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An echo of an important but often neglected issue—late preterm births

One recent publication from Wang et al [1] attracted our attention. This article gave an echo in our heart, since both articles discussed a very important, but often neglected issue—the risk of late preterm births. The risk of these late preterm births, defined as infants born at 34–37 weeks of gestation or 35–38 weeks of gestation, was often overlooked, based on a malpractice idea. In the past, these newborns were considered “near term or almost term” based on normal birth weight and size, and they were treated as if they were functionally full term [1]; therefore, it was supposed that there is no difference in perinatal and neonatal outcomes between late preterm births and full term births. However, these infants born at 34–37 weeks of gestation have a higher risk of death and complications than those born later in pregnancy, despite having a lower risk than premature infants delivered before 34 weeks of gestation [1–3]. Many studies have shown much evidence to support the risk for these late preterm births [4,5].

After increasing nearly every year since 1990, rates of induced labor for singleton births have decreased in recent years [3]. In fact, Osterman and Martin at the Centers for Disease Control and Prevention’s National Center for Health Statistics reported that rates of induced labor had more than doubled, from 9.6% in 1990 to a high of 23.8% in 2010 [3]. During the 1980s, 1990s, and up until 2006, the length of pregnancies in the United States shortened [3]. From 1981 until 2006, the proportion of infants delivered at <39 gestational weeks increased nearly 60%, whereas deliveries at ≥39 weeks of gestation declined more than 20%, and this shift in the gestational age distribution has been associated with greater use of cesarean section and induction of labor prior to full term [3].

Although the reasons for induction of labor prior to full term are varied and not fully understood, an overlooked risk of these late preterm babies might be a key factor. Fortunately, the trend towards shortening gestational age has partially reversed. The rate of induction of labor decreased slightly in 2011, to 23.7%, and again in 2012, to 23.3% [3]. Why have recent declines in induction of labor by gestational age happened? Osterman and Martin [3] supposed that changes in rates of induced labor, particularly at 34–37 weeks of gestation, or 35–38 weeks of gestation, might be related to changing obstetric practice patterns, because research has shown greater risks of morbidity and mortality among infants born during these weeks compared with those born later in pregnancy.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

References