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A PROSPECTIVE ANALYSIS OF OBSTETRICAL OUTCOME OF POST-DATED PREGNANCY IN A TERTIARY CARE CENTRE

Obstetrics & Gynaecology

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ABSTRACT

Background – Post dated pregnancy means gestational age longer than 40 weeks or 280 days. The accepted normal duration of pregnancy is 266 days after ovulation or 280 days after L.M.P. Fetal risk increases after 41 weeks mainly due to increasing fetal macrosomia, decline in Placental function, oligohydramnios with chances of cord compression and meconium aspiration. Perinatal mortality after 42 weeks is twice as compared to the Perinatal mortality at 40 weeks.

Aim and Objective- The objective is to analyze the maternal and perinatal outcome of post-dated pregnancy. The ultimate aim is delivery of a healthy baby to healthy mother at the end of each Pregnancy.

Material & Methods- A prospective study was done at a Teaching Hospital, Nalanda Medical College & Hospital, Patna in the Deptt. of Obs & Gynae in the state of Bihar, India. The study period was from November 2019 to February 2021 (sixteen months). Total 100 women with Post-dated pregnancy, not in labour were included in the study. Women with previous LSCS or any scar on the Uterus or any other complication were excluded from the study

Observation & Result- There is high fetal and maternal risk associated with post-dated pregnancy. Majority of women (64%) were Primigravida. Elective caesarean was done in twelve Percent cases. In rest 88 % cases induction of labour was done. Out of 88 cases induced, 51 women (57.95%) had spontaneous vaginal delivery and 34 women(38.63%) had emergency Caesarean There is increased incidence of admission in NICU due to Birth asphyxia, meconium aspiration, pulmonary atelectasis, ARDS etc.

Conclusion- The perinatal mortality and morbidity as well as Maternal complications increases after 41 weeks, so elective induction is recommended before completion of 41 weeks.

KEYWORDS

Last Menstrual Period (LMP), Neonatal intensive care unit(lNICU), Cephalo pelvic disproportion(CPD), Acute respiratory distress syndrome(ARDS).

INTRODUCTION-

Post dated pregnancy means gestation longer than 40 weeks or 280 days. The availability of sensitive pregnancy test kit and common use of early USG help in estimation of E.D.D. Measurement of Crown-Rump length in first trimester by USG helps in accurate estimation of gestational age .The most frequent cause of Prolonged Pregnancy is wrong date. So before diagnosing post-dated pregnancy proper correlation of Menstrual history, early USG finding and clinical finding is a must. Risk factors are primiparity, prior history of post-dated pregnancy, Obesity male gender of fetus. Risk associated with post-dated pregnancy are both maternal and fetal. Maternal complications are Perineal trauma, operative intervention, cervical tear, PPH, Post partum infection.

Fetal complications Birth asphyxia, Macrosomia, Meconium aspiration Syndrome, atelectasis, hypoglycaemia , Birth injuries, perinatal death.

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MATERIAL & METHODS–

A prospective study was done at a Teaching Hospital, Nalanda Medical College & Hospital, Patna in Deptt. of Obs & Gynae in the state of Bihar, India. The study was done from November 2019 to February 2021 (sixteen month). Total 100 women with Post-dated pregnancy admitted in labor room were included in the study. Cases of Post- dated pregnancy already in established labour were excluded from my study. Women with previous LSCS or any scar on the uterus or any other complication were excluded from the study . Patients who have completed 40 weeks of gestational age and are sure of their LMP and/or having first trimester Obstetrical USG are included in the study. After detailed history and clinical examination decision regarding elective LSCS or induction of labor was taken. Women with previous LSCS or any scar on the Uterus or any other complication were excluded from the study. Maternal outcome in term of mode of delivery, any maternal complication was studied. Perinatal outcome were analyzed in terms of birth weight, neonatal ICU admission and , perinatal mortality.

OBSERVATION & RESULT-

There is high fetal and maternal risk associated with post-dated pregnancy.

Table-1

Demographic characteristics		Number of Participant No	Percentage (%)
Age group in year	20-25 years	12	12
	26-35years	82	82
	>35 years	06	06
Gestational age	40 wks-40 wks 6 days	64	64
	41wks-41wks 6 days	33	33
	42 wks or more	03	03
Gravidity	Primigravida	74	74
	Multigravida	26	26

As shown in table-1, majority of the women were Primigravida and were between 26-35 years of age. Majority of women were between 40 weeks to 41 weeks of gestation.

Table-2 showing mode of Delivery

Mode of delivery	Number	Percentage
Elective Caesarean Section	**12**	**12**
Induction of labour	**88**	**88**
(a) Spontaneous vaginal Delivery	51	51
(b) emergency caesarean section	34	34
(c) Ventouse Delivery	02	02
(d)Forceps Delivery	01	01

As shown in the above table-2, elective caesarean was done in twelve percent cases for CPD, severe oligohydramnios, reversal of flow on color doppler. Spontaneous vaginal delivery was successful in 51% cases after induction of labour and emergency LSCS was done in 34% cases. Instrumental delivery was done in 3% cases. Thus overall 46% cases are delivered by LSCS(elective 12+emergency 34).

Table-3 Indication of LSCS-

Indication of LSCS	Number	percentage
Fetal Distress	23	23
Failed induction	11	11
CPD	03	03

Severe oligohydramnios	03	03
Other	06	06

As the above table-3 shows Fetal distress was the most common indication of LSCS followed by Failed induction.

Table-4, perinatal outcome

	number	Percentage(%)
Admitted in NICU	11	11
Stillbirth	01	01
Neonatal death	02	02

As shown in the above table-4, eleven babies required NICU admission for respiratory distress, low APGAR score at 5 minute, low birth weight, fetal macrosomia etc.

DISCUSSION-

Majority of women (64%) were Primigravida. Elective caesarean was done in twelve Percent cases with CPD, severe oligohydramnios, IUGR, malpresentation, elderly Primi etc. In rest 88 % cases induction of labour was done with dinoprostone gel, misoprostol tablet or oxytocin infusion under strict fetal monitoring. Out of 88 cases induced 51 women (57.95%) had spontaneous vaginal delivery and 34 women(38.63%) had emergency Caesarean section and three women had instrumental vaginal delivery. Maternal complications like Perineal injury, para urethral tear, PPH are increased due to increased chances of operative and instrumental delivery. There was no maternal death in my study.

Birth weight ranged from 2100 gm to 4400gm. There is increased incidence of admission in NICU (11%) due to Birth asphyxia, meconium aspiration, pulmonary atelectasis, acute respiratory distress syndrome etc. There were three perinatal deaths.

CONCLUSION-

The perinatal mortality and morbidity as well as Maternal complications increases after 41 weeks, so Post dated Pregnancy should be considered as high risk pregnancy and induction of labor is recommended before completion of 41 weeks of gestation.

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