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Verloskunde Centrum Oost

# Risk of serotinicity

pregnancy term longer than 41 weeks, and labour has not yet started.

Read about this and more in this brochure.



You are 41 weeks along in your pregnancy and you still have not gone into labour. This is known as impending serotinicinity. Should you just wait until you go into labour? Or should you choose to induce labour?

### Expected/due date

The midwife or gynaecologist conducts an ultrasound scan around about the 10th week of your pregnancy. This ultrasound scan determines the due date; this is known as the at term period. Most pregnant mothers do not go into labour on the exact expected date. A normal labour period runs from 3 weeks prior to and up to 2 weeks after this date.

### (Risk of) Serotinicinity

There is a risk of serotinicinity if labour has still not started after 41 weeks. And after 42 weeks, then there is a case of serotinicinity, this literally means overdue. In the Netherlands, approximately 2-5% of pregnancy terms run longer than 42 weeks. From the 42nd week, labour shall be induced in order to prevent any of the following complications occurring:

The placenta might not adequately meet the needs of the child after 42 weeks, resulting in the child gradually receiving less nutrients.

The amount of amniotic fluid slowly reduces.

Faeces (meconium) from the baby in the amniotic fluid is seen more frequently after 42 weeks than with shorter-term pregnancies. This can lead to complications with the child during labour in a few cases.

### Up to 41 weeks

We do not carry out any special checks up to 41 weeks. Approximately 80% of deliveries start spontaneously before the 41 weeks, without there being a need for further intervention. Around about 20% of deliveries start in the 41st week, where in the end 2-5% do not go into labour before the 42nd week and the treatment to induce labour is necessary.

### After 41 weeks

It is not completely clear what the best policy is after 41 weeks: wait until 42 weeks or induce labour. Thus, there will be differing opinions:

There will be those mothers who would prefer to wait and others who want to be induced. Both options can be discussed with your midwife care worker. The option to wait until 42 weeks can be taken if there is no complication such as for instance, high blood pressure with you or growth retardation in your child.

### Wait

If there are no complications in the pregnancy, your blood pressure is stable and your child is growing and moving as expected, then there is no apparent medical reason to act before 42 weeks. You can wait until labour begins spontaneously. You can also have your child at home if you so desire and there are no other reasons as to why this is not possible.

### What can be done to prevent serotinicinity?

#### Stripping/sweeping

The midwife can avail of the option to stimulate labour spontaneously in the 40th-41st week through stripping.

For this purpose, an internal examination is performed where, by inserting two fingers into the vagina, the midwife feels whether the cervical os is short and supple and whether or not there is some dilatation.

If there 1-2cm dilatation, then the midwife can attempt to separate the water bag somewhat from the uterine wall. This is known as stripping/sweeping. This releases the hormone prostaglandin, which is important for bringing about labour. Stripping can be uncomfortable at most but not really that painful.

You can also experience irritable stomach cramps after the examination, these will hopefully pass with regular contraction patterns at the start of labour. No negative side effects are known from stripping.

Stripping does not always result in labour. If there is no effect, this does not lead to greater risk of complications. That is why we mostly make use of stripping more than once. The chance of success is greater with this. We can consult about whether to start stripping from 40 weeks.

#### Induction of labour

Induction is the bringing about of labour by starting the contractions. Induction takes place in the hospital and can be performed on indication from 41 weeks. If all the check ups are still fine, then there is no medical need. It is possible that you do not want to wait any longer for labour to occur spontaneously, discuss this with your midwife care worker.

Inducing labour always occurs in the Anna Pavilion of the OLVG hospital.

Inducing can be done in 2 ways and depends on the results of the internal examination: Is the cervical os sufficiently supple and is there a dilatation of 1-2cm? Then labour can be started by breaking the waters and the artificial induction of the contractions through intravenous drip with contraction inducing medicines.

Is the cervical os insufficiently supple? Then we can stimulate the maturation by way of a vaginal tablet (mirostol), or using a catheter with a small balloon that is inserted via the vagina. The tablet causes the waters to break and the contractions to start.

The contractions can also be induced through an intravenous drip with medicines as described herein above.

If you are under the supervision of a midwife practice outside the hospital, then one of the midwives can possibly break your waters if there is some dilatation (1-2cm).

Your midwife shall assess whether this is possible on the basis of an internal examination. There is a chance that this way could still cause the contractions to start spontaneously. If after 12 hours there are as yet no proper contractions, then you will still be induced later in the hospital.

#### Questions?

If you have any questions after reading this brochure, please contact your own midwife care worker.