## INSTRUCTION

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).

### Keywords:
- Postdates
- Post term
- >41 weeks gestation
- Antenatal visit
- Booking an induction
- Prolonged pregnancy

### CRITERIA

#### Inclusion criteria:
- Women with a gestation of > 41 weeks with no fetal or maternal criteria excluding them from an IOL booking by a midwife.

**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.

#### Exclusion criteria are:
- 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

### ROLE OF THE MIDWIFE

1. Ensure the woman is informed and counselled appropriately 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.
3. Offer verbal and written (if not previously given) information on the Management of Prolonged Pregnancy and Induction of Labour, 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).

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

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:
- Antenatal Care: Subsequent Visits; Midwifery Care Flowchart
- Complications of Pregnancy: Prolonged Pregnancy
- Intrapartum Care: Induction of Labour (Restricted Area Guidelines- Intranet only)

Other related documents –

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
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Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.

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Assessment of women with gestation > 41 completed weeks
Clinical Guidelines: Obstetrics & Midwifery
King Edward Memorial Hospital
Perth Western Australia

(B1.1.11) All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual