

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

<u>Condition</u>	<u>Recommended GA &amp; Range</u>
<b>Placenta/uterine issues</b>	
Placenta Previa – No prior bleeding	37 <sup>0</sup> (36 <sup>0</sup> - 37 <sup>6</sup> )
Placenta Previa – Multiple prior bleeding episodes	36 <sup>0</sup> (34 <sup>0</sup> - 36 <sup>6</sup> )
Vasa Previa Suspected	36 <sup>0</sup> - 37 <sup>6</sup>
Prior Classical/Vertical Cesarean/Prior uterine rupture	37 <sup>0</sup> (36 <sup>0</sup> - 37 <sup>6</sup> )
Prior Myomectomy (not hysteroscopic)	38 <sup>0</sup> (37 <sup>0</sup> - 38 <sup>6</sup> )
<b>Fetal Issues</b>	
<b>Growth Restriction (&lt;5th)</b>	
Normal testing (BPP, Dopplers, No maternal co-morbidities)	37 <sup>0</sup> (37 <sup>0</sup> - 37 <sup>6</sup> )
Abnormal Dopplers, oligohydramnios, or maternal co-morbidities#	34 <sup>0</sup> - 36 <sup>6</sup>
Growth Restriction (5th-9th)-Normal testing	39 <sup>0</sup> - 39 <sup>6</sup>
<b>Twins</b>	
Di-Di—Normal growth	38 <sup>0</sup> (38 <sup>0</sup> - 38 <sup>6</sup> )
Di-Di—IUGR of one or both	37 <sup>0</sup> (36 <sup>0</sup> - 38 <sup>6</sup> )
Di-Di—Abnormal Doppler, oligohydramnios, maternal co-morbidities#	34 <sup>0</sup> - 36 <sup>6</sup>

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