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TITLE

POST-TERM PREGNANCY, A RISK FACTOR FOR NEONATAL MORBIDITY IN SINGLETON PREGNANCIES

AUTHOR/S

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ABSTRACT

Context: Post-term pregnancy is a risk factor for neonatal morbidity even in low risk singleton pregnancies.

Objective: To determine the association of post-term pregnancy with neonatal outcome in low-risk pregancies.

Methods: Retrospective study, collecting data from January 2010 until December 2015, for all singletons delivered, after 39 weeks.

Patients:All newborns of low-risk singleton pregnancies born at 39+0 to over 42 weeks gestation. Exclusion criteria: multiple gestation, maternal hypertensive disorder, diabetes or cholestasis, placental abruption or intrapartum fever, SGA and major congenital or chromosomal anomalies.

Intervention: We compared the adverse outcome among three groups, based on GA at birth:post-term(?42w), late term (41-41+6w) and full term(39- 40+6w).

Mean Outcome Measures:Admission to NICU, hospital length of stay, Apgar score, birth trauma, respiratory, neurological, metabolic and infectious morbidities and neonatal mortality.

Results:28669 eligible neonates, 539 (1.88 %) born post-term, 2520(8.7 %) late term, 14898(51.9%) full term.Women in the post term-term group vs. late-term group had a significantly higher rate of cesarean section(8% vs 5.4%, p<0.001). Post-term vs. full-term newborns had increased risk of NICU admission OR1.62(CI 95%,1.09 to 2.4)), infectious morbidity OR 13.6(95%CI,6.9 to 26.5), and respiratory morbidity OR 5.8 (95 % CI 3.35 to 10.35).Post-term pregnancy versus late-term pregnancy was similarly associated with an increased risk of NICU admission OR 1.88(95% CI 1.32 to 2.65), respiratory morbidity OR 1.8 (95% CI 1.2 to 2.7), and infectious morbidity OR 2.7 (95% CI 1.5 to 5), higher rate of hypoglycemia OR 2.6(95%CI1.2-5.6).Post-term delivery was not associated with neonatal mortality.

Conclusion: Post-term pregnancy is an independent risk factor for neonatal morbidity even in low-risk singleton pregnancies.

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