The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION SUMMARY

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Committee on Obstetric Practice

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Russell S. Miller, MD, and R. Phillips Heine, MD.

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Management of Suboptimally Dated Pregnancies

ABSTRACT: The American College of Obstetricians and Gynecologists considers first-trimester ultrasonography to be the most accurate method to establish or confirm gestational age. Pregnancies without an ultrasonographic examination confirming or revising the estimated due date before 22 0/7 weeks of gestation should be considered suboptimally dated. This document provides guidance for managing pregnancies in which the best clinical estimate of gestational age is suboptimal. There is no role for elective delivery in a woman with a suboptimally dated pregnancy. Although guidelines for indicated late-preterm and early-term deliveries depend on accurate determination of gestational age, women with suboptimally dated pregnancies should be managed according to these same guidelines because of the lack of a superior alternative. The best clinical estimate of gestational age should serve as the basis for decisions regarding antenatal corticosteroid exposure in women with suboptimally dated pregnancies who are at perceived risk of preterm delivery. Amniocentesis for fetal lung maturity is not recommended as a routine component of decision making when considering delivery in a woman with a suboptimally dated pregnancy. Late-term delivery is indicated at 41 weeks of gestation when gestational age is uncertain, using the best clinical estimate of gestational age. Initiation of antepartum fetal surveillance at 39–40 weeks of gestation may be considered for suboptimally dated pregnancies. 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 3–4 weeks after the initial ultrasonographic study.

Recommendations

The American College of Obstetricians and Gynecologists (the College) makes the following recommendations and conclusions:

- Pregnancies without an ultrasonographic examination confirming or revising the estimated due date before 22 0/7 weeks of gestation should be considered suboptimally dated.
- The timing of indicated delivery in a woman with a suboptimally dated pregnancy should be based on the best clinical estimate of gestational age.
- There is no role for elective delivery in a woman with a suboptimally dated pregnancy.
- Amniocentesis for fetal lung maturity is not recommended as a routine component of decision making when considering delivery in a woman with a suboptimally dated pregnancy.
- 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 3–4 weeks after the initial ultrasonographic study. Although this follow-up examination is intended to support the working gestational age, interval fetal growth assessment potentially may detect cases of fetal growth restriction.

- Given concern that a full-term or late-term suboptimally dated pregnancy could actually be weeks further along than it is believed to be, initiation of antepartum fetal surveillance at 39–40 weeks of gestation may be considered.

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