labour may not be successful and a caesarean section may be required if it does not proceed satisfactorily. However, this must be balanced against a greater need for caesarean section if the pregnancy is allowed to continue beyond the 42nd week and the baby then shows signs of distress.

In some instance your doctor may recommend that a Caesarean section is performed rather that attempting induction of labour

What is meconium liquor?

Answer: Meconium is the contents of the fetal bowel. The longer a baby remains within the uterus the more likely it is to release its bowel contents into the amniotic fluid. Therefore it is very common to find meconium liquor when you are "overdue".

Many medical authorities believe that passing of meconium may be a sign of fetal distress i.e. evidence that the baby is short of oxygen or nutrient and that special precautions need to be taken during the labour. The passage of meconium into the fluid also poses a particular hazard to the baby if it is inhaled into the lungs. We now believe that this occurs whilst the baby is in the womb and its risk is increased when pregnancy is prolonged.

What is Prostin Gel , Cervidil and Misoprostol?

Answer: Prostin and Cervidil are the brand names for prostaglandin E2, a hormone thought to be responsible for the natural onset of labour. When placed into the vagina on the day before an induction of labour it softens and prepares the cervix for the labour process. In a proportion of women it alone will induce the labour. Misoprostol is a tablet form of prostaglandin that is marketed only for the healing of gastric ulcers. However, studies have shown that it is a potent and effective means of inducing labour when administered either as a vaginal pessary or by mouth.

After Prostin, Cervidil or Misoprostol is used there is frequently some uterine contractions. It is best that you remain in hospital for some time while the baby is monitored. If the baby is okay then you may be allowed to go home to await the onset of labour or to return the next day for amniotomy ("breaking the waters") and sometimes an intravenous oxytocin infusion.

See also the Information Sheet about Induction of Labour.

As with any agent that induces uterine contractions there is a small risk that the Prostin, Cervidil or Misoprostol causes excessive or frequent contractions and, as a consequence of these, distress of the baby or even damage to the uterus. This is very uncommon.

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