Pregnancy outcome in low risk pregnancies – Full term vs. Late term. Does it really matter?
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Objective
To compare pregnancy outcomes in low risk pregnancies at 40+0 to 40+6 weeks versus 41+0 to 41+6 weeks of gestation.

Methods
A retrospective cohort study of women with spontaneous onset of delivery at 40-41 weeks' gestation in a university-affiliated tertiary hospital (2007-2013). Exclusion criteria included any of the following: multiple gestations, non-cephalic presentation, fetal structural/chromosomal anomalies, hypertensive disorders, diabetes, oligohydramnios or small for gestational age. Adverse neonatal outcome was defined as any of the following: cord pH<7.1, Apgar <7 at 5 minutes, mechanical ventilation, meconium aspiration syndrome or stillbirth. Pregnancy outcome of deliveries at 41 weeks (N=3,317) were compared with a control group of deliveries at 40 weeks (N=9,353).

Results
1) Compared to the controls, deliveries at 41 weeks had higher rates of nulliparity (34.8 vs. 31.1%, P<0.001), meconium (17.4 vs. 14.6%, p<0.001), intra-partum fever (1.9 vs. 1.3, p=0.03), operative and cesarean deliveries (11.9 vs. 9.4%, p<0.001; 3.8 vs. 2.6%, p<0.001, respectively) (Table). 2) Neonates born at 41 weeks had a higher mean birthweight (3,412.7±350.8 vs. 3,507.3±348.5, p<0.001) and Apgar score <7 at 5 minutes (0.5 vs. 0.2%, p=0.005) compared, with similar rates of stillbirth, LGA, NICU admission, cord pH<7.1 and meconium aspiration syndrome (Table). 3) No difference was found in the rate of neonatal composite outcome (1.8 vs. 1.9%, p=0.65). 3) In multivariate analysis (controlling for gestational at delivery, parity, epidural, intra-partum fever, mode of delivery and birthweight) delivery at 41 weeks was associated with (data is presented as Odds Ratio, 95% Confidence Interval) operative (1.16, 1.01-1.33, p=0.03) and cesarean delivery (1.39, 1.11-1.74, p=0.004), and was not associated with adverse neonatal outcome (0.98, 0.73-1.33, p=0.92).

Conclusion
In comparison to 40 weeks' gestation, low risk pregnancies at 41 weeks' gestation are associated with higher rates of operative and cesarean deliveries without significant increase in neonatal morbidity.