

# Guidelines provided for suboptimally dated pregnancies

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(HealthDay)—Guidelines have been provided for managing pregnancies

in which the best clinical estimate of gestational age is suboptimal, according to a committee opinion published in the March issue of *Obstetrics & Gynecology*.

Russell S. Miller, M.D, and colleagues from the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice provided guidance for managing pregnancies without an ultrasonographic examination confirming or revising the estimated due date before 22 0/7 weeks of gestation.

The researchers note that women with a suboptimally dated pregnancy cannot have elective delivery. Because of lack of a superior alternative, women with suboptimally dated pregnancies should be managed according to the guidelines for indicated late-preterm and early-term deliveries. In women with suboptimally dated pregnancies who are at perceived risk of preterm delivery, the best clinical estimate of gestational age should serve as the basis for decisions regarding antenatal corticosteroid exposure. When considering delivery in a woman with a suboptimally dated pregnancy, amniocentesis for [fetal lung maturity](#) is not recommended as a routine component of decision making. For suboptimally dated pregnancies, initiation of antepartum fetal surveillance at 39 to 40 weeks of gestation may be considered.

"During the antenatal care of a woman with a suboptimally dated pregnancy, it is reasonable to consider an interval ultrasonographic assessment of fetal weight and [gestational age](#) three to four weeks after the initial ultrasonographic study," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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