Maine Medical PARTNERS Women's Health

A department of Maine Medical Center

Delivery Prior to 39 Weeks' Gestation

General:

The risk of adverse outcomes is greater for neonates delivered in the early-term period compared with those at or beyond 39 weeks. Delivery at or after 39 weeks provides the best chance for healthy neonatal outcomes.

Gestational Age Designations:

Late preterm	34 – 36 6/7 weeks
Early term	37 – 38 6/7 weeks
Full term	39 – 40 6/7 weeks
Late term	41 – 41 6/7 weeks
Post term	42 weeks and beyond

Timing of delivery:

Nonmedically indicated delivery, including cesarean delivery, induction of labor, and cervical ripening should not occur before 39 0/7 weeks of gestation.

- However, avoidance of a nonmedically indicated delivery before 39 0/7 weeks should **not** result in an increase in expectant management of patients with medical indications for earlier deliveries.
- Indications for delivery before 39 0/7 weeks should be discussed with the patient and documented clearly.

Example of acceptable indications for delivery prior to 39 weeks gestation include but are not limited to:

- Placental/Uterine Conditions
  - Placenta previa, accreta, abruption; OR history of prior classical cesarean, myomectomy, or uterine rupture
- Fetal Conditions
  - Oligohydramnios, abnormal fetal monitoring, abnormal dopplers, multiple gestation, isoimmunization, severe IUGR
- Maternal Conditions
  - Chronic or gestational hypertension meeting specific criteria, preeclampsia, eclampsia, diabetes mellitus not well-controlled, renal disease, chronic pulmonary disease, intrahepatic cholestasis of pregnancy, HIV viral load >1,000 copies/mL
- Obstetric Conditions
  - Premature rupture of membranes, chorioamnionitis

The timing of delivery for medical conditions must be individualized.

- Amniocentesis for the determination of fetal lung maturity is not recommended as a routine component to guide the timing of delivery, even in a suboptimally dated pregnancy.
  - Documentation of fetal pulmonary maturity does not necessarily indicate that other physiologic processes are adequately developed. Non-respiratory morbidities are increased in early-term deliveries.
  - If a clear indication exists for late-preterm or early-term delivery, then delivery should occur.
  - If delivery could be delayed safely in the context of an immature lung profile result, no clear indication for an early delivery exists.
  - There is no role for elective delivery prior to 39 weeks gestational age in a suboptimally dated pregnancy
    - Gestational age of 39 weeks in an elective delivery must be supported by:
      - An ultrasound at 6—12 weeks' gestation confirming greater at least 39 weeks, and/or
      - An ultrasound at 13—21 6/7 weeks consistent with clinical history and physical exam at or prior to that gestation

Steroid Administration:

- In the case of an anticipated late-preterm delivery, a single course of antenatal betamethasone is recommended within 7 days of delivery in select women who have not received a previous course of antenatal steroids.
- A medically-indicated late- preterm delivery should not be delayed for the administration of antenatal steroids.

References:

1. Medically indicated late-preterm and early-term deliveries. ACOG Committee Opinion No. 764. American College of Obstetricians and Gynecologists. Obstet Gynecol Feb 2019;133:e151-55.
2. Avoidance of nonmedically indicated early-term deliveries and associated neonatal morbidities. ACOG Committee Opinion No. 765. American College of Obstetricians and Gynecologists. Obstet Gynecol Feb 2019;133:e156-63.
3. Management of suboptimally dated pregnancies. ACOG Committee Opinion No. 688. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;March 2017;129(3):e29-32.