

Original research article:

Evaluation of the perinatal outcome in prolonged pregnancies

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Abstract:

Introduction: The problem of the postmature infant is intranatal. For many years the biological possibility that a pregnancy could exceed the 42nd week was questioned.

Materials and Methods: The study was carried out in Rural Hospital , Loni in the Department of Obstetrics and Gynaecology, Pravara Rural Hospital, Loni. 150 patients who cross 280 days i.e. 40 weeks confinement were included in this study.

The overall PNM in present study is 1.33% out of which 0.65% IUD and 0.65% Fresh still birth. All the perinatal mortality was found in pregnancies beyond 42 weeks. Perinatal morbidity i.e. neonates transfer to NICU was 23%. Out of which 11% are from pregnancies beyond 42 weeks and 9% from pregnancy between 41 weeks to 41 week 6 days.

Conclusion: Further studies are needed for management of post-term pregnancies and what is designated as post-term pregnancy needs to be readdressed.

Introduction:

The problem of the postmature infant is intranatal. For many years the biological possibility that a pregnancy could exceed the 42nd week was questioned. It was not until the early 1960s that conclusive evidence of an increased risk of fetal mortality in postterm pregnancy was presented [McClure-Browne, 1963].^{1,2} Many obstetricians met this information with criticism. However, postterm pregnancy was gradually recognized as a problem when the pediatricians became interested in the matter. In 1954, in a postmature classification system, Clifford³ described the degree of affliction suffered by postterm neonates, and eventually in the late 1960s and 1970s, with the advent of ultrasound dating, the fetal risk associated with postterm pregnancy was fully established.

Materials and Methods:

The study was carried out in Rural Hospital , Loni in the Department of Obstetrics and Gynaecology, Pravara Rural Hospital, Loni. 150 patients who cross 280 days i.e. 40 weeks confinement were included in this study.

Only those patients who were sure of their date of last menstrual period and who had done ultrasound at least once either in 1st trimester or in 2nd trimester were included in this study group.

The postdated patients were divided into 3 groups:

Group I : From 40 wks 1 day to 40 wks 6.

Group II : From 41 wks to 41 wks 6.

Group III : Beyond 42 weeks.

Amongst 150 patients, who were hospitalized with diagnosis of postdatism.

- ❖ 50 were from group I, 50 were from group II and 50 from group III.

- ❖ 37 patients have undergone expectant management
- ❖ 33 patients induced with sweeping and stretching
- ❖ 26 patients induced with oxytocin
- ❖ 20 induced with misoprost
- ❖ 6 induced with cerviprime
- ❖ 28 patients directly taken for section and not induced.

Complete clinical assessment of the post-dated patients was done including measurement of weight,

fundal height and abdominal girth in cms. Daily fetal movement count records were kept by the patients who were admitted at term and who became post dated waiting to go into spontaneous labour. Ultrasonographic evaluation for assessing the fetal maturity was done in all post date patients .Whenever possible single BPD measurement along with Manning score and AFI were recorded. In a few patients who came late in labour USG could not be done.

Results:

Table: 1Perinatal morbidity

	Transfer to NICU	Normal
Group I	5 (10%)	45 (90%)
Group II	13 (26%)	37 (74%)
Group III	17(34%)	33 (66%)
Total	35 (23%)	115 (77%)

By applying Chi square test ($\chi^2= 8.35, p=0.015, d.f=2$) There is significant co-relation between groups and perinatal morbidity. The overall PNM in present study is 1.33% out of which 0.65% IUD and 0.65% Fresh still birth. All the perinatal mortality was found in pregnancies beyond 42 weeks. Perinatal morbidity i.e. neonates transfer to NICU was 23%. Out of which 11% are from pregnancies beyond 42 weeks and 9% from pregnancy between 41 weeks to 41 week 6 days.

Discussion:

The PNM reported by Mirchandani⁴ was 16% (8% still birth and 8% neonatal deaths) at 42 weeks. It was 29.3% (17.6% still birth and 11.7% neonatal deaths) at 43 weeks when all the patients were managed without sophisticated aids.

During labour , in the present study fetal distress was noted is 15 % of post dated patients. This distress was diagnosed by observing colour of liquor, CST and ultrasonographic assessment of AFI. The value of scalp blood pH would have probably given the accurate incidence of fetal jeopardy during labour. The results quoted by others vary between 23-41% when no monitors were used intrapartum and almost 35% showed abnormal fetal heart activity when monitors were used during labour. Mirchandani⁴ noted fetal distress in 23% of postdated patients, 16% at 41 weeks,20% at 42 weeks and 41% at 43 weeks. Schneider⁵ quotes it to be 38.4%. Abnormal heart activity on monitors was noted in 35% babies, 20% with late decelerations and 4% showing bradycardia. Incidence of fetal death was less as compared to the

other study as fetal monitoring was done with modern equipment.

Conclusion:

Further studies are needed for management of post-term pregnancies and what is designated as post-term pregnancy needs to be readdressed.

References:

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