

additional details of care.

Postterm Infants

Infants born beyond 42 weeks as calculated from the mother's last menstrual period (or by gestational age assessment) are considered to be postterm regardless of birth weight. This constitutes 3.5% to 15% of all pregnancies. The cause of delayed birth is unknown. Some infants are appropriate for gestational age but show the characteristics of progressive placental dysfunction. These infants display characteristics such as absence of lanugo, little if any vernix caseosa, abundant scalp hair, and long fingernails. The skin is often cracked, parchment-like, and desquamating. A common finding in postterm infants is a wasted physical appearance that reflects intrauterine deprivation. Depletion of subcutaneous fat gives them a thin, elongated appearance. The little vernix caseosa that remains in the skinfolds may be stained a deep yellow or green, which is usually an indication of meconium in the amniotic fluid.

There is a significant increase in fetal and neonatal mortality in postterm infants compared with those born at term. They are especially prone to fetal distress associated with the decreasing efficiency of the placenta, macrosomia, and meconium aspiration syndrome. The greatest risk occurs during the stresses of labor and delivery, particularly in an infant of a **primigravida**, or a woman delivering her first child. Close surveillance with fetal assessment and induction of labor is usually recommended when infants are significantly overdue.

High Risk Related to Physiologic Factors

Hyperbilirubinemia

Hyperbilirubinemia refers to an excessive level of accumulated bilirubin in the blood and is characterized by **jaundice**, or **icterus**, a yellowish discoloration of the skin, sclerae, and nails.

Hyperbilirubinemia is a common finding in newborns and in most instances is relatively benign. However, in extreme cases, it can indicate a pathologic state.