

How to Avoid Post Term Pregnancy

What is Post-Term Pregnancy?

An average, "term" pregnancy ends between 37 and 42 weeks. When pregnancy lasts beyond 42 weeks, it is considered post-term.

It is documented that some babies will exhibit postmaturity syndrome; a compromised baby as a result of lack of placental perfusion. 10% of babies are post dates but only 5-26% of these babies will exhibit postmaturity syndrome. Another consideration of healthy babies who go well beyond their estimated due date is that they continue to grow, and sometimes beyond a healthy weight or size. It should also be mentioned that due to lack of perfusion, babies who suffer from postmaturity syndrome, they tend to lose weight.

Unfortunately, there are some increases risks associated with pregnancies that go beyond 42 weeks gestation so it falls out of the scope of normal and most midwives do not catch babies for women who are 42+ weeks.

What to Expect

From the beginning of prenatal care, your estimated due date should be precisely figured out – for this exact reason, to ensure that your pregnancy does not float into a high risk category unnecessarily. A thorough review of your estimated due date will probably be examined by looking at previous ultrasounds, looking at your last normal menstrual period, suspected dates of conception etc.

Beginning at 41 weeks of pregnancy, you will be offered and encouraged to have a non-stress test (NST). This is an external monitor (like you see in the hospital), that monitors baby's heart rate as well as any contractions and prints out a strip. The test lasts 20 minutes and helps to reveal how much oxygenation your baby is getting. At 41 ½ weeks of pregnancy, you will be offered and encouraged to have a Biophysical Profile (BPP) done. This is an ultrasound and NST that they will be observing for different characteristics in your baby and give you a score based on these characteristics. This score helps to determine how "happy" your baby is in utero.

Encouraging things along...

Make sure you are getting plenty of rest, hydration and nutrition. Although you may hear many suggestions of walking to get labor started; please rest instead. You can walk for exercise but don't overdo it – it will just make you exhausted for when labor really does begin.

Make love: Making love helps to release similar hormones that labor uses. If possible, make love and have an orgasm.

Nipple stimulation: Also helps to release prostaglandins and start labor.

Evening Primrose Oil Capsules: Take two orally twice a day (total of 4) and put two in vaginally at night – or use it for lubricant to make love.

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| ○ Acupuncture | ○ Kissing/Making Out | ○ Getting your membranes swept |
| ○ Evening Primrose Oil | ○ Watching Birth Videos | ○ Cold-Water Induction |
| ○ Breast Stimulation | ○ Using a Breast Pump | ○ Enema |
| ○ Nipple Stimulation | ○ Belly Lifts | ○ Palma Rosa Essential Oil Massage |
| ○ Orgasm | ○ Acupressure | |
| ○ Making Love | | |

Do not take castor oil until you've discussed it with your midwife. There is a particular recipe that she would like you to use and the time of day it's taken is important to consider as well. Plus, it is important to make sure your baby is in a good position for labor to start.