



Information for Patients

You are past your due date - What happens next?

Every parent looks forward to the birth of their child and can become understandably worried if the pregnancy continues past the Expected Date of Delivery (EDD or Due Date).

The EDD is given as a guide only and is based on a pregnancy that lasts for 40 weeks.

A 'normal' pregnancy can last up to 42 weeks, which is 14 days over the EDD.

Induction of labour is indicated if the mother or baby will benefit from a greater probability of a healthy outcome than if the birth is delayed.

There is a small but significant increase in stillbirth after 42 weeks, hence the recommendations of Induction of Labour after 41 weeks (NICE June 2001).

Approximately 20% of women (one in five) will have their labour induced.

At Saint Mary's Hospital we have a clinic called Term +10 clinic for all women who have had a normal pregnancy and are over their due date.

An appointment should be arranged for 10 days after your expected due date. Please ask your midwife for details.

The Term +10 clinic is held on the second floor Saint Mary's Hospital within the Antenatal Assessment Unit.

What happens at the Term +10 Clinic?

At this appointment you will be seen by a midwife. She will confirm that you have been given the correct due date. If there has been a miscalculation a new appointment will be given.

Please note: Your baby should move regularly every day. A change, especially a reduction in movements, may be a sign that the baby needs checking. Please contact Triage at Saint Mary's Hospital on **(0161) 276 6567 (24 hour service)** if you are worried about your baby's movements or if you feel that your baby's movements have decreased.

What are the options?

At this appointment your choices will be discussed and they are:

1. Induction of Labour

This is where your labour is medically started. There are different ways of doing this '**A guide to Induction of Labour**' leaflet (which describes the methods) will be given to you and discussed at this appointment and you will have the opportunity to explore your options.

2. Expectant Management

This is where pregnancy continues beyond Term +14 days and we wait for your labour to start naturally.

Once you have considered your options, you will be offered a vaginal examination. The vaginal examination is done for two reasons:

1. To assess how ready the cervix (the neck of the womb) is for labour.
2. To perform a 'membrane sweep'. This is where the midwife inserts a finger into the cervix and rotates it, gently separating the membranes from the inside of the cervix. This releases the body's natural hormones, which in some instances can start labour.

After this examination it is common to have a small mucousy blood loss and some period type pains. If you are at all worried or need advice please telephone **(0161) 276 6567**.

An Induction date will be booked for you at the next available appointment. **This should not exceed 14 days past your EDD.**

Expectant Management

There is not a lot of research on pregnancies that last longer than 42 weeks but the evidence suggests that with careful monitoring and a well grown baby that the outcome for the baby should be good (Clausson et al 1999).

Due to the limited evidence to support expectant management, the policy at Saint Mary's Hospital is to recommend Induction of labour at or around term +12 days.

However, if you choose not to be induced at this time, we will do an antenatal examination, a 20-minute CTG and also scan your baby to assess growth and the amount of water around the baby.

If everything is normal you will be offered the 'membrane sweep' as an option.

You will then be given an appointment for twice weekly CTGs and a weekly scan to assess the water around the baby.

It is important for you to keep monitoring the baby's movements.

Stimulating Labour Naturally

You may be able to help labour start naturally:

From 39 weeks gently rub your nipples between your thumb and forefinger, one breast at a time, for about 5-10 minutes. This encourages the natural hormone oxytocin, which helps your uterus to contract.

Un-researched methods include:

- Walking/gentle exercise.
- Sexual intercourse, this again releases natural hormones called prostaglandins.
- Clitoral stimulation.

References:

Clausson B, Cnattingius S, Axelsson O. Outcomes of postterm births: the role of fetal growth restriction and malformations. *Obstetrics and Gynaecology* 1999; 94: 758-762.

National Institute for Clinical Excellence. Induction of Labour Inherited Clinical Guidelines D NICE June 2008.

Royal College of Obstetricians and Gynaecologists; Induction of Labour. London: RCOG, 2008.