

“So what is the “**Due**” date?”

Unlike the due date on your monthly mortgage or car payment, your “Due” Date is not the point at which your baby is “due” to be delivered. Your Due Date is nothing more than an approximate target date your doctor estimates when your baby is likely to be born. It is loosely based upon an old dictum that stated women took “10 moons to deliver”. Back when this statement was made, the world was using the lunar calendar and each month had 28 days. So it was generally accepted that human gestation took approximately 280 days.

The first person to scientifically study and write about the estimated due date was a German Physician Franz Naegele. He developed a formula, now known as “Naegele’s Rule” for estimating a woman’s due date. This rule works by subtracting three months from the first day of your last menstrual period, adding seven days, then add one year. This totals 280 days. In modern times, researchers working with couples having difficulty achieving a pregnancy tested this theory and to their surprise, the average gestation turned out to be approximately 282 days. So 280 days remained the accepted average gestational age by convention and for its simplicity. 280 days is used on the “pregnancy wheel” that you will see being used in your doctors office for estimating your due date from the first day of your last menstrual period.

Now if you want to get technical, there are some assumptions with this method. Leap year is not in the equation. Years actually have roughly 365 1/4 days. Not all women have 28 day menstrual cycles. Nonetheless, the formula makes quick calculations easy so again, we use it by convention. After all, it is just an estimation.

Another point to consider. Not all women are created the same. Genetic influences play a role in determining when a developing fetus will be ready for delivery. The initiating events of labor are still unknown. The majority of normal pregnancies will deliver between 38 and 42 weeks (or 266 and 294 days). “**Term**” is a term we use to describe this time period when most women are likely to deliver. The majority of women will spontaneously go into labor during this time period.

A word about ultrasound. Unfortunately this technological advance cannot improve the accuracy of your delivery date. Ultrasound bases its calculations on conventional measurements of your baby and assigns a gestational age based upon those measurements. It then compares those measurements to the findings of many other “normal” babies measured at the same gestational age. This tells your doctor how close your baby is to average for the gestational age but tells us nothing about when your baby will likely be born. This information tells your doctor that your baby’s growth is essentially on schedule. The ultrasound is most accurate at estimating your due date early in your pregnancy and can be very helpful to your doctor especially if you are not very sure about your last menstrual period.

It is not necessary to be delivered by your estimated due date. Most doctors would prefer that you start labor by the end of term (42 weeks) and most doctors agree that it is

preferable to induce labor if labor has not started spontaneously by the end of 42 weeks. We will institute “monitoring” as a precaution to be sure your baby is healthy during your 40th week. This usually constitutes a weekly or twice weekly NST and/or a weekly ultrasound for amniotic fluid measurement. Your doctor will discuss monitoring and labor induction options with you once you pass your estimated delivery date.

So basically...your “**due**” date is a simply...a guess. It does not mean you need to be delivered. We do need to have some sort of target date for delivery. Doctors think about it this way. The estimated delivery date is the average time for **all** women. Because all women are not the same, we use a plus/minus 2 week time period and call that “term” or your estimated time of delivery. We expect 90% plus of women to deliver by the end of that time span...naturally.