

LETTER TO THE EDITOR

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To

Editor-in-Chief

Journal of Bangladesh College of Physicians and Surgeons.

Sir,

I would like to thank you for publishing the article ‘ Maternal Outcome of Prolonged Pregnancy’. I have gone through it and found the content nice. I would like to share some of my observations and comments.

Post-term or prolonged pregnancy is defined as one that exceeds 294 days (42 weeks) from the first day of the last normal menstrual period¹. Because population studies indicate that in healthy women with otherwise uncomplicated pregnancies perinatal mortality and morbidity is increased beyond 42 weeks gestation^{1,2}. There is risk of meconium aspiration, birth injury, hypoxia and stillbirth. There is also maternal concern about delay past expected date of delivery³.

Pregnancy cannot be said to be prolonged without accurate dating. There is considerable variation in the way that the expected date of delivery is determined. It is known that the LMP even when recalled with confidence, can result in considerable dating error⁴. Using scan dates will result in fewer pregnancies being considered post-term⁵. An early USG (<14weeks) for dating is recommended for all women. This will reduce the number of women assumed ‘post-term’. If an early ultrasound (<14weeks) is available the estimated date of delivery (EDD) should be calculated from ultrasound, ignoring the last known menstrual period (LMP). If ultrasound performed > 14weeks gestation the EDD should be calculated from LMP(if known) unless ultrasound differs more than one week. In women with oligomenorrhea, lactational amenorrhea or oral contraceptive withdrawal bleeding where a calculation cannot be based on the menstrual history, the first ultrasound prediction becomes the EDD¹.

Active induction does not appear to increase the caesarean section rate. Rather it is suggested that induction of labour(IOL) for prolonged pregnancy

results in a reduction in caesarean section rate^{6,7}. It is now common practice to offer induction of labour to all women at 7 days past the due date². Women should be informed that most women will go into labour spontaneously by 42 weeks. At the 38 week antenatal visit, all women should be offered information about the risks associated with pregnancies that last longer than 42 weeks, and their options. The information should cover the advantages and disadvantages of membrane sweeping^{1,8}. Membrane sweeping makes spontaneous labour more likely, and so reduces the need for formal induction of labour to prevent prolonged pregnancy and not associated with an increase in maternal or neonatal infection or major adverse events. As it requires a vaginal examination, women may experience discomfort during the procedure with vaginal bleeding and contractions that do not lead to labour during the 24hours following the procedure.

At a visit close to 41 weeks gestation, for a women in whom an IOL is planned for around 42 weeks twice weekly fetal surveillance(AFI & CTG) should be done. Women with uncomplicated pregnancies should usually be offered induction of labour between 41+0 and 42+0 weeks to avoid the risks of prolonged pregnancy. The exact timing should take into account the woman’s preferences and local circumstances. If a woman chooses not to have induction of labour, her decision should be respected. Healthcare professionals should discuss the woman’s care with her from then on. From 42 weeks, women who decline induction of labour should be offered increased antenatal monitoring consisting of at least twice-weekly cardiotocography and ultrasound estimation of maximum amniotic pool depth^{1,8}.

Overall I think the article is updated, informative. I would like to thank the authors for their hard work.

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Author's Reply

To
Editor-in-chief
Journal of Bangladesh College of Physicians and Surgeons.

Sir,

We thank Prof. Fardousi Islam and Asst. Prof. Nazneen Begum for their valuable comments on the original article. We agree to their opinion regarding estimation of EDD by USG before 14 weeks and by calculating LMP after 14 weeks. As all of our studies cases has come after 14 weeks, we estimated EDD by calculating LMP.

Though in patients having menstrual disturbances, lactation amenorrhoea or OCP withdrawal bleeding EDD can be calculated by USG, we excluded these patients for getting results with better accuracy.

We are agree to their opinion for induction of labour to all women at 7 days past the due date.

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