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INDUCTION OF LABOR BY ORAL AND VAGINAL MISOPROSTOL IN SLUM AREA OF KARACHI

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ABSTRACT

Objective: To compare the safety and efficacy of low dose misoprostol by oral and vaginal routes for induction of labor.

Study Design: Quasi Experimental

Setting: Department of Gynecology and Obstetrics Jinnah Medical and Dental College Hospital, Korangi Industrial Area Karachi from 01-September-2010 to 28-February-2011.

Methods: Total 100 patients, fulfilling the inclusion criteria for induction of labour, were selected by using non probability convenient sampling technique. They were divided into two groups, 50 patients in each vaginal and oral group and were given 50 microgram of misoprostol six hourly till bishop score improved. Maximum of 3 doses were given and results were analyzed through SPSS version 17.

Results: Statistically there was not much difference observed in maternal age, gestational age, parity, induction delivery interval and number of doses required. The most significant difference was found in the mode of delivery as caesarean section rate [15 (30%) p-value 0.02] was higher in the oral group. Besides, meconium stained liquor [20 (40%) p-value 0.001] and the fetal distress [13 (26%) p-value 0.220] were also found to be higher in the oral group. In terms of maternal complication there was much difference in nausea, vomitting [21 (42%) p-value 0.009], diarrhea [14 (28%) p-value 0.003] and fever with shivering [5 (10%) p value 0.999] in the oral group.

Conclusion : Vaginal group is found to be safer than the oral group. Although misoprostol is equally effective in both oral and vaginal groups, however it is the safety consideration which gives primacy to the vaginal group as compared to the oral group.

Key Words : Miesoprostol, Induction, Safety.

INTRODUCTION

Induction of labor is an iatrogenic stimulation of uterine contractions to accomplish the delivery prior to the onset of spontaneous labour.[1] The process of induction of labour should only be considered when vaginal delivery is felt to be the appropriate route of delivery.[2] Induction of labour after 37 weeks gestation is a common obstetric intervention with many indications e.g post date pregnancy, Pre- eclampsia, Pre-labour rupture of membranes(PROM), Oligohydramnios, Intraute-rine growth retardation (IUGR) and even for social reasons. With more than 15% of all pregnant women require some aid in cervical ripening at the labour induction, so there is widespread interest and demand for an effective and safe method for labour induction[3-8].

Labour may be induced using medical methods (Oxytocin or Prostaglandins) or mechanical methods (e.g extra amniotic baloon catheters or artificial rupture of the membrances (ARM)). Prostaglandins have been shown to be of a beneficial to reduce the need for caesarean section when the cervix is unfavourable. [9]

Prostaglandin oestradiol PGE2 is an agent that has been shown to have utility in promoting cervical ripening and labour initiation. Recently investigators have shown the