

**PROF. B. H. SHEARES:** In discussing postmaturity, said that it was a very controversial subject. Some authorities thought that the condition had an adverse effect on the baby, while others disagreed. There was no set definition for postmaturity. Clifford of Boston Lying-in Hospital defined postmaturity as a gestation of over 300 days from the first day of the last menstrual period. He found that the incidence of such cases was 6% and that there was a foetal mortality rate of 33%. Fifty per cent of these deaths occurred in utero. Hence in primigravidae of 35 years and over he did not allow gestation to continue beyond the expected date of delivery.

The physiological changes noted in postmature babies could be divided into three groups according to the degree of placental dysfunction i.e. anoxia:—

*Stage I:* No anoxia. The vernix caseosa disappeared, the skin being exposed to the amniotic fluid. The skin was therefore dry and parchment-like with little maceration.

*Stage II:* Some anoxia. The baby passed meconium and the skin and cord were stained green.

*Stage III:* Anoxia had gone one for some time. The skin, cord and nails were stained yellow.

The question was often asked "What is the duration of pregnancy in human beings?" Stewart of the Henry Ford Hospital followed 135 cases, and found, by taking basal body temperature, that none of the pregnancies went beyond 285 days from the date of ovulation. If the period of gestation had been calculated from their last menstrual period, they would have been 300 days pregnant.

How should one manage a case of postmaturity? One should follow the patient regularly in the antenatal clinic, taking account of the last menstrual period and the date of quickening. If the case was postmature and if the vaginal findings were favourable, labour should be induced. However, in patients where the cervix was not effaced, the Dystocia—Dystrophia syndrome was often present; in such cases repeated doses of Pitocin was given to ripen the cervix and then labour was induced.

There would always be a danger attached to the condition of postmaturity, so that the obstetrician would have to make a careful decision. Postmaturity was one of the complications where the art of obstetrics came in.