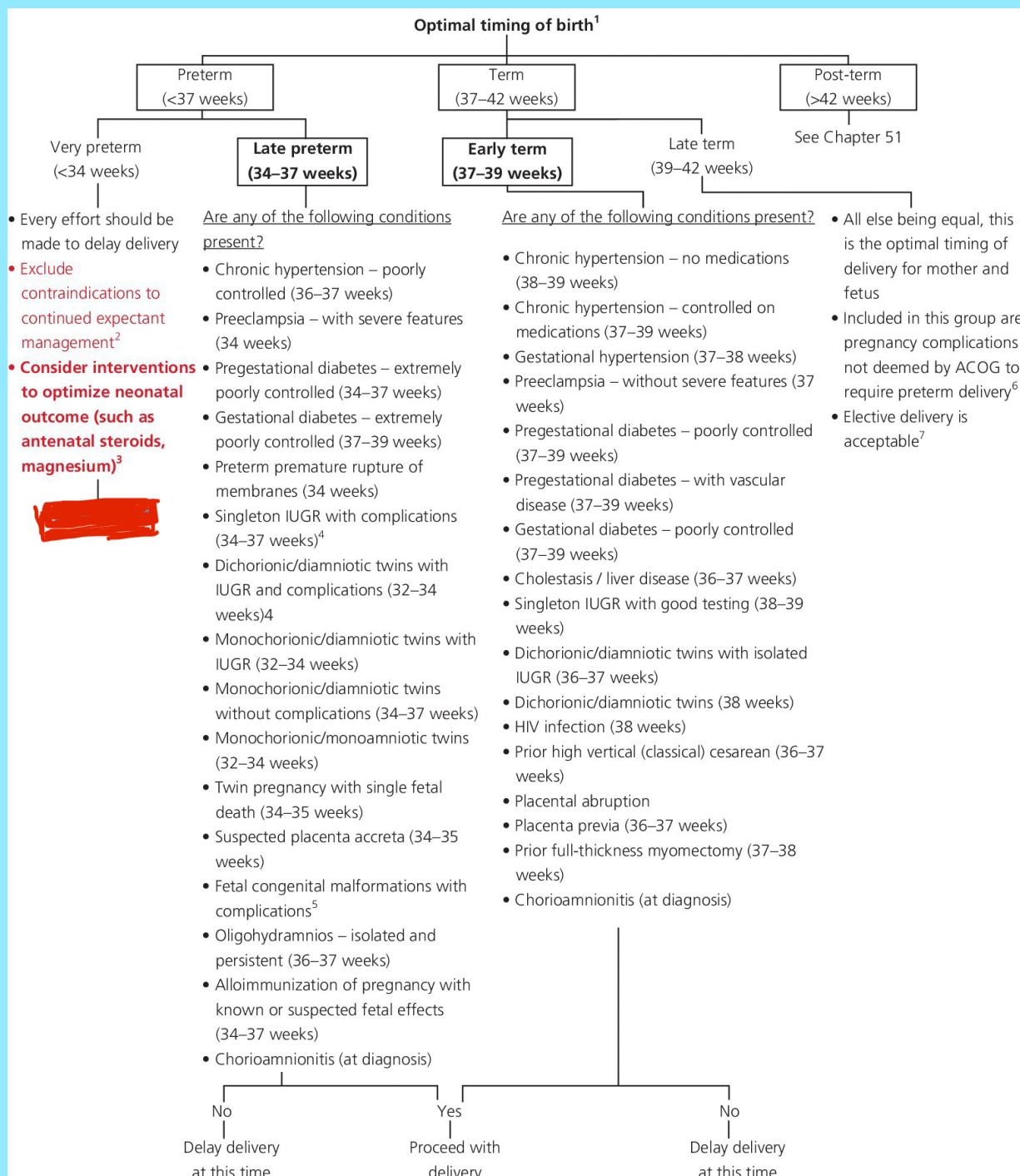


Learn simply

Medically-Indicated Late Preterm and Early Term Delivery



Passion profession same



1. The timely onset of labor and birth is a critical determinant of perinatal outcome. The mean duration of singleton pregnancy is 40 weeks (280 days) dated from the first day of the last menstrual period (LMP). "Term" is defined as two standard deviations from the mean or, more precisely, 37-42 weeks (266-294 days) of gestation.
2. Both preterm birth (defined as delivery prior to 37 0/7 weeks of gestation) and post-term pregnancy (failure to deliver before 42 0/7 weeks) are associated with an increased risk of adverse pregnancy events. However, under certain conditions, earlier delivery may be appropriate for either maternal or fetal indications.
3. Contraindications to continued expectant management <34 weeks include intra-amniotic infection (chorioamnionitis), excessive vaginal bleeding, nonreassuring fetal testing, fetal demise, and select maternal complications (such as severe pulmonary or cardiac disease). Under such conditions, delivery may need to be expedited. Confirmation of fetal lung maturity by amniocentesis is not necessary.
4. Interventions to improve neonatal outcome in the event of impending delivery <34 weeks include: (i) transfer to a tertiary care center; (ii) a course of antenatal corticosteroids (either betamethasone or dexamethasone); and (iii) magnesium sulfate for neuroprotection (proven benefit in improving neurologic outcome if given for a minimum of 12 hours in women delivering <32 weeks).



1. Complications include oligohydramnios, abnormal Doppler studies, and/or co-morbid conditions in the mother (such as chronic hypertension or preeclampsia).
2. Complications may include suspected worsening fetal organ damage, potential for fetal intracranial hemorrhage (such as neonatal alloimmune thrombocytopenia), prior fetal surgery or urgent need for neonatal surgery, and/or potential for adverse maternal effects from fetal condition.
3. Pregnancy complications not deemed by ACOG to require preterm delivery include well-controlled pregestational or gestational diabetes (whether or not they are on medications), prior unexplained stillbirth, morbid obesity (BMI >40 kg/m²) and advanced maternal age.



1. According to ACOG, elective induction of labor at or after 39-0/7 weeks is a reasonable option in a well-dated pregnancy without documenting fetal lung maturity by amniocentesis.
2. In HIV-positive women and twins, elective delivery can be performed at 38-0/7 weeks. The risk of failed induction leading to cesarean delivery should be discussed.
3. In nulliparous patients with an unfavorable cervical exam (Bishop score <6), the risk of cesarean is clearly increased. Whether this is true also in multiparous women or nulliparous women with a favorable cervical exam is not clear.

