

**What is the due date?**

The date your baby is due—your estimated due date (EDD)—is calculated from the first day of your last menstrual period (LMP). The EDD is used as a guide for checking your pregnancy’s progress and tracking the growth of the fetus.

**How is the due date determined?**

An ultrasound exam often is used to confirm the due date. Your midwife will evaluate the dating from your ultrasound exam and compare it with your due date based on your LMP. Once a due date has been selected, it does not change no matter how many additional ultrasound exams you may have during your pregnancy.

**What is post term pregnancy?**

The average length of pregnancy is 280 days, or 40 weeks, counted from the first day of your LMP. A pregnancy that lasts 41 weeks up to 42 weeks is called “late term.” A pregnancy that lasts longer than 42 weeks is called “postterm.”

**What causes post term pregnancy?**

The causes of postterm pregnancy are unknown, but there are several factors that may increase your chances of having a postterm pregnancy. These factors include the following:

- This is your first baby
- You are carrying a male fetus
- You have had a prior postterm pregnancy
- You are obese

**What are risks associated with post term pregnancy?**

The health risks for you and your fetus may increase if a pregnancy is late term or postterm, but problems occur in only a small number of postterm pregnancies. Most women who give birth after their due dates have uncomplicated labor and give birth to healthy babies. Risks associated with postterm pregnancy include the following:

- Stillbirth
- Macrosomia
- Postmaturity syndrome
- Meconium in the lungs of the fetus, which can cause serious breathing problems after birth
- Decreased amniotic fluid, which can cause the umbilical cord to pinch and restrict the flow of oxygen to the fetus
- Other risks include an increased chance of an assisted vaginal delivery or cesarean delivery.

- There also is a higher chance of infection and postpartum hemorrhage when your pregnancy goes past your due date.

### **What is labor induction?**

Labor induction may be recommended if your pregnancy reaches 41 weeks. Induction is started using medications or other methods. To induce labor, your cervix needs to have started softening in preparation for delivery. This is called cervical ripening. Medications or other methods may be used to start this process.

### **How is labor induced?**

Methods for inducing labor may include the following:

- Stripping or sweeping the amniotic membranes—Your midwife or other health care professional sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus.
- Rupturing the amniotic sac—Your ob-gyn or other health care professional makes a small hole in the amniotic sac to release the fluid (“breaking the waters”).
- Oxytocin—A drug form of oxytocin can be given through an IV tube in your arm. This will cause the uterus to contract. The dosage may be slowly increased over time and is carefully monitored.
- Prostaglandin analogs—These are medications placed in your vagina to start cervical ripening.
- Cervical ripening balloon—Your ob-gyn or other health care professional may place a small balloon-like device in your cervix to mechanically dilate it and help start labor.

### **What are the risks of labor induction?**

The risks of labor induction may include changes in fetal heart rate, infection, and contractions of the uterus that are too strong. You and your fetus will be monitored throughout the process. Another possibility is that labor induction may not work. The method used to induce labor may need to be repeated. In some cases, you may need to have an assisted vaginal delivery or a cesarean delivery.