

APEC Guidelines Scheduling Deliveries Prior to 39 weeks Gestation

Documentation

Provide patient education on early delivery <39 weeks of gestation.

- ❖ Document in medical record discussion of risks early delivery at 36 0/7-38 6/7 weeks.

Confirm gestational age.

- ❖ Document GA in medical record along with method used to establish GA.

An amniocentesis for fetal lung maturity should only be done if there is a medical indication that would support its performance and a positive result would lead to delivery.

- ❖ Document amniocentesis and lung maturity result in medical record if done.

For induction document:

- ❖ Cervical exam
- ❖ Informed consent

For cesarean document:

- ❖ Indication
- ❖ Informed consent

Medical/Obstetric Indications for Scheduled Deliveries < 39 weeks

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| <ul style="list-style-type: none"> ❖ Abruptio ❖ Previa ❖ Placenta accreta/increta/percreta ❖ Preeclampsia/eclampsia ❖ Fetal Anomaly ❖ Gestational HTN ❖ Preeclampsia/eclampsia ❖ Prior classical cesarean or myomectomy ❖ GDM with insulin or poor control ❖ Pre-gestational diabetes ❖ PROM ❖ Oligohydramnios | <ul style="list-style-type: none"> ❖ Cholestasis of pregnancy ❖ HIV infection (Delivery at 38 weeks considered standard and no lung maturity required) IUGR ❖ Non-reassuring Fetal Status ❖ Isoimmunization with concern for fetal anemia ❖ Multifetal gestation with complication (Delivery of twin gestation at 38 weeks may be a reasonable alternative even in the absence of complications) ❖ Maternal medical condition—cardiac, pulmonary, GI, autoimmune, neurologic—with deterioration or worsened by pregnancy ❖ Acute fatty liver |
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Recommendations for the Timing of Medically Indicated Delivery

Condition

Recommended GA & Range

Placenta/uterine issues

Placenta Previa – No prior bleeding	37 ⁰ (36 ⁰ - 37 ⁶)
Placenta Previa – Multiple prior bleeding episodes	36 ⁰ (34 ⁰ - 36 ⁶)
Vasa Previa Suspected	36 ⁰ - 37 ⁶
Prior Classical/Vertical Cesarean/Prior uterine rupture	37 ⁰ (36 ⁰ - 37 ⁶)
Prior Myomectomy (not hysteroscopic)	38 ⁰ (37 ⁰ - 38 ⁶)

Fetal Issues

Growth Restriction (<5th)	
Normal testing (BPP, Dopplers, No maternal co-morbidities)	37 ⁰ (37 ⁰ - 37 ⁶)
Abnormal Dopplers, oligohydramnios, or maternal co-morbidities#	34 ⁰ - 36 ⁶
Growth Restriction (5th-9th)-Normal testing	
	39 ⁰ - 39 ⁶

Twins

Di-Di—Normal growth	38 ⁰ (38 ⁰ - 38 ⁶)
Di-Di—IUGR of one or both	37 ⁰ (36 ⁰ - 38 ⁶)
Di-Di—Abnormal Doppler, oligohydramnios, maternal co-morbidities#	34 ⁰ - 36 ⁶

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Twins (cont)	
Mono-Di – Normal growth, no TTTS Hx	37 ^o (37 ^o - 37 ⁶)
Mono-Di – IUGR	36 ^o (34 ^o - 36 ⁶)
Mono-Di – H/O TTTS, abnormal Doppler, oligohydramnios, or maternal co-morbidities#	32 ^o (32 ^o - 36 ⁶)
Monoamniotic	≥32 ^o (32 ^o - 34 ⁶)
Oligohydramnios (Isolated)	37 ^o (36 ^o - 37 ⁶)
CHTN*	
No Meds/Controlled on meds	39 ^o - 39 ⁶
Uncontrolled or requiring ≥2 medications	37 ^o - 37 ⁶
*Assumes normal testing, normal growth, and normal fluid. If any of these are present, manage as above.	
Gestational Hypertension	≥37 ^o
Pre-Eclampsia: Mild	≥37 ^o or with fetal lung maturity prior
Pre-Eclampsia: Severe	At diagnosis or no later than 34 weeks if diagnosis prior
Diabetes	
Gestational – Well Controlled Diet/oral agent	41 ^o (40 ^o - 41 ⁶)
Gestational – Oral agent or insulin required	39 ^o - 39 ⁶
Pre-gestational- Well controlled without maternal co-morbidities#	39 ^o - 39 ⁶
Pre-gestational – Class D or >; poorly controlled; polyhydramnios; EFW >90 th percentile; BMI >50	38 ^o - 38 ⁶
If evidence of fetal growth restriction, HTN, or other complications Develops, earlier delivery should be considered.	
PPROM	34 ^o
Fetal Anomalies	39 ^o (38 ^o - 39 ⁶)
Cholestasis of pregnancy	37 ^o - 37 ⁶
HIV infection	38 ^o - 38 ⁶ by C/S if VL >1,000; otherwise no indication for early delivery or induction
Isoimmunization (Titer ≥ 1:16; Kell ≥1:8)	
Non-Transfusion requiring	39 ^o (37 ^o - 39 ⁶)
Transfusion requiring	Individualize with the fetal treatment team

#Co-morbidities are defined as any maternal condition that increases the likelihood of adverse outcome including pre-eclampsia, diabetes, chronic hypertension, or other condition associated with placental dysfunction.