

WHEN BABIES LOITER

Thanks to modern technology, human errors in detecting overdue pregnancy have diminished significantly. Now, if only more Filipino mothers go for prenatal care early enough.

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Contributing Writer

You cannot blame the modern working Filipina. She has much on her plate nowadays to even mark the monthly passage of her “red days” for future reference.

“It would turn out that more than 50 percent of women will have erroneous estimates of the length of pregnancy,” says obstetrician Ramon Reyles of the Makati Medical Center.

This is especially true if a woman comes in for prenatal check-up only during the second half of the pregnancy or not at all. Memories fade and even if they don’t, the time of conception itself is hard to pin down with any accuracy since a woman’s ovulation period can vary.

One area where this human error can lead those concerned with a pregnancy astray is in sounding the alarm for post-term pregnancy, an obstetric adverse event defined by the World Health Organization as a period of gestation lasting more than 42 weeks or 293 days after the first day of the last menstrual period, assuming a 28-day menstrual cycle.

Erring on the safe side

The alarm does need to be sounded even if false and can possibly result only in unnecessary expense for the expectant mother (who could have spent the money for early ultrasound instead and saved herself the trouble later).

Babies who overstay in the womb are also as endangered as the more documented prematurely born. They are also endangering their mothers—perhaps even more than with a preterm pregnancy—because of the physiological anomaly of harboring a baby that continues to grow beyond a size that can be properly handled by nature’s provisions for a birthing woman, even one who has delivered normally before.

According to Reyles, overstaying babies are twice as likely to die or succumb to complications shortly before and after delivery, as those born on schedule. If for some reason, the baby is still lingering in the womb by the 43rd week, its chances of going out into the world alive is diminished sixfold compared to a full-term infant.

Babies who reach this stage are already in grave danger of being oxygen starved as they have to subsist upon a placenta that is aged or have atrophied blood vessels. The decreased flow of nourishing blood also affects the level of the amniotic fluid so



that when the baby passes stool *in utero*, it is also at risk of choking its own lungs with its own refuse: neonatal aspirational pneumonia.

“Scanty amniotic fluid is associated with a nonreassuring fetal heart rate and neonatal-intensive-care-unit admission usually because of the baby’s low APGAR score,” Reyles said, referring to the five-point scoring criteria for neonates in terms of appearance, pulse, grimace, activity, and respiration (APGAR).

An APGAR score of seven and above is good news. Anything below denotes increasing degrees of asphyxiation that can result in long-term neurological damage for the baby.

Scientists have tested associations between a post-term birth and other medical conditions not immediately traceable to the baby’s morbidity profile after birth. The *British Medical Journal* reports on a 1993 Danish study linking post-term birth and high birth weight with a high incidence of atopic dermatitis among seven-year-olds.

Among the mothers, those with overstaying infants are twice as likely to give birth by cesarean section—a morbidity outcome—than their full-term counterparts. A Norwegian study placed cases of acute cesarean section at 8.9 percent for pregnancies reaching 42 weeks and beyond, versus to only 3.8 percent for 40-week gestation periods.

The same study indicated that post-term mothers who are given a go at having a vaginal delivery are almost twice as likely to yield their young by operative means with the use of forceps, than if they were delivering on time.

Other attendant risks for the mother are difficult labor (dystocia) occurring in nine to 12 percent of post-term deliveries compared with 2.7 percent among full-term, birth-canal injury due to huge babies (macrosomia) (3.3 percent v. 2.6 percent), and serious (i.e. more than 500 ml of blood) hemorrhage (10.4 percent v. 6.6 percent).

Unfathomable but manageable

The causes of post-term pregnancy are still clouded in half-baked suppositions and discredited theories, according to Reyles.

“Parturition (what starts labor) is a complex question,” he says. “Before, we just assume that if the baby reaches a certain term size, contraction begins. But now, there’s biomolecular evidence that the baby’s body communicates with the uterus and the mother and that the initiation of labor comes from the baby.”

He adds that at least a couple of theories have been proved incorrect of late. One of these is that an extended gestation period is caused by the lowering of placental hor-

mones, the estriol, and the progesterone. Another theory relating to the involvement of fetal fibronectin, the fetal marker for labor, is also not withstanding scrutiny in some experimental studies.

The very parameters of a “normal” human gestation are not exempt from questions. According to a 1998 paper published in the US peer-reviewed scientific journal *Epidemiology*, “mean duration of pregnancy may vary among different populations and under different conditions.”

The authors said that gestation ending in summer may be longer on the average than those ending in winter, and boys tend to have shorter gestation periods than girls. Race, ethnicity, and country of origin have been



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found in some studies to be factors accounting for the differences in average gestation.

The condition may elude full understanding but practitioners know enough to make post-term mortality and morbidity preventable. For the true post-term cases, there are two main strategies for management available—antenatal surveillance and induction of labor.

For women who are already physiologically disposed to labor at 42 weeks by having a cervix that is soft and inducible, labor is induced immediately to avoid having to resort to cesarean section should the baby grow too big.

Those with a cervix not ready for labor even at post-term are administered labor-inducing agents such as oxytocin to make the uterus contract. Antenatal surveillance then follows.

A cornerstone of antenatal surveillance is checking on the level of the amniotic fluid, the low level of which is a chronic marker of fetal compromise as it signals the start of pla-

cental deterioration. For low-income patients especially, local practitioners focus on the amniotic-fluid level and minimize doing the full biophysical profile, the gold standard in antenatal surveillance, in the interest of time and cost.

Fewer cases

The good news is that the advent of ultrasound as a routine prenatal procedure starting in the first half of a pregnancy has trimmed down admissions for post-term pregnancy.

In countries like Norway and the United Kingdom where most pregnancies are monitored by ultrasound early on, post-term incidences have gone down by 60 and 70 percent respectively from preultrasound days.

Dr. Reyles

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In the Philippines, Reyles estimates that post-term admissions after the introduction of ultrasound have gone down to 10 percent from at least 20 percent in the days when the last menstrual period served as the shaky basis for crying post-term.

But it could be higher if only more Filipino women are going for their prenatal check-ups with ultrasound. Anecdotal data indicate that prenatal care in general is still not the norm, especially in government hospitals where many lower-income expectant mothers go.

The East Avenue Medical Center in Quezon City, in a recent published statement, noted that between 50 and 80 percent of their OB-GYN patients do not have any prenatal care to speak of.

“Our big concern really is for those who don’t go for their prenatal,” says Reyles. “Because for the true post-term cases, surveillance is now available in most urban centers and general hospitals in the provinces.” **M**