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

- **Abruption**
- **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**
- **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**

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}

Recommendations for the Timing of Medically Indicated Delivery

Twins (cont)	
Mono-Di – Normal growth, no TTTS Hx	**37^{0} (37^{0} - 37^{6})**
Mono-Di – IUGR	**36^{0} (34^{0} - 36^{6})**
Mono-Di – H/O TTTS, abnormal Doppler, oligohydramnios, or maternal co-morbidities#	**32^{0} (32^{0}- 36^{6})**
Monoamniotic	**≥32^{0} (32^{0} - 34^{6})**
Oligohydramnios (Isolated)	**37^{0} (36^{0} - 37^{6})**
CHTN*	
No Meds/Controlled on meds	**39^{0} - 39^{6}**
Uncontrolled or requiring ≥2 medications	**37^{0} - 37^{6}**
***Assumes normal testing, normal growth, and normal fluid. If any of these are present, manage as above.**	
Gestational Hypertension	**≥37^{0}**
Pre-Eclampsia: Mild	**≥37^{0} 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^{0} (40^{0} - 41^{6})**
Gestational – Oral agent or insulin required	**39^{0} - 39^{6}**
Pre-gestational- Well controlled without maternal co-morbidities#	**39^{0} - 39^{6}**
Pre-gestational – Class D or >; poorly controlled; polyhydramnios; EFW >90th percentile; BMI >50	**38^{0} - 38^{6}**
If evidence of fetal growth restriction, HTN, or other complications Develops, earlier delivery should be considered.	
PPROM	**34^{0}**
Fetal Anomalies	**39^{0} (38^{0} - 39^{6})**
Cholestasis of pregnancy	**37^{0} - 37^{6}**
HIV infection	**38^{0} - 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^{0} (37^{0} - 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.