

Counselling Women About Postdate IOL: A Literature Review

01. Introduction

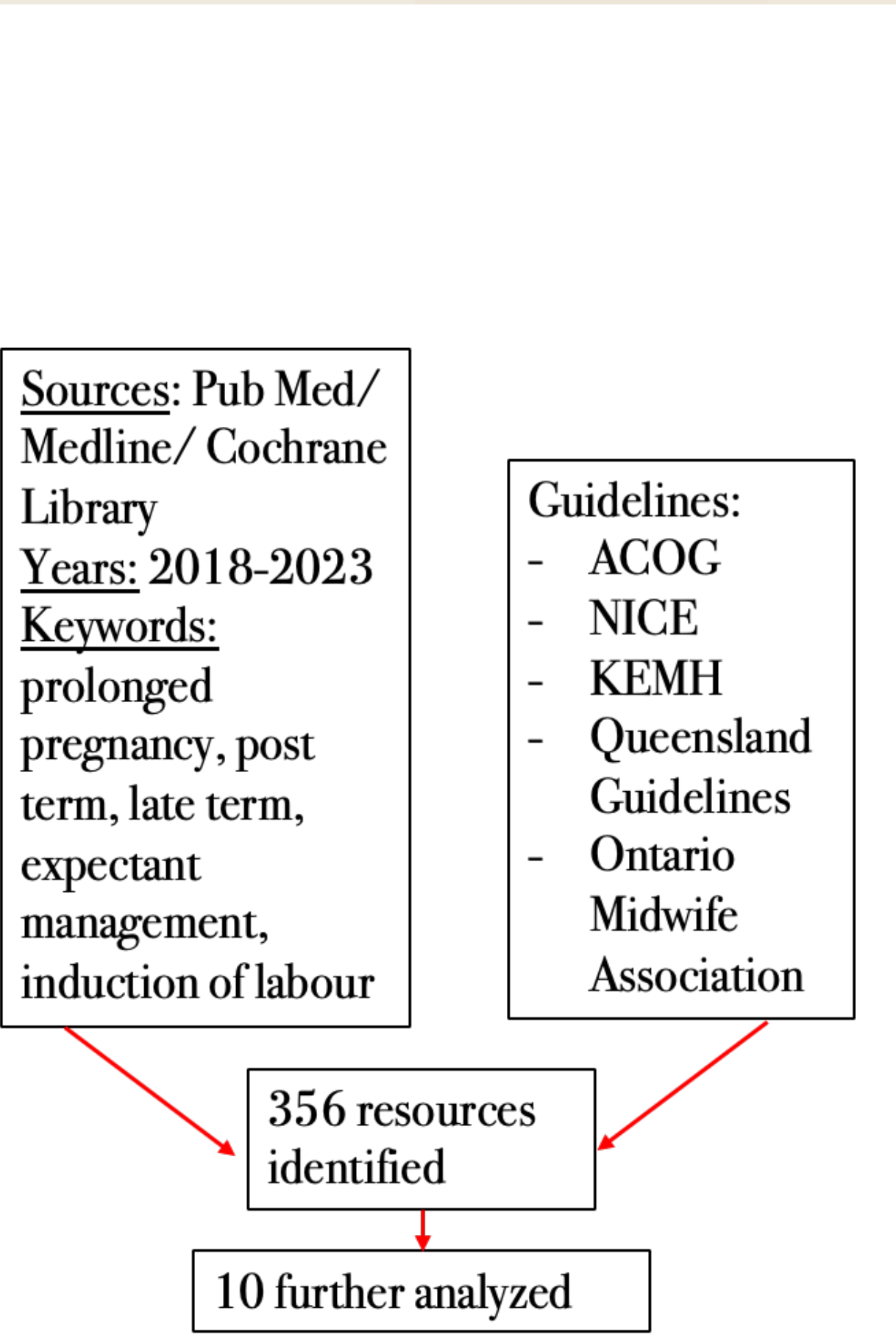
Worldwide there is no consensus about the ideal time for postdate delivery. Protocols range in recommendations for induction of labour (IOL) from 41 to 42 weeks. It is well established that pregnancy complications rise post-term, with higher rates of perinatal mortality, stillbirth rate, lower APGAR scores, NICU admissions and meconium-stained liquor. With the absolute rates of these being small, the question becomes can we justify greater intervention rates with earlier postdate IOL.

02. Aims

To understand the new literature regarding postdate pregnancies and IOL planning. This is to assist with management and counselling of woman

03. Methods

A literature search was conducted using databases PubMed, Medline and Cochrane Library spanning from 2018 to 2023. Relevant guidelines from Australia, the United Kingdom, USA and Canada were also reviewed. Key words included prolonged pregnancy, post-term, late-term, expectant pregnancy and induction of labour. A total of 356 resources were identified, 10 were selected for an in-depth analysis.



04. Results

The Cochrane Library released a review of Induction or Labour at or Beyond 37 weeks gestation in 2020. 34 RCTs (over 21 000 subjects) were included comparing a policy for IOL compared to expectant management. IOL was associated with fewer perinatal deaths (RR 0.31). The NNT was 544. There were fewer stillborn births (RR 0.30), fewer caesarean sections (RR 0.95) and NICU rates (RR 0.88). Differences in perineal trauma, postpartum haemorrhage, assisted vaginal deliveries and breastfeeding were non-significant between groups⁴.

The recent SWEPIs study (a multi-centre, randomised, superiorly trial conducted in Sweden) was terminated due to concerns of significantly higher mortality in pregnancies prolonged to 42 weeks. A total of 2760 women were trailed. No perinatal deaths occurred in the IOL group but six occurred in the expectant group (p=0.03). The proportion of caesarean delivery, instrumental vaginal birth, or any major maternal morbidity did not differ between groups¹⁰.

A meta-analysis by PLOS Medicine looked at altered outcomes with 41 week IOL compared to expectant management. 3 RCTs were involved with a total of 5161 subjects. Overall, improved perinatal outcomes were found with earlier IOL. However, on a subgroup analysis, multiparous women did not demonstrate this significant difference¹.

Women with higher BMI induced postdates at 41 weeks were also not associated with higher risks of caesareans or instrumental deliveries, with lower absolute risks⁶.

A study by Stina Lou et al assessed women’s experiences with postdate IOL. The main reasons women chose to avoid IOL included a hope to enter spontaneous birth and an underlying belief that the baby is not ready. Overall most women reported IOL to be a good experience. Women wanted more information about IOL and time to consider their options prior to consenting to this intervention⁷.

BENEFITS OF IOL BY 41 WEEKS	DISADVANTAGES OF IOL BY 41 WEEKS
Lower stillborn rate Lower admission rate to NICU Lower rates of meconium aspiration syndrome Lower rates of APGAR score < 7 at 5mins ** Monitoring is available for those choosing to prolonged pregnancy, but adverse outcomes can still occur despite this	Monitoring with CTG if oxytocin is required for IOL Medical intervention Higher use of other analgesia (but not epidural)
Lower rates of babies born >4kg (large babies increase rates of prolonged labour, obstructed labour and shoulder dystocia)	Affect on maternal satisfaction if wishes are not respected Loss of experiencing spontaneous onset of labour
Lower risk of caesarean section	
NOT associated with higher risk of instrumental births, postpartum haemorrhage, epidural use or perineal trauma	

05. Discussion

Evidence consistently shows that IOL by 41 weeks conveys smaller risks. The previous thought disadvantages (increased risk of perineal trauma, instrumental deliveries and rates of caesarean sections) do not appear to hold. An understanding of maternal risk factors – BMI, parity, maternal co-morbidities, reduced fetal movements and age – should help guide recommendations. Respect for patients’ values and preferences, the ability to correct misconceptions and describing risk understandably, are important to aid women with informed decision-making.

1. Alkmark M, Keulen JKJ, Kortekaas JC, Bergh C, van Dillen J, Duijnhoven RG, et al. Induction of labour at 41 weeks or expectant management until 42 weeks: A systematic review and an individual participant data meta-analysis of randomised trials. PLoS Med. 2020;17(12)

2. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin No. 146: Management of Late-Term and Postterm Pregnancies. Obstetrics and gynecology. 2014;124(2 SUPP 1):390-6.

3. Association of Ontario Midwives. Management of the Uncomplicated Pregnancy Beyond 41+0 Weeks' Gestation. Clinical Practice Guideline No. 10 Ontario; April 2021

4. Induction of labour at or beyond 37 weeks' gestation. Cochrane Database of Systematic Reviews. 2020; (7).

5. King Edward Memorial Hospital (KEMH). Clinical Practice Guideline: Prolonged pregnancy: Care beyond 40 weeks gestation. v1.1.1 Reviewed January 2020 Perth, Western Australia: North Metropolitan Health Service, Obstetrics and Gynaecology Directorate, Govt. of Western Australia; 2019

6. Lauth C, Huet J, Dolley P, Thibon P, Dreyfus M. Maternal obesity in prolonged pregnancy: Labor, mode of delivery, maternal and fetal outcomes. J Gynecol Obstet Hum Reprod. 2021;50(1):101909.

7. Lou S, Carstensen K, Hvidman L, Jensen TF, Neumann L, Habben JG, et al. "I guess baby was just too comfy in there...": A qualitative study of women's experiences of elective late-term induction of labour. Women Birth. 2021;34(3):242-9. 17.

8. National Institute for Health and Clinical Excellence (NICE). Inducing labour: NICE guideline: November 4, 2021

9. Queensland Clinical Guidelines. Maternity and Neonatal Clinical Guideline: Induction of Labour. Guideline No. MN22.22-V9-R27: Queensland Health; 2022. Updated June 2023

10. Wennerholm UB, Saltvedt S, Wessberg A, Alkmark M, Bergh C, Wendel SB, et al. Induction of labour at 41 weeks versus expectant management and induction of labour at 42 weeks (SWEdish Postterm Induction Study, SWEPIs): multicentre, open label, randomised, superiority trial. BMJ. 2019;367:6131