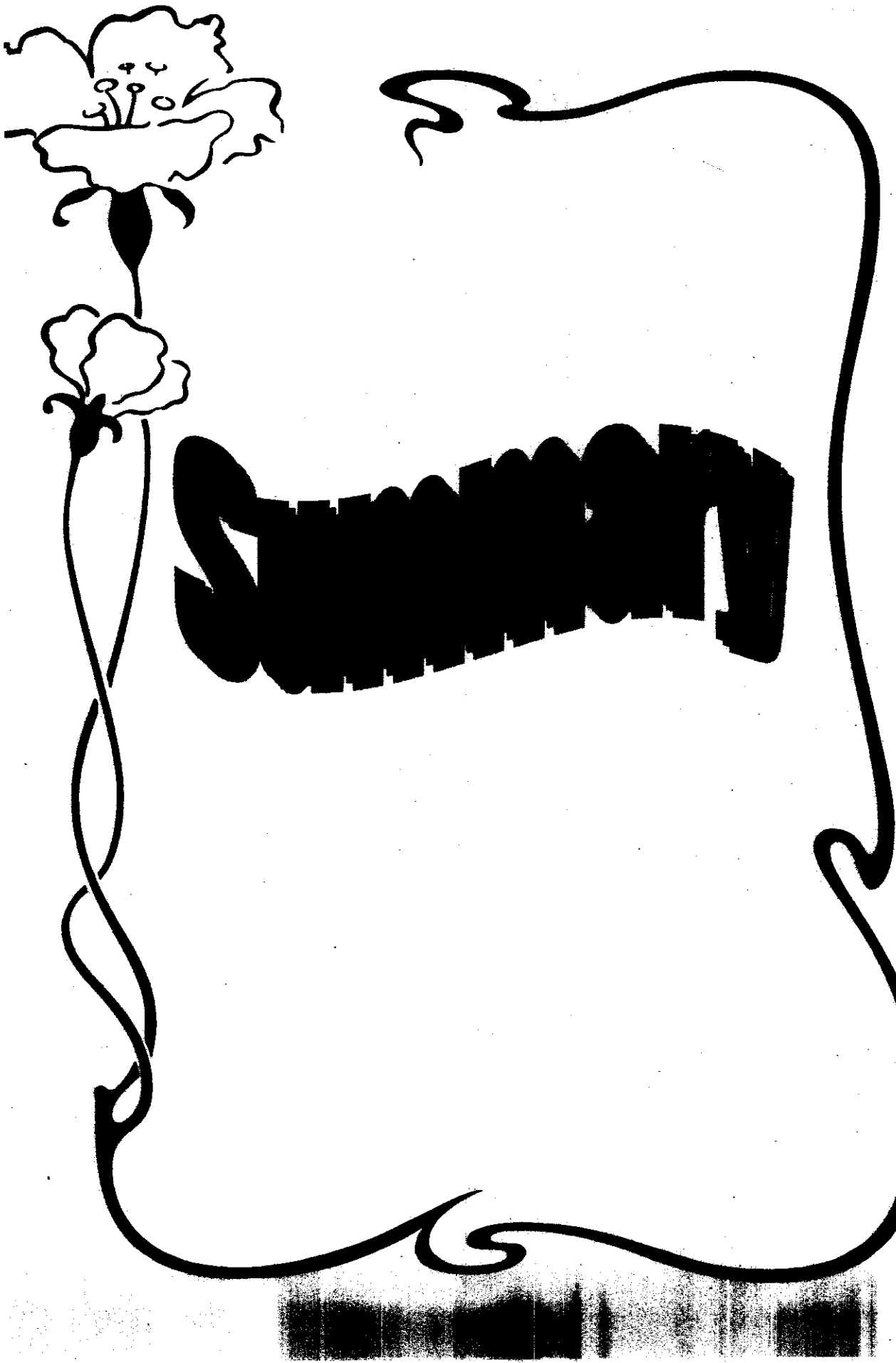
SUMMARY

SUMMARY

Post-term pregnancy is associated with increased perinatal mortality and morbidity.

Post-term pregnancy, defined by the world health organization (WHO) and the international federation of Gynecology and Obstetrics (FIGO) is forty-two completed weeks or more.

Post-term pregnancy is a common indication for antepartum fetal surveillance.

Our objective was to compare Biophysical profile and modified Biophysical profile as a pridictor of fetal well-being in Post-term pregnancy.

The study was performed amongest Post-term women admitted for induction of labour at 42 weeks gestation or more.

Gestation was estimated on the basis of certain last menstrual period (LMP) in women with a history of regular cycles. Cases with pre-eclampsia, gestational diabetes, contraindications to vaginal delivery (e.g placenta praevia, non cephalic presentation) or evidence of fetal or maternal compromise were excluded from the study.

Each woman selected has been subjected to detailed history and general examination, abdominal examination, vaginal examination, ultrasonographic examination for estimation of fetal weight and placental grading.

Fetal Biophysical profile based on five observations (Non-stress test, fetal body movements, fetal chest wall movements, fetal tone and measurement of vertical pocket of amniotic fluid). Modified biophysical profile in which the non stress test serves as an immediate indicator of fetal well-being and the amniotic fluid index reflects the longer-term adequacy of placental function.

Induction was performed with 3mg prostaglandin E_2 pessaries administered vaginally and repeated 6 hourly if necessary. augmentation by oxytocin or amniotomy were performed for some patients.

The outcome measures were the spontaneous labour and cesarean section rates and perinatal morbidity specifically Apgar scores and presence of meconium.

Our results demonstrated that the incidence of oligohydramnios in Post-term pregnancy was 10%, borderline oligohydramnios 46.67% which go hand in hand with neonatal morbidity as proved by abnormal Apgar score after 1min ($P<0.01$).

Our results revealed that the incidence of cesarean section in Post-term pregnancy was 30%.

Moreover, our results demonstrated that sensitivity of Biophysical profile was 78.9% equal to that of modified biophysical profile. Positive predictive value of biophysical profile was 100% compared to that of AFI (88.2%) and non-stress test (80%).

As the sensitivity of both biophysical profile and modified biophysical profile are equal after one and after five min, The Modified

biophysical profile is an excellent practical screening test than biophysical profile which is more time-consuming (30 minutes) than modified biophysical profile (10 minutes) and requires additional experience with ultrasonographic examination of the fetus.

The modified biophysical profile is relatively easy to perform and requires limited ultrasonographic experience.