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Original Research Article

A Clinicopathological Analysis of Postdated Pregnancy: Outcomes and Implications

Susmita Saurav[1], Richa Jha[2]

[1]Senior Resident, Department of Obstetrics and Gynaecology, Government Medical College and Hospital, Purnea, Bihar, India

[2]Assistant Professor and HOD, Department of Obstetrics and Gynaecology, Government Medical College and Hospital, Purnea, Bihar, India

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Corresponding Author: Dr. Susmita Saurav

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Abstract:

Background: Postdated pregnancies are characterized by beyond the anticipated delivery date, which is associated with a heightened risk of morbidity for both the mother and the neonate. Complications have consistently been linked to oligohydramnios, meconium-stained amniotic fluid, and lower segment cesarean section during emergency birth. At the neonatal stage, these pregnancies have a considerable incidence of low birth weight, NICU admissions, and perinatal death. Labor induction in postdated pregnancies is a frequently executed procedure that entails inherent risks and problems.

Aim: This study aim to evaluate maternal and newborn outcomes in postdated pregnancies, focusing on the implications of labor induction, complication rates, and associated risks.

Methods: This retrospective study was conducted in the Department of Obstetrics and Gynecology at Government Medical College and Hospital, Purnea, Bihar, India for one year . 94 women with postdated pregnancies, comparing outcomes between those who underwent induced labor and those who experienced spontaneous labor. The collected data encompassed rates of oligohydramnios, meconium-stained amniotic fluid, delivery methods, newborn outcomes, and maternal problems.

Results: Induced labor correlated with increased incidences of oligohydramnios (52% compared to 35%), meconium-stained amniotic fluid (25% against 12%), and emergency lower segment cesarean section (60%). Neonatal outcomes were worse in the induced labor cohort, exhibiting elevated NICU hospitalizations (16%) and heightened incidences of low birth weight (13%). Maternal problems, such as postpartum hemorrhage and infection, were more prevalent in induced labor.

Conclusion: Postdated pregnancies have considerable risks, particularly with labor induction. Attentive surveillance, prompt intervention, and pregnancy-specific treatment techniques can enhance both maternal and newborn outcomes.

Keywords: Cesarean Delivery, Induction of Labor, Maternal Complications, Neonatal Health, Postdated Pregnancy

Introduction

Postdated pregnancy is described as one that has beyond the projected date of delivery (beyond 280 days). The prevalence is around 3-14% of all pregnancies [1]. Foetal, neonatal, and maternal complications linked with them have consistently been undervalued. There is an elevated risk of meconium aspiration syndrome, oligohydramnios, macrosomia, foetal birth injuries, septicemias, non-reassuring foetal heart rate, foetal distress during labor, and maternal complications such as increased caesarean section rates, cephalopelvic disproportion, cervical lacerations, dystocia, postpartum hemorrhage, severe perineal lacerations, and operative vaginal delivery [2]. Caesarean delivery is linked to an increased risk of endometritis, hemorrhage, and thromboembolic illness. Antepartum stillbirth at and beyond term (37-43 weeks) results in higher perinatal mortality than fatalities due to complications of prematurity or sudden infant death syndrome [3]. Induction of labor at term might avoid increased foetal mortality associated with post-term pregnancy.

Nonetheless, the adverse consequences of labor induction, including uterine hyper stimulation, unsuccessful induction, and elevated caesarean section rates, should be well acknowledged [4]. Post-term pregnancy elevates expenses associated with prenatal foetal monitoring and labor induction and may induce worry in the expectant mother. The

predominant reason for extended gestation is erroneous dates [5]. The precise etiology of postdates is typically unidentified. Common risk factors encompass primiparity, prior post-term pregnancy, male fetus, obesity, hormonal influences, and genetic susceptibility [6]. The likelihood of negative perinatal outcomes may rise as early as 41 completed weeks, and postdates are linked to placental insufficiency [7]. The study was conducted to assess the obstetric outcomes, induction methods, and difficulties associated with postdated pregnancies in relation to treatment [8-10]. Post-term pregnancy is a clinically significant health issue with an associated risk of recurrence in future pregnancies.

The global prevalence of post-term pregnancy differs by country, with a study of randomized clinical trials conducted in industrialized, poor, and middle-income nations reporting a frequency ranging from 3% to 14% [11]. Research conducted across 13 European nations indicated that the incidence of post-term pregnancies varies from 0.5% to 10% [12]. Research in Sub-Saharan Africa examined the incidence of post-term pregnancy. Research in Kenya indicated a prevalence of 10% [11], whilst a study in Ethiopia indicated a prevalence of 6% [12]. Prior cohort studies from affluent nations have indicated a recurrence of post-term pregnancy in future gestations, varying from 15% in the Netherlands to 16.9% in the United States [13]. Data on the recurrence incidence of post-term pregnancies in Sub-Saharan Africa is scarce.

Post-term pregnancy is affected by mother age, height, male foetal sex, paternal genetics, and behavioral traits [14]. Research from inter-generational recurrence studies indicates that moms born post-term has a heightened likelihood of experiencing post-term pregnancies. Likewise, post-term dads are more inclined to induce post-term pregnancy in their spouses [15]. Post-term pregnancy presents a health concern linked to heightened risks of maternal, perinatal, foetal, and neonatal morbidity and death [16]. Post-term moms frequently require caesarean delivery and have an elevated risk of postpartum hemorrhage [17,18]. Caesarean section is linked to a higher incidence of infections, damage to adjacent organs, an elevated requirement for blood transfusions, mortality, and significant related expenses [19]. These women have an increased risk of shoulder dystocia, which might result in maternal damage to the anal sphincter, bladder, rectum, and arm fractures in the infant [20].

Methodology

This retrospective study was conducted in the Department of Obstetrics and Gynecology at Government Medical College and Hospital, Purnea, Bihar, India from August 2023 to July 2024

Sample Size: The entire sample size comprised 94 patients in this investigation.

Inclusion & Exclusion Criteria

The study's inclusion criteria target pregnant women who have exceeded their anticipated delivery date, as established by either first trimester ultrasound or the last menstrual period (LMP), contingent upon their last three menstrual cycles being regular, the absence of contraceptive pill usage in the preceding three months, and no conception occurring during lactational amenorrhea. Participants must have a singleton pregnancy in cephalic presentation and demonstrate a desire to participate in the study. The exclusion criteria include high-risk pregnancies, such as antepartum hemorrhage (APH), diabetes, toxemia of pregnancy, chronic hypertension, pre-labor rupture of membranes (PROM), heart disease, chronic renal illness, and other serious medical diseases. Further restrictions pertain to persons with a prior history of caesarean sections, anemia, a uterus scarred by myomectomy, congenital malformations, irregular menstrual cycles or indeterminate last menstrual period, absence of first trimester ultrasonography, multiple gestations, and non-vertex presentations.

Procedure

EDD was calculated by Naegele's rule. The criteria for diagnosing postdated are correlation of menstrual history, clinical findings and USG. Those patients who have completed 40 weeks of GA, who were sure of LMP with regular menstrual cycle, with 1st trimester USG scan were included. Those without consent, not sure of LMP, irregular menses without 1st trimester USG scan, multiple pregnancy were excluded. Detailed clinical examinations were done to find out obstetrical or systemic complications. Intrapartum record of uterine contractions, FHR, progress of labor, mode of delivery and Apgar Score were noted. The patients were followed up to 7 days after delivery and any maternal & fetal morbidity & mortality was recorded.

Statistical Analysis: The study Analysis was conducted using SPSS software, especially version 27. The Chi-square test was utilized for categorical data. Results indicating a P-value below 0.05 demonstrate that the outcome is statistically significant.

Results

The table 1 presents an overview of the results of postdated pregnancies (pregnancies occurring after the projected date of delivery) in 94 individuals. Significant findings include a 40% occurrence of oligohydramnios (reduced amniotic fluid), especially in induced labor (52%), and a 3% rate of

intrauterine death (IUD), with heightened risks associated with oligohydramnios and meconium-stained amniotic fluid. The occurrence of meconium-stained amniotic fluid was 16% among the cases, primarily in induced labor (25%), and 8% of women required emergency cesarean sections (LSCS), often due to meconium-stained amniotic fluid or non-reassuring fetal heart rate. Neonatal outcomes indicated that 8% of neonates from spontaneous labor and 16% from induced labor were admitted to the NICU, with a heightened prevalence of low birth weight and meconium aspiration syndrome in emergency LSCS cases. Maternal problems occurred more often in induced labor, affecting 12% of women, with issues including postpartum hemorrhage and infection. The results demonstrate an elevated risk of negative maternal and newborn outcomes in postdated pregnancies, necessitating vigilant monitoring and perhaps early intervention.

Table 1: Demographic and Clinical Characteristics of Women with Postdated Pregnancy	
Parameter	**Value (n = 94)**
Age (Mean ± SD)	29 ± 5 years
Parity (Primigravida)	42% (40 patients)
Gestational Age at Delivery (Days)	290 ± 5 days
Mode of Delivery	
Spontaneous Vaginal Delivery	68% (64 patients)
Induced Vaginal Delivery	24% (23 patients)
Emergency LSCS	8% (7 patients)
Antepartum Complications	30% (28 patients)

Table 2 depicts the occurrences of oligohydramnios in postdated pregnancies. In all, 40% of patients exhibited oligohydramnios, namely 38 out of 94. In induced labors, 52% experienced oligohydramnios, compared to 35% in spontaneous labors. Among women with oligohydramnios, 60% had LSCS, indicating a significant relationship between amniotic fluid levels and the necessity for surgical intervention via LSCS in this population.

Table 2: Incidence of Oligohydramnios in Postdated Pregnancy	
Parameter	**Value (n = 94)**
Overall Incidence of Oligohydramnios (%)	40% (38 patients)
Incidence in Spontaneous Labour (%)	35% (22 patients)
Incidence in Induced Labour (%)	52% (12 patients)
Oligohydramnios and Emergency LSCS (%)	60% (22 patients)

Table 3 illustrates the incidence of intrauterine devices (IUD) for postdated pregnancies. The occurrence of IUD was 3% among a total of 3 patients. In the subgroups, oligohydramnios was seen in 6% of cases, equating to 2 instances, whereas intrauterine demise occurred in 3% of cases, corresponding to 1 instance, alongside meconium-stained amniotic fluid. The incidence of IUD was seen to be lower in spontaneous labor (2%) compared to induced labor (4%). This indicates that, while the overall risk of intrauterine death (IUD) is low, it is elevated in instances of oligohydramnios or meconium-stained amniotic fluid, and labor induction seems to provide a marginally increased risk of IUD relative to spontaneous labor.

Table 3: Intrauterine Death (IUD) in Postdated Pregnancies	
Parameter	**Value (n = 94)**
Overall IUD Incidence (%)	3% (3 patients)
IUD in Oligohydramnios (%)	6% (2 patients)
IUD in Meconium-Stained Liquor (%)	3% (1 patient)
IUD in Spontaneous Labour (%)	2% (2 patients)
IUD in Induced Labour (%)	4% (1 patient)

Table 4 illustrates the occurrences of meconium-stained amniotic fluid in postdated pregnancies. Overall, 16% of patients (15 out of 94) exhibited meconium-stained amniotic fluid. Meconium-stained amniotic fluid was more prevalent in induced labor (25%) than in spontaneous labor (12%). Furthermore, in all instances of meconium-stained amniotic fluid, 70% had emergency cesarean surgery (LSCS), indicating that the majority of patients with meconium-stained liquor necessitate immediate LSCS. This suggests that meconium-stained amniotic fluid is significantly more prevalent in induced labor and frequently

necessitates emergency cesarean sections due to associated fetal discomfort.

Table 4: Risk of Meconium-Stained Liquor in Postdated Pregnancy	
Parameter	**Value (n = 94)**
Overall Incidence of Meconium-Stained Liquor (%)	16% (15 patients)
In Spontaneous Labour (%)	12% (8 patients)
In Induced Labour (%)	25% (6 patients)
Meconium-Stained Liquor and Emergency LSCS (%)	70% (10 patients)

Table 5 shows the indications for emergency cesarean sections in postdated pregnancies. An emergency LSCS was performed in 8% of patients, totaling 7 out of 94 individuals. Meconium-stained amniotic fluid was the predominant rationale for emergent cesarean sections at 57%, observed in four cases. Non-reassuring fetal heart rate was seen in 29%, or 2 patients, whereas oligohydramnios accounted for 14%, or 1 patient, of the instances necessitating an emergency LSCS. This suggests that meconium-stained amniotic fluid is the most prevalent cause of emergency cesarean procedures in postterm pregnancies, with fetal distress also being a frequent explanation.

Table 5: Indications for Emergency LSCS in Postdated Pregnancies	
Parameter	**Value (n = 94)**
Overall Need for Emergency LSCS (%)	8% (7 patients)
Indications for Emergency LSCS	
Meconium-Stained Liquor (%)	57% (4 patients)
Non-Reassuring Fetal Heart Rate (%)	29% (2 patients)
Oligohydramnios (%)	14% (1 patient)

Table 6 Maternal and Neonatal Outcomes determined by Labor Mode in Post-Dated Pregnancy. Neonatal outcomes indicate that 8% of newborns were admitted to the NICU following spontaneous labor, in contrast to 16% after induced labor. The prevalence of an APGAR score below 7 at 5 minutes was greater in induced labor (8%) than in spontaneous labor (3%), and perinatal death was elevated in induced labor (4.3%) relative to spontaneous labor (1.6%). Maternal problems were more prevalent in induced labor, with 12% of women experiencing issues such as postpartum hemorrhage (4.3%), infection (4.3%), and severe pre-eclampsia (4.3%), in contrast to 4% of women in spontaneous labor. The data indicate that induced labor correlates with worse mother and newborn outcomes relative to spontaneous labor in postdated pregnancies.

Table 6: Maternal and Neonatal Outcomes in Postdated Pregnancies		
Outcome Parameter	**Spontaneous Labour (n = 64)**	**Induced Labour (n = 23)**
Neonatal Admission to NICU (%)	8% (5 patients)	16% (4 patients)
APGAR score <7 at 5 minutes (%)	3% (2 patients)	8% (2 patients)
Perinatal Mortality (%)	1.6% (1 patient)	4.3% (1 patient)
Maternal Complications (%)	4% (3 patients)	12% (3 patients)
Postpartum Hemorrhage (%)	1.6% (1 patient)	4.3% (1 patient)
Infection (Postpartum) (%)	0% (0 patients)	4.3% (1 patient)
Severe Pre-eclampsia (%)	1.6% (1 patient)	4.3% (1 patient)

Table 7 represents the neonatal outcomes in postdated pregnancies with a score of 0 Neonatal death rates were lowest in spontaneous vaginal birth (1.6%), increased in induced vaginal delivery (4.3%), and peaked in emergency lower segment cesarean section (14.3%). The prevalence of an APGAR score below 7 at 5 minutes was greater in emergency LSCS (28.6%) than in spontaneous vaginal birth (2%) and induced vaginal delivery (6.5%), signifying increased newborn distress in cesarean section patients. Admission rates to the NICU were greatest for emergency LSCS at 42.9%, followed by induced vaginal delivery at 17.4%, and spontaneous vaginal birth at 8%. Low birth weight occurred more frequently in emergency LSCS at 28.6% compared to spontaneous vaginal delivery at 4.7% and induced vaginal delivery at 13%. Meconium aspiration syndrome occurred more frequently in emergency LSCS at 14.3% compared to induced vaginal birth at 5% and spontaneous vaginal delivery at 1.6%. The data revealed the most adverse newborn outcomes associated with emergency cesarean delivery, including elevated death rates, increased NICU hospitalizations, and problems such as low birth weight and meconium aspiration syndrome.

Table 7: Neonatal Outcomes Based on Mode of Delivery in Postdated Pregnancies			
Outcome Parameter	**Spontaneous Vaginal Delivery (n = 64)**	**Induced Vaginal Delivery (n = 23)**	**Emergency LSCS (n = 7)**
Neonatal Mortality (%)	1.6% (1 patient)	4.3% (1 patient)	14.3% (1 patient)
Apgar Score <7 at 5 minutes (%)	2% (1 patient)	6.5% (2 patients)	28.6% (2 patients)
NICU Admission (%)	8% (5 patients)	17.4% (4 patients)	42.9% (3 patients)
Low Birth Weight (<2500g) (%)	4.7% (3 patients)	13% (3 patients)	28.6% (2 patients)
Meconium Aspiration Syndrome (%)	1.6% (1 patient)	5% (1 patient)	14.3% (1 patient)

Discussion

This study's results have provided significant insights into the implications of postdated pregnancies, which sometimes entail several dangers for both moms and neonates. Oligohydramnios was observed in 40% of the sample, with a higher prevalence in induced labor (52%) compared to spontaneous labor (35%). This reiterates a significant concern in the management of postdated pregnancies, as oligohydramnios may elevate the incidence of emergency lower segment cesarean sections (LSCS). Sixty percent of these individuals required surgical intervention. Meconium-stained amniotic fluid occurred in 16% of cases, with a higher prevalence of 25% in induced labor. This has exacerbated the hazards, since it was the principal cause of emergency C-sections, accounting for 57% of emergency LSCS cases.

Similarly, Nation et al. (2024) emphasized analogous findings with meconium-stained amniotic fluid [21]. It was found that 16% of women with postdated pregnancies had meconium-stained amniotic fluid, and the necessity for emergency cesarean sections was markedly elevated in instances when meconium was detected, especially during induced labor. The current study's findings indicate that meconium-stained amniotic fluid was seen in 16% of instances, and the necessity for emergency lower segment cesarean section was increased during induced labor. Their research found that labor induction elevates the likelihood of fetal distress, resulting in an increased rate of surgical interventions.
In contrast to our findings, Ghosh et al. (2020) reported no significant difference in the incidence of oligohydramnios or meconium-stained amniotic fluid between induced and spontaneous labor in postdated pregnancies [22]. Their research indicated that the incidence of emergency LSCS was not substantially higher in the induced labor group compared to spontaneous labor, which contrasts with our study's finding of an elevated surgical intervention rate in the induced labor group.

Williams et al. suggested that with meticulous supervision, induction in postdated pregnancies might be conducted safely, mitigating the poor consequences often linked to the procedure. The overall incidence of IUD was modest at 3%, but it increased to 6% in pregnancies affected by oligohydramnios and remained at 3% in cases with meconium-stained liquid. The probability of intrauterine death (IUD) was marginally elevated with induced labor at 4% compared to 2% for spontaneous labor, indicating that induced labor may provide a slightly heightened risk for fetal demise. These findings indicate that vigilant surveillance of fetal health, especially for indications of oligohydramnios and meconium-stained amniotic fluid, is crucial in the management of postdated pregnancies.

Liu et al. (2022) conducted a study examining the correlation between oligohydramnios and intrauterine mortality in postdated pregnancies [23]. They determined that pregnancies affected by oligohydramnios had a markedly elevated risk of intrauterine demise compared to those with normal amniotic fluid levels. The investigation confirmed the findings of the current research, indicating IUD rates of 6% in instances of oligohydramnios, suggesting that reduced amniotic fluid levels may contribute to fetal mortality.

Agrawal et al. (2020) examined the results of labor induction at term and beyond in postdated pregnancies, noting that intrauterine death occurred somewhat more frequently with labor induction compared to spontaneous labor [24]. Their results align with this study's findings, indicating that induced labor has a greater risk of fetal death at 4%, compared to 2% for spontaneous labor. This indicates that induction may provide a possible danger to fetal outcomes and should thus be approached with utmost caution during the process. Nikitha et al. (2018) conducted analogous study, revealing that meconium-stained amniotic fluid constitutes a risk factor for adverse outcomes, including intrauterine death (IUD) [25]. Their research indicated that the occurrence of fetal discomfort and intrauterine demise was considerably higher when the amniotic fluid was meconium-stained. This aligns with the findings of the current study, in which 3% of IUD instances were linked to meconium-stained amniotic fluid. The presence of meconium is a significant indicator to monitor in postdated pregnancies to reduce hazards.

Neonatal outcomes also reflected the heightened risks associated with postdated pregnancies. NICU admissions occurred more frequently in induced labor (16%) than in spontaneous labor (8%), and the prevalence of low birth weight was greater in induced labor (13%) and emergency LSCS (28.6%). The most concerning discovery was the elevated occurrence of meconium aspiration syndrome in emergency LSCS (14.3%), which further emphasizes the seriousness of newborn sequelae in these instances. Notably, newborn mortality was highest in emergency LSCS at 14.3%, followed by induced vaginal delivery at 4.3%, and lowest in spontaneous vaginal delivery at 1.6%. This suggests that the method of delivery significantly influences newborn outcomes, with the most unfavorable results occurring in emergency cesarean deliveries, likely due to increased fetal distress.

Vedha et al. (2024) studied newborn outcomes in postdated pregnancies about the technique of delivery [26]. The authors determined that emergency cesarean section (LSCS) elevates newborn complication rates, including NICU hospitalization, low birth weight, and meconium aspiration syndrome. Their findings aligned with the present study, indicating that emergency LSCS exhibited the greatest newborn morbidity rates at 42.9%, whereas induced vaginal delivery recorded 17.4% and spontaneous vaginal delivery 8%. The study indicated that "fetal distress and meconium aspiration" were more prevalent in cesarean procedures, resulting in worse newborn outcomes.

Retrospective research conducted by Mishra et al. (2018) on newborn outcomes in postdated pregnancies revealed that neonatal death was greatest in instances necessitating emergency cesarean surgery [27]. They observed that emergency LSCS correlated with considerable fetal discomfort and negative outcomes, such as meconium aspiration syndrome and diminished Apgar scores, consistent with the current study's findings, which indicated the greatest newborn death rate in emergency LSCS patients (14.3%). Similarly, Singh et al. (2020) examined newborn outcomes in induced vs spontaneous labor in postdated pregnancies [28]. Their findings demonstrated that induced labor correlated with a heightened risk of neonatal complications, such as NICU admissions and low birth weight, aligning with the current study's results, which revealed that 16% of neonates from induced labor were admitted to the NICU, in contrast to 8% from spontaneous labor. Their research indicated that the heightened use of therapies, such as induction, may lead to an elevated occurrence of unfavorable outcomes throughout the newborn period.

Maternal outcomes indicate an elevated risk linked to forced labor, including increased risks of postpartum hemorrhage, infections, and severe pre-eclampsia. In this scenario, problems during spontaneous labor were comparatively fewer than those described for induced labor. The elevated maternal risk in induced labor may stem from the probability of a prolonged labor phase, increased intervention rates, and consequent stress on both maternal and fetal health. Amare et al. (2021) conducted a study on maternal outcomes in postdated pregnancies, revealing that women who experienced labor induction faced a markedly elevated risk of maternal complications, such as postpartum hemorrhage (PPH), infection, and severe pre-eclampsia, in contrast to those who had spontaneous labor [29]. The study attributes this to the increased use of medical interventions, such as oxytocin administration, epidural analgesia, and the need for instrumental assistance during delivery.

The present study's findings indicate that maternal problems occurred more frequently in induced labor (12%) than in spontaneous labor (4%). This study underscores the heightened dangers linked to postdated pregnancies, especially with maternal and newborn health. The results indicate that induced labor correlates with worse outcomes relative to spontaneous labor, exhibiting elevated rates of problems including meconium-stained amniotic fluid, emergency cesarean sections, and negative neonatal outcomes such as NICU hospitalizations and low birth weight. Meticulous oversight, prompt intervention, and management of labor and delivery are essential in mitigating these risks, particularly for pregnancies that exceed the anticipated due date. Idris et al. (2022) discovered that postdated fetuses with meconium-stained amniotic fluid had a markedly elevated incidence of emergency cesarean procedures [30]. The study's findings suggest that meconium-stained amniotic fluid typically signifies fetal discomfort, necessitating prompt care, particularly in instances of induced labor, as demonstrated in the current research. The 70% incidence of emergency C-sections for meconium-stained amniotic fluid in this research aligned with comparable results in previous publications.

Philpot et al. (2020) conducted a study examining the correlation between delivery method and infant outcomes in postdated pregnancies [31]. Their data revealed that emergency C-sections correlated with the worst newborn outcomes, including elevated instances of low birth weight, meconium aspiration syndrome, and neonatal death. The findings of the current study align with previous research, indicating that infant death and comorbidities were more pronounced in emergency LSCS patients. Coates et al. (2020) determined that in instances of postdated pregnancies, forced labor markedly elevated the chances of maternal problems such as postpartum hemorrhage, infection, and pre-eclampsia [32]. Their study indicated a worse newborn outcome, with increased NICU

hospitalizations and elevated rates of low birth weight, particularly in the induced labor cohort. These outcomes reflect the challenges identified in this study, where induced labor was associated with higher rates of maternal and neonatal complications compared to spontaneous labor.

Conclusion

In conclusion, this study highlights the increased risks associated with postdated pregnancies, particularly in terms of maternal and neonatal outcomes. The findings show a higher prevalence of complications such as oligohydramnios and meconium-stained amniotic fluid, which were more prominent in induced labor and linked to a greater need for emergency cesarean sections. Neonatal outcomes, including NICU admissions, and perinatal mortality, were notably worse in these cases. The study emphasizes the need for meticulous monitoring and individualized management strategies, especially when labor induction is considered, due to its association with heightened risks. Early intervention, close surveillance, and risk assessment are essential to improving outcomes for both mothers and infants in postdated pregnancies. Future research with larger sample sizes is needed to further understand these risks and refine management practices.

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