

Incidence of Post-Dated Pregnancy, Associated Maternal Complications and Perinatal Morbidity and Mortality

Mahnaz Syed^{1*}, Mohammed Ziaur Rahman² and Syed Tasnuv Sami³

¹Junior Consultant (Obs and Gynae), Upazila Health Complex, Golapgonj, Sylhet, Bangladesh

²Senior Consultant (Medicine), 250 Bed General Hospital, Moulvibazer, Bangladesh

³Outdoor Medical Officer (Medicine), Sylhet Women's Medical College Hospital, Sylhet, Bangladesh

*Corresponding Author: Mahnaz Syed, Junior Consultant (Obs and Gynae), Upazila Health Complex, Golapgonj, Sylhet, Bangladesh.

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Abstract

Introduction: Post term perinatal mortality is greater than that of term pregnancy in almost all studies reviewed. The growth and survival of most postdated infants suggests that the placental function deteriorates with increasing length of gestation; thus the changes seen in fetuses affected with post maturity syndrome may not be explained by placental findings alone.

Objective: To find out the incidence of post-dated pregnancies, associated maternal complications and perinatal morbidity and mortality.

Materials and Methods: This was a retrospective observational study conducted in the only indoor patients who got admitted in labour ward in Upazila Health Complex Bahubal, Habiganj, Sylhet, Bangladesh from May 2022 to October 22 and Upazila Health Complex, Golapgonj, Sylhet, Bangladesh from November 22 to April 2023. Total 210 patients in the antenatal ward and labour room were selected for the study and they were divided into two groups, Control group with Gestational age 37-40weeks and Study group with Gestational age >40weeks.

Results: Maximum number of patients belonged to the age group of 25 - 30 years both in cases (54.3%) and control group (55.2%). The maximum number of patients in the study group (77.1%) belonged to the gestational age of 40 - 41 weeks while all the controls belonged to 37 - 40 weeks gestational age. 62.9% of the patients in study group were primigravida and in the control group 54.17% were primigravida. The percentage of LSCS was 27.6% which was higher than in the control group where it was 12.4%. Among the indications for LSCS, the most common indication among the study group was acute foetal distress which includes meconium stained liquor (11.4%) followed by cephalopelvic disproportion (5.7%). In the control group, most common indication was non progress of labour (5.7%) followed by acute foetal distress (3.8%) and non-reactive CTG (3.8%). The maternal complications like PPH and sepsis as well as fetal complications all were higher in the study group as compared to the control group.

Conclusion: Considering this, policy of early intervention should be undertaken in post-dated pregnancy to avoid maternal and perinatal complications.

Keywords: Maternal Complications; Post Datism; Perinatal Morbidity

Introduction

Post term perinatal mortality is greater than that of term pregnancy in almost all studies reviewed [1]. The growth and survival of most postdated infants suggests that the placental function deteriorates with increasing length of gestation; thus the changes seen in

fetuses affected with post maturity syndrome may not be explained by placental findings alone. Vorherr described critical reductions of fetal oxygen supply after 43rd week of gestation by cord blood oxygen content determinations [1]. Postdated, post term, post maturity, and prolonged pregnancy is accepted terms by WHO and the International Federation of Gynecology and Obstetrics to describe pregnancy beyond dates (expected date of delivery). As per WHO, post term pregnancy (PTP) is defined as a pregnancy that persists beyond 294 days or 42 weeks of gestation [2]. The reported frequency of PTP is approximately 7% [3]. Prolongation of pregnancy complicates up to 10% of all pregnancies and carries increased risk to mother and fetus [4]. The period after 41 weeks of gestation is valuable for patient and obstetrician. Inadequate counselling regarding expected date of delivery may create undue anxiety and distress for the patient [1]. The combination of continued fetal growth and arrested placental growth may lead to situation of decreasing placental nutrient reserve, compromised fetal circulation and eventually fetal distress. They also have increased chance of polycythemia [5]. The maternal risks of post-dated pregnancy are often underappreciated. These include an increase in labor dystocia (9 - 12% vs 2 - 7% at term), an increase in severe perineal injury (3rd and 4th degree perineal lacerations) related to macrosomia (3.3% vs 2.6% at term) and operative vaginal delivery, and a doubling in the rate of cesarean delivery (14% vs 7% at term) [6-9]. However, a recent electron microscopy study of placental changes in prolonged pregnancy suggests that the uteroplacental ischemia and not placental aging may be more important in genesis of post maturity syndrome [10]. Prolonged pregnancies are associated with an increased incidence of macrosomia. Macrosomia infants account for about 1% of term deliveries and 3 - 10% of post term deliveries [11]. Post maturity infants particularly with macrosomia are at increased risk of hypoglycemia. The latter is associated with higher risks of complications such as endometritis, hemorrhage, and thromboembolic disease [8,12]. As there is fetal and maternal risk associated with postdated pregnancy, need of induction is more with post-dated pregnancy. There is general consideration that perinatal mortality and morbidity controversy is centered on adequacy of different methods for detecting the fetus at risk, the time when testing should be done, the method of monitoring, optimum time for delivery and mode of delivery. The availability of biophysical profile and electronic fetal monitoring can affect the outcome of any given pregnancy. One recent systematic review showed that a policy of labor induction for women with post-dated pregnancy compared with expectant management is associated with fewer perinatal deaths and fewer Caesarean sections [13].

Aim of the Study

The aim of this study was to find out incidence of post-dated pregnancies, associated maternal complications and perinatal morbidity and mortality.

Materials and Methods

This was a retrospective observational study conducted in the only indoor patients who got admitted in labour ward in Upazila Health Complex Bahubal, Habiganj, Sylhet, Bangladesh from May 2022 to October 22 and Upazila Health Complex, Golapgonj, Sylhet, Bangladesh from November 22 to April 2023. Total 210 patients in the antenatal ward and labour room were selected for the study and they were divided into two groups, Control group with Gestational age 37-40weeks and Study group with Gestational age >40weeks All the data regarding the age, parity gestational age, any maternal complications like oligohydromnios, intrauterine growth restriction etc was collected. The maternal outcome was noted in terms of need for cesarean section, postpartum haemorrhage and sepsis. Foetal outcome was noted in terms of intrapartam asphyxia, intrauterine foetal death, admission to neonatal intensive care unit etc.

Inclusion criteria:

1. Singleton pregnancy.
2. Cephalic presentation.
3. Absence of any other maternal complication.
4. Period of gestation greater than 40 weeks.

5. Postdated women with regular menstrual cycles and known first day of last menstrual period or with first trimester ultrasonography.
6. Singleton pregnancy with vertex presentation.
7. Uncomplicated Antenatal cases beyond 40 weeks of gestation, willing to participate in the study.

Exclusion criteria:

1. Previous cesarean section.
2. Gestational hypertension.
3. Gestational diabetes.
4. Malpresentation.
5. Abruptio.
6. Placenta previa.
7. High risk pregnancies like diabetes, antepartum haemorrhage (APH), premature rupture of membranes (PROM) and hypertension disorder of pregnancy (PDH), heart disease, chronic hypertensive disease, chronic renal disease.
8. Previous caesarean sections.
9. Congenital anomalies.
10. Irregular menstrual cycles and unknown LMP and not having 1st trimester ultrasonography.

Results

Total 210 patients in the antenatal ward and labour room were selected for the study and they were divided into two groups, Control group with gestational age 37 - 40 weeks and study group with gestational age > 40 weeks. Table 1 shows that maximum number of patients belonged to the age group of 25 - 30 years both in cases (54.17%) and control group (55.83%).

Age (Years)	Number of Cases (%)	Number of Controls (%)
Below - 25	32 (30.5%)	31 (29.5%)
25 - 30	57 (54.3%)	58 (55.2%)
Above 30	16 (15.2%)	16 (15.2%)
Total	105	105
Mean ± SD	27.8 ± 3.56	26.8 ± 3.58

Table 1: Age wise distribution of cases and controls (N = 210).

Table 2 shows that the maximum number of patients in the study group (77.1%) belonged to the gestational age of 40 - 41 weeks while all the controls belonged to 37 - 40 weeks gestational age. As shown in table 3, 62.9% of the patients in study group were primigravida and in the control group 54.3% were primigravida. Table 4 shows that in the study group the percentage of LSCS was 27.6% which was higher than in the control group where it was 12.4%. Incidence of instrumental delivery was also higher in the study group as compared to control group (10.5% as compared to 3.8%). Table 5 shown, among the indications for LSCS, the most common indication among the study group was acute foetal distress which includes meconium stained liquor (11.4%) followed by cephalopelvic disproportion (5.7%). In the control group, most common indication was non progress of labour (5.7%) followed by acute foetal distress (3.8%). Table 6 shows

the maternal complications like PPH and sepsis all were higher in the study group as compared to the control group. Among the foetal outcomes, as is depicted in table 7, 12.4% of infants in the study group had asphyxia as compared to only 6.7% in the control group. 14.3% infants of the study group had to be admitted to the NICU as compared to 10% in the control group. 1.9% was the percentage of intrauterine deaths in the study group as compared to none in the control group.

Period of gestation	Number of Cases (%)	Number of Controls
37 - 40 weeks	0	105 (100%)
40 - 41 weeks	81 (77.1%)	0
40 - 41 weeks	24 (22.9%)	0
Total	105	105

Table 2: Distribution of cases and controls by gestational age (N = 210).

Parity	Number of cases (%)	Number of controls (%)
Primigravida	66 (62.9%)	57 (54.3%)
Multigravida	39 (37.1%)	48 (45.7%)
Total	105	105

Table 3: Distribution of cases and controls according to parity (N = 210).

Type of delivery	Number of cases (%)	Number of controls (%)
NVD	65 (61.9%)	88 (83.8%)
Instrumental delivery	11 (10.5%)	4 (3.8%)
LSCS	29 (27.6%)	13 (12.4%)
Total	105	105

Table 4: Distribution of cases and controls according to the type of delivery (N = 210).

Indication of LSCS	Number of Cases (%)	Number of Controls (%)
Acute foetal distress/MSL	12 (11.4%)	4 (3.8%)
Failed induction	6 (5.7%)	0
Non progress of labour	4 (3.8%)	6 (5.7%)
CPD	4 (3.8%)	0
Total	26	10

Table 5: Distribution of cases and controls according to the indication of LSCS (N = 210).

Maternal complication	Number of cases	Number of controls
PPH	17 (16.2%)	6 (5.7%)
Sepsis	10 (9.5%)	5 (4.8%)
Total	27	11

Table 6: Distribution of cases and controls according to maternal complications (N = 38).

Foetal outcome	Number of Cases (%)	Number of Controls (%)
No asphyxia	75 (71.4%)	87 (82.9%)
Fetal asphyxia (APGAR score)	13 (12.4%)	7 (6.7%)
Admission to NICU	15(14.3%)	11 (10.5%)
IUD	2 (1.9%)	0
Total	105	105

Table 7: Distribution of cases and controls according to the foetal outcome (N=210)

Discussion

The present study was conducted to find out the incidence of maternal and perinatal complications in post-dated pregnancies. Total cases were 210 which were enrolled based on inclusion and exclusion criteria. Incidence of postdated pregnancies was more in age group 25 to 30 yrs followed by below 25 years in study group. Majority of post-dated pregnancy were seen in age group of 25 to 30 yrs in this study. Beischer in his study found that majority of post-dated patients belonged to the age group of 25 - 30 years, while Bancroft., *et al.* found that majority of patients belonged to 21 - 30 years [14,15]. Reddy UM., *et al.* found in their study that women who are of advance maternal age are at higher risk of still birth throughout gestation, the peak risk period is 37 to 41 weeks [16]. The aim of this study was to find out the frequency of postdated pregnancies and to know the maternal and fetal outcome beyond the expected date of delivery (EDD). In the study, the mean age being 27.8 ± 3.56 years in the study group. Similar studies by Mahapatro [17] and Edenetal [18] have shown the mean age to be 24.19 ± 3.30 and 25.8 years respectively. 62.9% of the patients in study group were primigravida which is similar to Mahapatro [17] and Alexander., *et al's* [19] study. Among the mode of delivery, in the study group the percentage of LSCS was 27.6% which was higher than in the control group where it was 12.4%. Incidence of instrumental delivery was also higher in the study group as compared to control group (10.5% as compared to 3.8%). In a similar study by Mahapatro [17] the rate of LSCS was found to be 28.9% and that of instrumental delivery was 5.72%. In study by Singhal., *et al.* [20,21] the rate of LSCS was found to be 14.7% and that of instrumental delivery was 8.6%. In this study among the indications for LSCS, the most common indication among the study group was acute foetal distress which includes meconium stained liquor (11.4%) followed by cephalopelvic disproportion (5.7%). In the control group, most common indication was non progress of labour (5.7%) followed by acute foetal distress (3.8%). Bhriegu R., *et al.* [22] in their study also found that Meconium stained liquor with fetal distress was the most common indication for LSCS (23.5%) and in Mahapatro's [17] study, again fetal distress was found to be the most common indication for LSCS (65.5%). In our study, the maternal complications like PPH and sepsis both were higher in the study group as compared to the control group. Among the foetal outcomes, 12.4% of infants in the study group had asphyxia as compared to only 6.7% in the control group. 14.3% infants of the study group had to be admitted to the NICU as compared to 10% in the control group. 1.9% was the percentage of intrauterine deaths in the study group as compared to none in the control group. Bhriegu R., *et al.* [22] in their study also found increased incidence of obstetric complications such as perineal tear, atonic postpartum haemorrhage, and perinatal complications such as fetal distress and meconium aspiration syndrome. Similar studies

by Singhal, *et al.* [20] and Alexander, *et al.* [19] also revealed increased incidence of maternal and perinatal complications like low Apgar scores and admission into NICU.

Conclusion

Considering this, policy of early intervention should be undertaken in post-dated pregnancy to avoid maternal and perinatal complications.

Conflict of Interest

None.

Source of Funding

Nil.

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