Who must comply with this procedure?

Monash Health medical staff and midwives. Shared Maternity Care affiliates.

This procedure applies in the following setting:

For most women post-term or prolonged pregnancy is defined as one that exceeds 294 days (42 weeks) from the first day of the last normal menstrual period. It is at this gestation that the risks of fetal death *in utero* (stillbirth) increase to a level that merits the offer of intervention, such as induction of labour (IOL).

Precautions and Contraindications

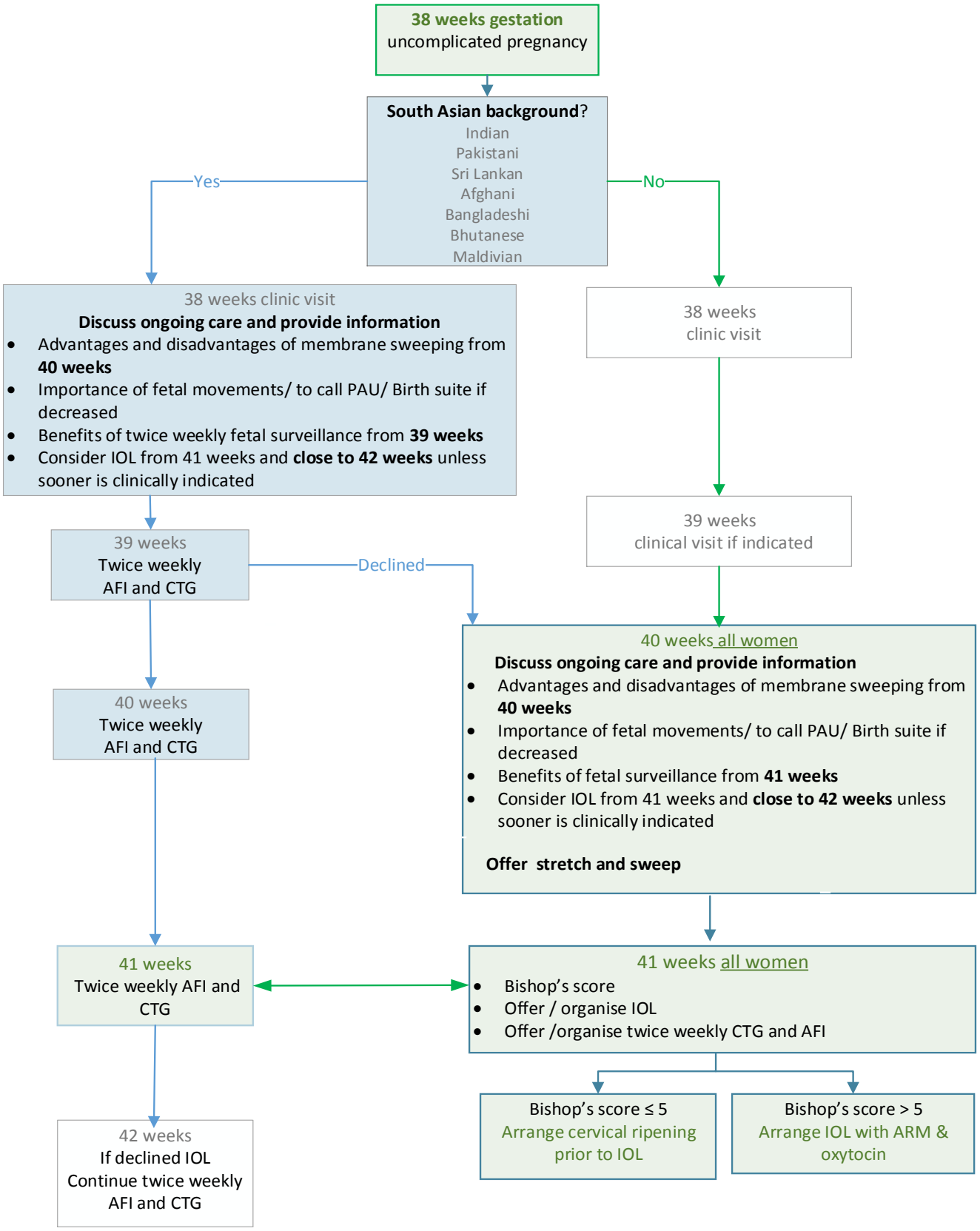
1. Pregnancy cannot be said to be prolonged without **accurate dating**. See: Estimated due date (EDD) procedure
2. Maternal region of birth is an independent risk factor for stillbirth.[1] **If a woman is of South Asian background** (irrespective of where they were born or live) the risk of fetal death *in utero* increases at an earlier gestation in these women.
   - The rate of stillbirth for women of South Asian background at 39 weeks is 0.94 per 1000.
   - The rate of stillbirth for women of Australian background at 41 weeks is 1 per 1000.
   - The odds ratio for stillbirth at 39 weeks for South Asian compared to Australian women is 2.17.

   Monash Health therefore in line with best evidence currently recommends commencing fetal surveillance in South Asian women from **39 weeks**. South Asian background includes women of the following ethnicities: Indian, Pakistani, Sri Lankan, Afghani, Bangladeshi, Bhutanese and Maldivian. It does **not** include women with a background from other Asian regions such as East Asia or South-East Asia.
3. At each visit in pregnancy, emphasise the importance of **maternal awareness of fetal movements**. A reduction in stillbirth rates has been associated with increased awareness of decreased fetal movements.[2]
4. Women of South Asian ethnicity in spontaneous labour < 42 weeks do not require continuous electronic fetal monitoring (EFM) for prolonged pregnancy, unless there are other risk factors or abnormalities seen in fetal surveillance.[6] See: Fetal surveillance intrapartum CG

1. **Discuss prolonged pregnancy with each woman**:
   - the advantages and disadvantages of **membrane sweeping**. If the woman wishes a membrane sweep then this should be performed **from 40 weeks** gestation.
   - the importance of **regular fetal movements** and to contact the hospital (Birth Suite at Casey and Dandenong hospitals', and at MMC the Pregnancy Assessment Unit (PAU) without delay if fetal movements are thought to be decreased.
   - the benefits of commencing **twice weekly fetal surveillance**:[1]
     - in the **39th week in women of South Asian ethnicity**
     - in the 41st week in other women.
   - the advantages and disadvantages of IOL as detailed in the Monash Health maternity Induction of labour (and postdates care) information sheet.
   - to consider IOL from 41 weeks and close to 42 weeks unless sooner is clinically indicated.

   Support the woman in whatever decision she makes.[3]

Flowchart


38 weeks gestation
uncomplicated pregnancy
South Asian background?
Indian
Pakistani
Sri Lankan
Afghani
Bangladeshi
Bhutanese
Maldivian
Yes
No
38 weeks clinic visit
Discuss ongoing care and provide information
Advantages and disadvantages of membrane sweeping from 40 weeks
Importance of fetal movements/ to call PAU/ Birth suite if decreased
Benefits of twice weekly fetal surveillance from 39 weeks
Consider IOL from 41 weeks and close to 42 weeks unless sooner is clinically indicated
38 weeks
clinic visit
39 weeks
Twice weekly
AFI and CTG
Declined
39 weeks
clinical visit if indicated
40 weeks all women
Discuss ongoing care and provide information
Advantages and disadvantages of membrane sweeping from 40 weeks
Importance of fetal movements/ to call PAU/ Birth suite if decreased
Benefits of fetal surveillance from 41 weeks
Consider IOL from 41 weeks and close to 42 weeks unless sooner is clinically indicated
Offer stretch and sweep
40 weeks
Twice weekly
AFI and CTG
41 weeks
Twice weekly AFI and CTG
41 weeks all women
Bishop's score
Offer / organise IOL
Offer /organise twice weekly CTG and AFI
Bishop's score ≤ 5
Arrange cervical ripening prior to IOL
Bishop's score > 5
Arrange IOL with ARM & oxytocin
42 weeks
If declined IOL
Continue twice weekly
AFI and CTG

6 Arranging AFI and CTG

6.1 In South Asian women, to organise ongoing twice weekly AFI and CTG (from 39 weeks):

- Complete a '**Perinatal Services, Fetal Monitoring Unit Request Form'**. One is required **for each week**, noting the gestation the tests are required; i.e.
  - '39 weeks'
  - '40 weeks'
  - '41 weeks'.
- Telephone Fetal Monitoring (FM): 9594 5033, 9594 5240 for a date and time of the first appointment.
- Detail the date and time of this initial fetal surveillance appointment on the FM request form.
- Fax the request form to FM: Fax: 9594 5645
- Give the woman the completed referral forms with the initial appointment details, to take with her.
- FM will make the subsequent appointments times directly with the woman taking into account the results of the surveillance and date of planned IOL.

6.2 In other women to organise twice weekly AFI and CTG commencing from 41 weeks :

- Complete a '**Perinatal Services, Fetal Monitoring Unit Request'** (as above)
- Contact the respective Birth Suite for an **IOL date**, (prior to contacting FM)
- This will enable FM appropriate timing for CTG /AFI in relation to the pre-booked IOL.
- See: Induction of labour (IOL) – booking procedure

References

1. Davies-Tuck ML, Davey M-A, Wallace EM (2017) Maternal region of birth and stillbirth in Victoria, Australia 2000–2011: A retrospective cohort study of Victorian perinatal data. PLoS ONE 12(6): e0178727. https://doi.org/10.1371/journal.pone.0178727
2. BA, Wojcieszek AM, Gonzalez-Angulo LY, Teoh Z, Norman J, Frøen JF, Flenady V. Interventions to enhance maternal awareness of decreased fetal movement: a systematic review. BJOG 2016;123:886–898.

   Accessed from: http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13802/pdf
3. National Institute for Health and Clinical Excellence (NICE) Antenatal Care: Routine care for the healthy pregnant woman. Clinical guidelines CG62, NHS. March, 2010
4. NICE guideline, Antenatal care Quality standard [QS22] 2012. Quality statement 12: Fetal wellbeing – membrane sweeping for prolonged pregnancy Last updated: April 2016
5. Boulvain M, Stan CM, Irion O. Membrane sweeping for induction of labour. Cochrane Database of Systematic Reviews 2005, Issue *1*. Art. *No.:* CD000451. DOI: 10.1002/14651858.CD000451.pub2.
6. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, (RANZCOG) 2014, Intrapartum Fetal Surveillance Clinical Guideline – Third Edition 2014

   Accessed from : https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Intrapartum-Fetal-Surveillance-Guideline-Third-edition-Aug-2014.pdf?ext=.pdf

Related procedures:

ARM - Artificial rupture of (amniotic) membranes (amniotomy)

Decreased fetal movements

Estimated due date (EDD) procedure

Induction of labour (IOL) – Booking procedure

Induction of labour (IOL) and labour augmentation: Oxytocin (Syntocinon ®) infusion

Induction of labour Bishop Score assessment procedure

Induction of labour Dinoprostone (PGE2) vaginal gel (Prostin®)

Induction of labour with Dinoprostone (PGE2) vaginal pessary(Cervidil®)

Document Management
Policy supported: Evidence-based clinical care.
Executive sponsor: Chief Operating Officer
Person responsible: Midwifery Coordinator [Facilitator Maternity Guideline Development Group].

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Disclaimer

The maternity clinical practice procedures and guidelines have been developed having regard to general circumstances. It is the responsibility of every clinician to take account of both the particular circumstances of each case and the application of these procedures and guidelines. In particular, clinical management must always be responsive to the needs of the individual woman and particular circumstances of each pregnancy.

These procedures and guidelines have been developed in light of information available to the authors at the time of preparation. It is the responsibility of each clinician to have regard to relevant information, research or material which may have been published or become available subsequently. Please check this site regularly for the most current version.