Avoiding Post-Term Pregnancy

**What is post-term pregnancy?**

Early term pregnancy occurs at 37 weeks. This is when your baby is most likely ready to live outside of your uterus without any assistance. The greatest brain and lung development occurs from 38-40 weeks gestation. Term is considered 40 weeks, and late term is up to 42 weeks. After 42 week’s gestation a pregnancy is considered post (after) term.

Once you reach 42 weeks the perinatal mortality rate rises sharply. The placenta can begin to lose function, which is the important purpose of supplying your baby with oxygen and nutrients. For this reason, we monitor pregnancies closely at this point. Community standards also govern much of our action at this point in your pregnancy.

**Can I prevent post-term pregnancy?**

You are at greatest risk for post-term pregnancy if this is your first baby. Sometimes our bodies take a while to figure out what they are supposed to be doing the first time around. If you have a family history of having babies late, you are also at risk for post-term pregnancy and this may be completely normal and healthy for you.

**What can I do to avoid post-term pregnancy?**

At 40 weeks we will begin to discuss your options for managing the remainder of your pregnancy. The very first thing we will do is review the information that led us to your current estimate due date.

One option is doing nothing and waiting for labor to begin. At 41 weeks we will discuss seeing the back-up doctor for a biophysical profile just to monitor your baby and amniotic fluid levels. This should be done twice a week until delivery. This will make us feel good about continuing to wait, or let us know that waiting is a bad idea.

If you wish to take action and prime your body for labor, we can assess your cervix at 40 weeks. We will be checking to see where it is positioned and how soft it is. If it is favorable and beginning to dilate we may be able to do a membrane sweep. A membrane sweep involves the insertion of a gloved finger between your cervix and your bag of waters and releasing the thin membrane that connects the two. This is not breaking your water, but accidentally breaking your water is a potential risk to a membrane sweep. There is also the small risk of infection that goes along with inserting anything into your vagina.

In addition to this, at 40 weeks you can also begin taking Blue Cohosh tincture, which is a great primer for labor. Take ½ a dropperful 2 or 3 times a day, but please let your midwife know before you start taking it.

If a more aggressive induction is necessary, we can discuss stronger herbal regimens to take. Blue Cohosh and black cohosh can be combined with nipple stimulation and castor oil to bring about labor if induction becomes necessary.

**What else can I do?**

* Have plenty of intercourse. Semen is a natural prostaglandin which can initiate cervical ripeness.
* Nipple stimulation, using either a breast pump or your partner can roll your nipples between their index finger and thumbs.
* Insert one Evening Primrose capsule daily starting at 37 weeks
* You can take 2 ounces of castor oil in half a cup of juice. You should know that castor oil can cause dehydration and very strong uterine contractions that can cause your baby to pass meconium in utero.
* There are several “five week formulas” on the market
* Make sure that you are addressing areas of stress in your life. Get a message!
* See a chiropractor weekly throughout pregnancy but especially in the third trimester
* Acupuncture

References:

Frye, A. (1995). *Holistic midwifery*. Portland: Labrys Press.

Tharpe, N. (2013). *Clinical practice guidelines for midwifery & women's health*. (4th ed.) Sudbury, Mass.: Jones and Bartlett Publishers.