



Department:	Obstetrics and Gynecology (L&D)		
Document:	Internal Policy and Procedure		
Title:	High Risk Pregnancies		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	Index No:	L&D-DPP-023
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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 flow: 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: Concurrent 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: 38w0d-39w6d
- Uncomplicated, controlled on meds: 37w0d-38w0d
- Difficult to control: 36w0d-37w6d
- Gestational hypertension
 - Without severe BP: 37w0d (or at time of diagnosis if later)
 - With severe BP: 34w0d (or at time of diagnosis if later)
- 2.5 Preeclampsia :
 - Without severe features: 37w0d (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 maternal/fetal status and gestational age)
 - Before viability: Soon after maternal stabilization(guided by maternal/ 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 | 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(≥34w0d) Generally, deliver at time of diagnosis

3. Purpose:

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

4. Scope:

- 4.1** All OB Doctors

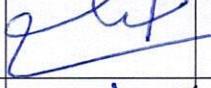
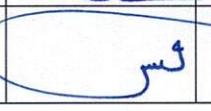
5. Accountability:

- 5.1** Director of OB - Gynae

6. REFERENCES:

- 6.1** RCOG GUIDELINES , DECEMBER 2020

9. APPROVALS:

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