



# Late Pregnancy Management: Mitigating Risks and Implementing Strategies Beyond the Due Date

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## DESCRIPTION

Pregnancy is a natural and wonderful process, but it can also be challenging and unpredictable. Sometimes, a pregnancy may last longer than expected, and the baby may not arrive by the estimated due date. This can cause anxiety and frustration for the parents, as well as potential health risks for the mother and the baby. In this essay, we will explore the definition, causes, and complications of late-term and postterm pregnancies, and discuss the current recommendations for management and induction of labor. A normal pregnancy lasts about 40 weeks, or 280 days, from the first day of the Last Menstrual Period (LMP). However, this is only an average, and there is a range of variation among individual pregnancies. A pregnancy is considered to be late-term when it reaches 41 weeks (or 287 days) of gestation, and postterm when it extends beyond 42 weeks (or 294 days) of gestation. The exact causes of late-term and postterm pregnancies are not fully understood, but some possible factors include genetics in which some families may have a tendency to have longer pregnancies, and this may be inherited from either parent.

The due date may be calculated incorrectly if the LMP is uncertain, irregular, or affected by hormonal contraception or breastfeeding. An ultrasound done after 22 weeks of pregnancy may also be less accurate in estimating the gestational age. Women who are pregnant for the first time are more likely to have a postterm pregnancy than women who have had previous pregnancies. Women who have a body mass index (BMI) of 30 or higher before pregnancy are more likely to have a postterm pregnancy than women who have a normal BMI. male babies are more likely to be born after the due date than female babies. Late-term and postterm pregnancies can increase the risk of some health problems for both the mother and the baby.

Babies who are born after the due date may grow bigger than normal, which can make the delivery more difficult and increase the need for forceps, vacuum, or cesarean section. A larger baby

may also get stuck in the birth canal (shoulder dystocia), which can cause nerve damage or bone fracture. Babies who are born after the due date may have signs of aging, such as dry skin, long nails, less fat, and less hair. They may also have a higher risk of breathing problems, infections, and low blood sugar, because they may pass their first stool (meconium) inside the womb and inhale it into their lungs (meconium aspiration syndrome). The fluid that surrounds and protects the baby in the womb may decrease as the pregnancy progresses, which can affect the baby's heart rate and blood flow, and increase the chance of umbilical cord compression during contractions. These tests are usually done once or twice a week after 41 weeks of gestation, and more frequently if there are any abnormal results or risk factors. Induction of labor involves artificially stimulating the uterus to start contractions and deliver the baby. Induction of labor can be done by using medications, such as oxytocin or prostaglandins, or by mechanical methods, such as breaking the water or inserting a balloon catheter into the cervix. Induction of labor is recommended for all women who have a postterm pregnancy, unless there are contraindications, such as placenta previa, breech presentation, or previous cesarean section. Induction of labor may also be offered to women who have a late-term pregnancy, depending on their individual circumstances and preferences.

## CONCLUSION

The risk of stillbirth, or the death of the baby before or during birth, increases as the pregnancy goes beyond the due date. The exact cause of stillbirth is often unknown, but it may be related to placental problems, fetal growth restriction, or infections. Women who have a late-term or postterm pregnancy may have a higher risk of vaginal tears, infections, postpartum bleeding, and psychological distress. The management of late-term and postterm pregnancies depends on several factors, such as the gestational age, the fetal condition, the maternal preference, and the availability of resources.

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