Study Finds 1 in 15 Late Preterm Births Could Be Avoidable

BY SHARON WORCESTER
FROM OBSTETRICS & GYNECOLOGY

One in 15 neonates in a large, retrospective, observational study was delivered at 34-36 weeks’ gestation for potentially avoidable or elective precursors for late preterm delivery, and those deliveries were associated with greater risk of neonatal morbidity and mortality than were deliveries at or after 37 weeks for the same indications.

The findings suggest that nearly 7% of late preterm births — and possibly their associated morbidity and mortality — could be avoided, according to Dr. S. Katherine Laughon of the Eunice Kennedy Shriver National Institute of Child Health and Human Development and her colleagues.

The investigators also found that different precursors for late preterm deliveries were associated with differing rates of neonatal morbidity and mortality than were deliveries at or after 37 weeks for the same indications.

The decision not to deliver when possible expecially may be an understandable result of concern regarding stillbirth, and although this study suggested that there was no increased risk of stillbirth with expectant management, it wasn’t designed for that purpose, so that finding is not conclusive, he said.

Guideline development, as recommended by the authors, could indeed help with decision making in that small percentage of patients with soft or unknown indications for late preterm birth, in whom expectant management might be the best policy, he said.

Dr. AMON is professor of obstetrics and gynecology, and director of maternal-fetal medicine at St. Louis University. Dr. Amon disclosed that he has received honorarium from Alee for speaking on late preterm birth.

Delay Delivery When Possible

These findings provide important information about the risks of delivery prior to term — including in the late preterm — and particularly in women with “soft” precursors for late preterm delivery, Dr. Erol Amon said in an interview.

Most research on complications associated with preterm delivery involves babies born before 32 weeks’ gestation, he said, noting that because babies born in what is now known as the late preterm period (previously known as near term) typically do quite well, there is some complacency when it comes to delivering in this time period.

However, as this well-conducted study demonstrates, they don’t always do well, and for that reason it is important to delay delivery when possible, he said.

The take-home message, he said, is that there is a great deal of physician intervention in this category of patients who have soft precursors for late preterm delivery, but that’s not to say physicians are doing anything wrong.

“In the vast majority of cases they are doing the right thing,” Dr. Amon said.

The decision not to manage these patients expectantly may be an understandable result of concern regarding stillbirth, and although this study suggested that there was no increased risk of stillbirth with expectant management, it wasn’t designed for that purpose, so that finding is not conclusive, he said.

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