CURRENT RULE
R9-16-111. Prohibited Practice; Transfer of Care
21. A gestation beyond 42 weeks;

PROPOSED RULE
R9-16-112. Required Consultation
A. A midwife shall obtain a consultation at the time a client is determined to have any of the following during the current pregnancy:
A gestation beyond 42 weeks;

JUSTIFICATION
Pregnancy that goes beyond 42 weeks gestation or 294 days, by definition, is based on a 28 days menstrual cycle. Discrepancies in pregnancy dating are well known. Methods used to calculate due dates, including use of the LMP, conception date, ultrasound after 12 weeks gestation are all subjective. Research suggests that the only method of accurate pregnancy dating is an early ultrasound in the embryonic stage. Many midwifery clients do not obtain or wish for an early first trimester ultrasound.

There are many confounding factors that have an effect on the length of gestation for certain individuals. For example, ovulation is often delayed in breastfeeding individuals; pharmaceuticals being taken by individuals may impact hormonal function; people who practice extreme dieting, exercise or suffer from malnutrition often exhibit longer (or shorter) gestations and there is evidence to suggest that patients tend to follow previous pregnancy patterns and will carry pregnancies longer if they have done so in the past. Additionally, midwives understand the psycho-social condition of pregnancy may explain why some individuals may not be emotionally able to enter into labor if experiencing trauma or an unwillingness to experience birth.

Current research clearly demonstrates that although there is an increased risk of stillbirth as pregnancy progresses beyond 37 weeks gestation, there is no clear indication that medical management via induction methods reduces that risk when compared to expectant management for people who remain pregnant beyond 41 weeks. The increased risks of potentially unneeded medical intervention are well documented as significant hormonal “benefit” of entering into spontaneous labor rather than undergoing induction of labor.

Often, post dates pregnancy is incorrectly correlated with postmaturity syndrome, or an issue with placental sufficiency, which is not confined to infants with a gestation of more than 40 weeks. This distinction is critical as a pregnancy that is prolonged is markedly different than a pathological condition that is often unrelated to the gestational duration. Midwives are trained to identify risk factors for post date pregnancies which may be cause for concern and, in collaboration with a consulting physician, assess best plan for positive outcome. Additionally, mortality rates in postdate infants are often related to congenital malformations.

Moving “gestation beyond 42 weeks” to consultation allows the midwife to work collaboratively with the medical community and serve the midwifery client for the best possible outcomes. If the midwifery client is being monitored with expectant management including advanced ultrasound scans and non-stress tests, she may safely deliver at home or in a birth center if she so desires after a thorough informed consent process. Conversely, if medical management is determined to be a more appropriate approach to care, the client could still maintain collaborative care with her midwife and physician as well as return to the midwife for postpartum care following a hospital birth.

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