



Your Due Date: What It Really Means

Your due date is an estimate, not an expiration date.

Getting a due date can make pregnancy suddenly feel very real. You have a date to circle on the calendar, a date to tell your family, and a date to imagine finally meeting your baby.

Then that date arrives.

And you're still pregnant.

If you're wondering, "Why hasn't my baby come yet?" you're not alone.

The first thing to know is this:

Your due date is an estimate of when your baby may be born. It is not a deadline.

How is my due date calculated?

Traditionally, the estimated due date is calculated as 280 days, or 40 weeks, from the first day of your last menstrual period.

That calculation assumes a 28-day menstrual cycle with ovulation around day 14. Real people don't always work that neatly.

You may ovulate earlier or later than day 14. Your cycles may be shorter or longer than 28 days. You may not remember the exact date your last period started.

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That's one reason ultrasound can be useful for pregnancy dating.

According to ACOG, an ultrasound in the first trimester, through 13 weeks and 6 days, is the most accurate way to establish or confirm gestational age.

If your pregnancy resulted from IVF or another form of assisted reproductive technology, the dating is based on the embryo's age and the date of transfer rather than simply counting from your last menstrual period.

So what does my due date actually tell me?

It gives your care team a useful estimate of how far along your pregnancy is. That's important.

Gestational age helps your care team determine when certain tests should be offered, evaluate your baby's growth, and make decisions if concerns arise during pregnancy.

But an estimated due date does not tell anyone the exact day your baby will be born.

Think of it as a reference point, not a finish line.

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What does "full term" actually mean?

You may have heard that pregnancy lasts 40 weeks and that anything from 37 to 42 weeks is "term."

That terminology has changed.

ACOG and the Society for Maternal-Fetal Medicine now use these categories:

Early term: 37 weeks 0 days through 38 weeks 6 days

Full term: 39 weeks 0 days through 40 weeks 6 days

Late term: 41 weeks 0 days through 41 weeks 6 days

Postterm: 42 weeks 0 days and beyond.

This matters because "term" does not mean that every day between 37 and 42 weeks carries exactly the same risks or benefits.

What if I reach my due date and I'm still pregnant?

First, take a breath.

Being pregnant on your due date is not unusual.

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ACOG says that most women who give birth after their due dates have uncomplicated labors and healthy babies. At the same time, some risks increase as pregnancy continues into late term and postterm pregnancy.

Your provider may talk with you about monitoring your pregnancy as you get farther past your due date.

Depending on your individual circumstances, that may include things such as:

- checking your baby's heart rate
- checking amniotic fluid
- ultrasound
- a nonstress test
- a biophysical profile
- discussing induction of labor

The important word here is discussing.

Your care at this point should be based on your pregnancy, your baby's condition, your medical circumstances, and your preferences.

Does reaching 41 weeks mean I have to be induced?

Not automatically.

This is an important conversation to have with your provider because recommendations can depend on your individual circumstances.

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Your provider may also discuss your Bishop Score, which is one way of assessing how favorable your cervix is for induction.

ACOG says induction may be recommended when pregnancy reaches 41 weeks.

That doesn't mean that reaching 41 weeks automatically means something is wrong with your baby.

It means the balance between continuing the pregnancy and delivering the baby deserves a careful discussion.

Ask:

- **Why are you recommending induction now?**
- **What are the benefits in my particular situation?**
- **What are the risks?**
- **What happens if I wait?**
- **What monitoring would you recommend if I wait?**
- **How long would you be comfortable waiting?**

Those questions can help turn “You need to be induced” into an actual conversation about your options.

What happens after 42 weeks?

A pregnancy that reaches 42 weeks is considered postterm. The risks associated with continuing pregnancy increase as pregnancy continues beyond 41 weeks.

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ACOG lists possible concerns including stillbirth, a larger baby, decreased amniotic fluid, meconium-related complications, and increased chances of assisted vaginal birth or cesarean birth.

That does not mean that something bad will happen if you reach 42 weeks.

It means the situation deserves closer attention and a discussion with your care team about the safest options for you and your baby.

Does a late baby automatically mean a big baby?

No.

Your baby doesn't suddenly become enormous because you passed your due date.

Baby size is affected by many factors, and an ultrasound estimate of fetal weight is just that: an estimate. Ultrasound can be off by 30%.

If your provider is concerned that your baby may be large, ask what that concern means for your particular pregnancy and what options you have.

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What about the placenta?

As pregnancy continues, your care team may want to pay closer attention to how your placenta and baby are doing.

This is one reason you may be offered additional monitoring after 41 weeks.

Depending on your situation, your provider may recommend tests such as a nonstress test or ultrasound to assess your baby's well-being and amniotic fluid.

Monitoring can provide useful information, but it does not guarantee that every possible problem will be detected.

What should I do if I'm approaching or past my due date?

This is where I want you to shift your thinking.

Instead of “Why isn't my baby here yet?” try “How is my baby doing, and what are my options?”

Ask your provider:

- How confident are we in my due date?
- How was my due date established?
- Is there any reason you are concerned about continuing my pregnancy?
- Do you recommend additional monitoring?

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- What are the benefits and risks of induction in my situation?
- What are the benefits and risks of waiting?
- If we wait, what would you want to monitor?
- At what point would you recommend induction, and why?
- What questions should I be asking that I haven't thought of?

You don't need to make every decision on your own. You should understand the decisions you're being asked to make. [Learn how BEST prepares families for hospital birth.](#)

And what if I just want my baby to come already?

I get it.

At 40 weeks and three days, 40 weeks and six days, or 41 weeks and two days, “I'm done being pregnant” can feel like a perfectly reasonable medical condition.

But there is no guaranteed home trick that can tell your baby, “Okay, today's the day.”

Your job isn't to force your baby out because the calendar says it's time.

Your job is to stay informed, pay attention to your baby's movements, keep your prenatal appointments, ask questions, and work with your care team to decide what makes sense for your pregnancy.

And yes, you are allowed to be completely over it.

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One more thing about your due date

A due date can become surprisingly powerful.

Once you have one, every day before it can feel like you're getting closer.

Every day after it can feel like you're late.

You're not.

You are pregnant. Your baby is still growing. Your care team is watching for signs that you or your baby need something different.

Your due date is a useful medical estimate.

It is not a deadline.

And it certainly isn't a test you failed because your baby didn't show up on Tuesday.

The bottom line

Your estimated due date helps your care team determine how far along your pregnancy is and make decisions about your care.

It does not predict the exact day your baby will be born.

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If you reach your due date and you're still pregnant, you haven't done anything wrong.

If you reach 41 weeks, it's time for a thoughtful conversation about monitoring, induction, and your options.

And if you're being told that something has to happen simply because you've reached a certain date, ask why.

Understanding your options doesn't mean refusing medical care.

It means being an informed participant in your care.

If you're feeling intimidated or not confident discussing your induction options with your doctor, let's talk – I can help!