

Antepartum Clinical Pathway
Stage: Post Term Prenatal Visits (40+ weeks)

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
Blood pressure Uterine size Fetal heart rate Maternal weight gain Urine dip for protein and glucose Cervical exam for "ripeness"	Further investigations such as ultrasound may be ordered if evidence of intra-uterine growth restriction, pre-eclampsia, excessive growth or other abnormalities are identified. Assess Bishop's score Assessing Bishop's Score
ONGOING COMMUNICATION	
Review of significance of post maturity	The woman should be informed of the lower risks of perinatal mortality, neonatal morbidity and Caesarian section associated with induction beyond 41 completed weeks.
INDUCTION OF LABOUR	
Uncomplicated pregnancy beyond 41 completed weeks	Delivery by induction of labour should be offered if not contraindicated. If the cervix is unfavourable it should be "ripened" by any of the acceptable methods. Post Term Pregnancy, SOGC Clinical Practice Guideline Induction of Labour at Term, SOGC Clinical Practice Guideline Antenatal Fetal Assessment, SOGC Clinical Practice Guideline http://www.sogc.org/guidelines/index_e.asp Family-Centred Maternity Care: National Guidelines, Chapter 5 http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc05_e.pdf

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FETAL SURVEILLANCE	
<p>Uncomplicated pregnancy beyond 41 completed weeks and woman chooses expectant management or there is a delay in induction</p>	<p>Serial fetal surveillance of AFV twice weekly with consideration of immediate delivery if AFV is decreased. Other forms of monitoring can be added, such as, fetal movement counts, NST, and biophysical profile scores.</p> <p>Post Term Pregnancy, SOGC Clinical Practice Guideline http://www.sogc.org/guidelines/index_e.asp</p>