PIPADOR REVISION

MRCOG Part 1 Revision Notes

Prolonged Pregnancy

CLINICAL MANAGEMENT • LECTURE 472

VISUAL EXAMINATION REVISION NOTES

2026 Edition

472

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Prolonged Pregnancy

Definitions, risks and management of prolonged pregnancy (NICE NG207)

≥ 42+0	41+0	Sweep	Twice-weekly
Post-term	Offer induction	Offered from ≈ 39–40 wk	CTG + DVP if declined at 42

■ KEY FACTS: Learning objectives

- Define term, late-term and post-term pregnancy.
- Describe the risks of prolonged pregnancy and the role of accurate dating.
- Describe care in line with NICE NG207 (2021): membrane sweeping, offer of induction and monitoring if induction declined.

472.1 Key definitions

Term	Definition
Term	37+0 to 41+6 weeks (early term 37–38+6, full term 39–40+6)
Late-term	41+0 to 41+6 weeks
Post-term (prolonged) pregnancy	42+0 weeks or more
Membrane sweep	Separating membranes from the cervix during VE to release prostaglandins — increases chance of spontaneous labour
Induction of labour (IOL)	Artificially starting labour (Lecture 476)

■ IN PLAIN ENGLISH: Prolonged pregnancy

The placenta is designed to last about 40 weeks. Beyond 41 weeks the risk of **stillbirth and complications rises slowly**, so women are **offered induction** — but it is their choice, and those who wait need extra monitoring.

472.2 Risks and dating

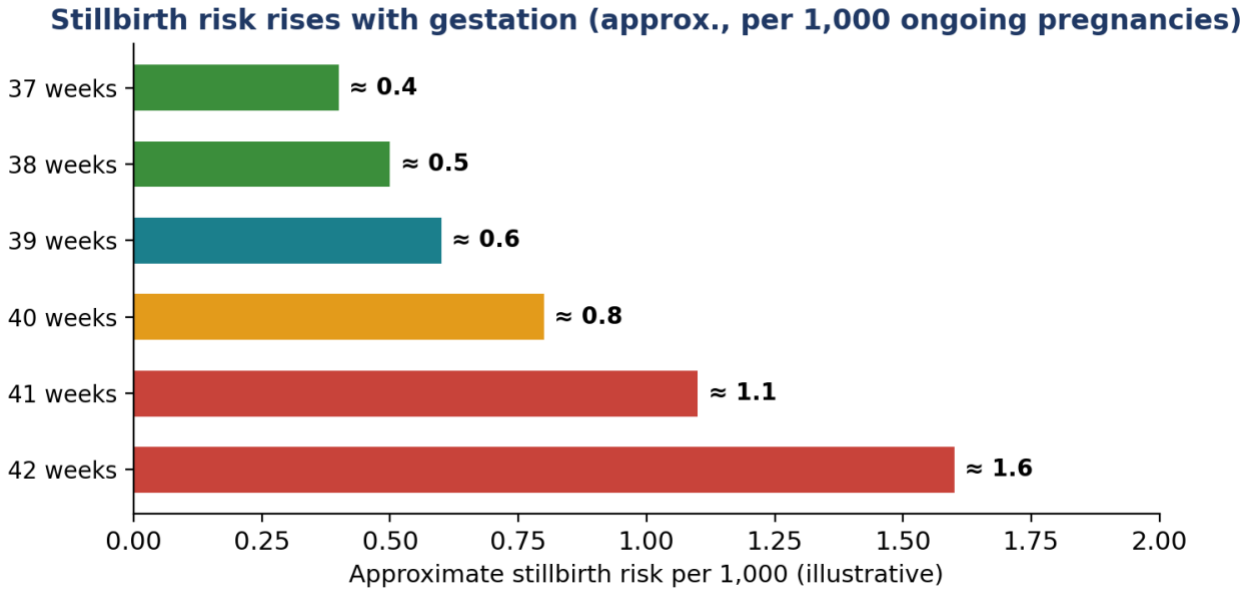


Figure 472.1 — Stillbirth risk by gestation (illustrative)

- Fetal/neonatal: stillbirth, meconium aspiration, macrosomia, shoulder dystocia, birth injury, neonatal encephalopathy, NICU admission.
- Maternal: prolonged labour, operative birth, perineal trauma, PPH, anxiety.
- Risk is higher for women who are older, nulliparous, Black or Asian, have raised BMI or other risk factors.
- **Accurate dating by first-trimester CRL** reduces 'false' post-term diagnoses and unnecessary inductions.

472.3 Management (NICE NG207)

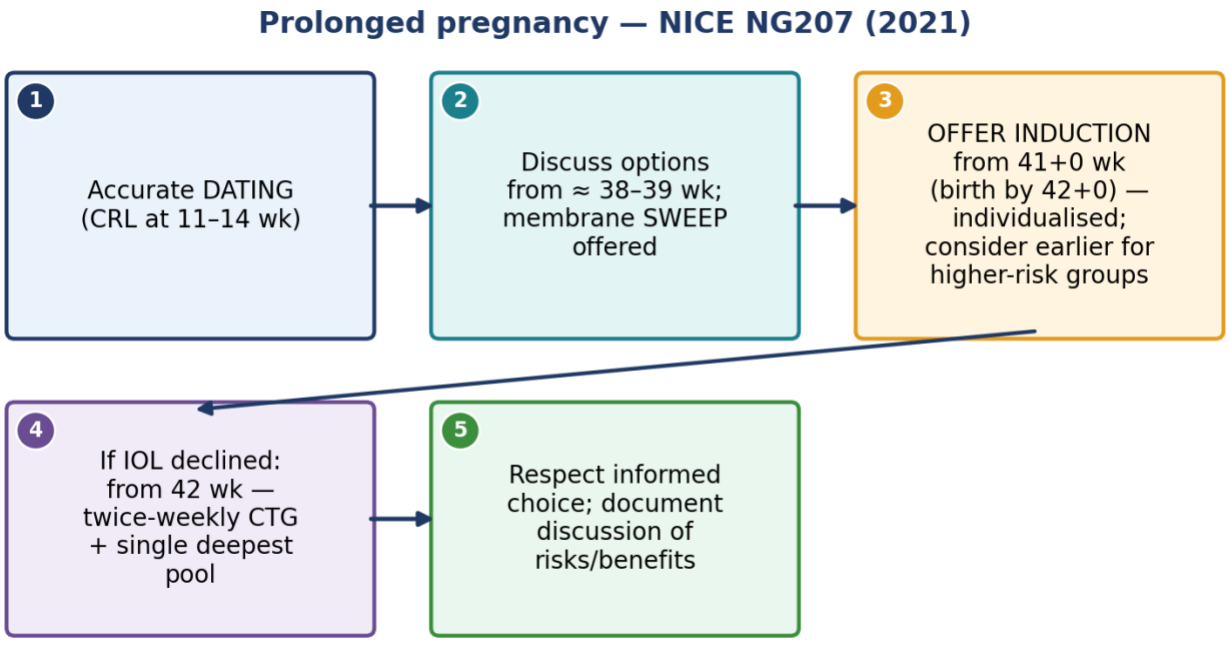


Figure 472.2 — Care pathway

Topic	Recommendation
Information	From ≈ 38 weeks discuss options: natural onset, membrane sweep, induction from 41 weeks, risks of prolonged pregnancy

Topic	Recommendation
Membrane sweep	• Offer at antenatal visits from ≈ 39–40 weeks (more than one can be offered) • May cause discomfort and bleeding
Offer of induction	• Offer IOL from 41+0 weeks so birth takes place by 42+0 • Earlier IOL may be considered for women with additional risk factors
If induction declined	• Discuss and respect choice • From 42+0 weeks offer increased monitoring: CTG and ultrasound single deepest pool at least twice weekly • Revisit decision
Outpatient IOL	Possible for low-risk women in some units (Lecture 476)
Evidence	SWEPIS (Sweden) and INDEX (Netherlands) trials: induction at 41 wk reduced perinatal deaths/adverse outcomes compared with waiting to 42 wk

■ COMMON PITFALLS

Relying on LMP dating instead of CRL.

Presenting induction as compulsory — informed choice is required.

No monitoring plan for women declining induction.

472.4 Must-know summary

■ EXAM TIP

- Post-term ≥ 42+0 wk; late-term 41+0–41+6.
- Accurate CRL dating; risks: stillbirth, meconium, macrosomia, operative birth.
- Offer sweep from ≈ 39–40 wk; offer IOL from 41+0 (birth by 42+0) — NICE NG207.
- If declined: twice-weekly CTG + DVP from 42 wk; respect informed choice.

■ MNEMONIC / MEMORY AID

'Sweep at 40, Induce at 41, Monitor at 42'.