



ANTENATAL CARE

CLINICAL GUIDELINES
OBSTETRICS AND MIDWIFERY

> 41 WEEKS GESTATION: MIDWIFERY ASSESSMENT

Keywords: postdates, post term, >41 weeks gestation, antenatal visit, booking an induction, prolonged pregnancy

INSTRUCTION	CRITERIA	ROLE OF THE MIDWIFE
<p>Registered Midwives, working within King Edward Memorial Hospital for Women (including Midwifery Group Practice) or the Community Midwifery Program, may assess women considered to have a prolonged pregnancy and book these women for an induction of labour (IOL) (see Clinical Guidelines, O&M, Complications of Pregnancy: Prolonged Pregnancy)</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion criteria: Women with a gestation of > 41 weeks with no fetal or maternal criteria excluding them from an IOL booking by a midwife.</p> <p>NB The woman must agree to an ultrasound scan and CTG at 41 weeks gestation and to twice weekly CTGs thereafter, with review by the obstetric team at 42 weeks</p> <p>Exclusion criteria are:</p> <ul style="list-style-type: none"> • Uncertain / unreliable estimation of gestational age • Hypertensive complication in pregnancy (e.g. pre-eclampsia, eclampsia, gestational or chronic hypertension) • Oligo / polyhydramnios • Fetal compromise (e.g. abnormalities, intrauterine growth restriction, isoimmunisation, abnormal heart rate patterns) • Fetal demise • Breech presentation/ transverse, oblique or unstable lie • Presenting part above the pelvic inlet • Multiple pregnancy • Maternal medical condition e.g. diabetes, renal, cardiac, pulmonary • Maternal obstetric conditions e.g. previous caesarean section or uterine surgery, antepartum haemorrhage, low lying placenta or 	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately¹ as to the reason for this assessment. 2. Assess the woman and her pregnancy as to the advisability of inducing labour for a prolonged pregnancy. For assessment / management & for Obstetric team review if exclusion criteria are present, follow Clinical Guidelines, O&M, Complications of Pregnancy: Prolonged Pregnancy. 3. Offer verbal and written (if not previously given) information on the Management of Prolonged Pregnancy and Induction of Labour,¹ as appropriate. 4. Document care in the medical

	placenta praevia, grande multiparity, poor obstetric history, previous cephalopelvic disproportion, previous precipitate labour, prolonged rupture of the membranes).	record.
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Note: All women who do not attend their appointment at 40 weeks (or over) must be contacted by telephone and advised to attend MFAU that day for review. A record of this conversation will be documented in the woman's medical notes.

REFERENCES / STANDARDS	
1. National Institute for Health and Clinical Excellence. CG 70: Induction of labour. London: RCOG Press . 2008 (reviewed 2014). Available from: http://www.nice.org.uk/guidance/CG70	
National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice 5- Patient Identification and Procedure Matching	
Legislation -	
Related Policies - KEMH Clinical Guidelines, Obstetrics & Midwifery:	
<ul style="list-style-type: none"> • Antenatal Care: Subsequent Visits; Midwifery Care Flowchart • Complications of Pregnancy: Prolonged Pregnancy • Intrapartum Care: Induction of Labour (Restricted Area Guidelines- <i>Intranet only</i>) 	
Other related documents –	
<ul style="list-style-type: none"> • Department of Health (patient brochure): My Baby is Overdue-What Now? (2012) • KEMH (patient brochure): Induction of Labour (2009) 	
RESPONSIBILITY	
Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	December 2003
Last Reviewed	July 2015
Last Amended	
Review date	July 2018

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