HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology (L&D)		
Document:	Internal Policy and Procedure		
Title:	High Risk Pregnancies		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

1.1 To standardize the timing for safe termination for medically and for surgically complicated pregnancy

2. Policy statement:

2.1 Placental and cord Indications:
Previa (otherwise uncomplicated): >38 weeks
Accreta, increta, percreta (otherwise uncomplicated): 36weeks 0 days- 37weeks 6 days
Vasa previa: 34weeks 0 days-37weeks 0 days

2.2 Previous uterine scar :
Prior classical cesarean: 36w0d-37w0d
Previous uterine rupture: 36wod-37wod
Prior myomectomy requiring cesarean: 37w0d-38w6d
May require delivery similar to classical section (see above) if surgery was more extensive and complicated
With less extensive surgery, delivery may be considered as late as 38w6d
ACOG states
Timing of delivery should be individualized based on prior surgical details (if available) and the clinical situation

2.3 Fetal Conditions:
Oligohydramnios (DVP < 2cm) isolated and uncomplicated: 37wd-37w6d (or at time of diagnosis if later)
Polyhydramnios (otherwise uncomplicated)≥ 38w0d
Fetal growth restriction(FGR)-singleton
Uncomplicated and EFW between 3rd and 10th percentile: 38w0d-39w0d
Uncomplicated and EFW <3rd percentile: 37wod (or at time of diagnosis if later)
UA Doppler decreased end diastolic flow without absent end diastolic low: 37 wod (or at time of diagnosis if later)
UA Doppler absent end diastolic flow at time of diagnosis.
UA Doppler reversed end-diastolic flow at time of diagnosis
Note: Concurent condition (e, g, oligohydramnios, preeclampsia, hypertension) Manage according to the primary cause
Multiple gestation -uncomplicated
Di-di twins: 37w0d-38wod
Mono-di twins: 36w0d-38w0d (if decided to deliver at 36weeks, it must be after a course of corticosteroids)
Mono-mono twins: 32w0d-34wod
Triplets and higher. 34weeks 0 day- 36weeks 0 day
Alloimmunization
At-risk and not requiring intrauterine transfusion: 37wod-38w6d
Note: Requiring intrauterine transfusion: Individualize

2.4 Maternal Conditions:
Chronic hypertension

Uncomplicated, no meds: 38wod-39w6d
Uncomplicated, controlled on meds: 37wod-38wod
Dificult to control: 36w0d-37w6d
Gestational hypertension
Without severe BP: 37/wod(or at time of diagnosis if later)
With severe BP: 34w0d (or at time of diagnosis if later)

2.5 Preeclampsia :
Without severe features: 37/wod (or at time of diagnosis if later)
With severe features
Stable maternal-fetal status: 34w0d (or at time of diagnosis if later)
Unstable or complicated by HELLP: Soon after maternal stabilization (guided by matemal/fetal status and gestational age)
Before viability: Soon after matemal stabilization(guided by matern/ fetal status and gestational age)

2.6 Pregestational diabetes (DM1 and DM2) :
Well-controlled: 39w0d-39w6d
With vascular complications, poor control, or prior stillbirth: 36w0d-38w6d
Gestational diabetes
Well-controlled on diet: 39w0d-40w6d
Well-controlled on meds: 38w0-39w6d
Note: Poorly-controlled: Individualize

2.7 HIV-
Intact membranes &viral load> 1, 000 copies/mL: 38w0d
Viral load <1, 000 copies/mL and antiretroviral therapy: ≥39w0d

2.8 Intrahepatic cholestasis of Pregnancy :
Bile acids ≥100 micromo/L: 36w0d
Bile acids <100 micromo /L: 36w0d to 39w0d I Delivery <36 weeks may be required depending on clinical findings and lab values

2.9 Ruptured membranes :
Preterm PROM(PPROM): 34w0d(or at time of diagnosis if later)
PROM(≥34wod) Generally, deliver at time of diagnosis

3. Purpose:

3.1 To ensure that all patients with medically and for curgically complicated pregnancy are terminated safely according to modern practice.

4. Scope:

4.1 All OB Doctors

5. Accountability:

5.1 Director of OB - Gynae

6. REFERENCES:

6.1 RCOG GUIDELINES , DECEMBER 2020

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
Reviewed by:	Dr. Mohannad Yaghmour	Head of the Department		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 13, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hezam Al - Shammari	Hospital Director		January 22, 2025