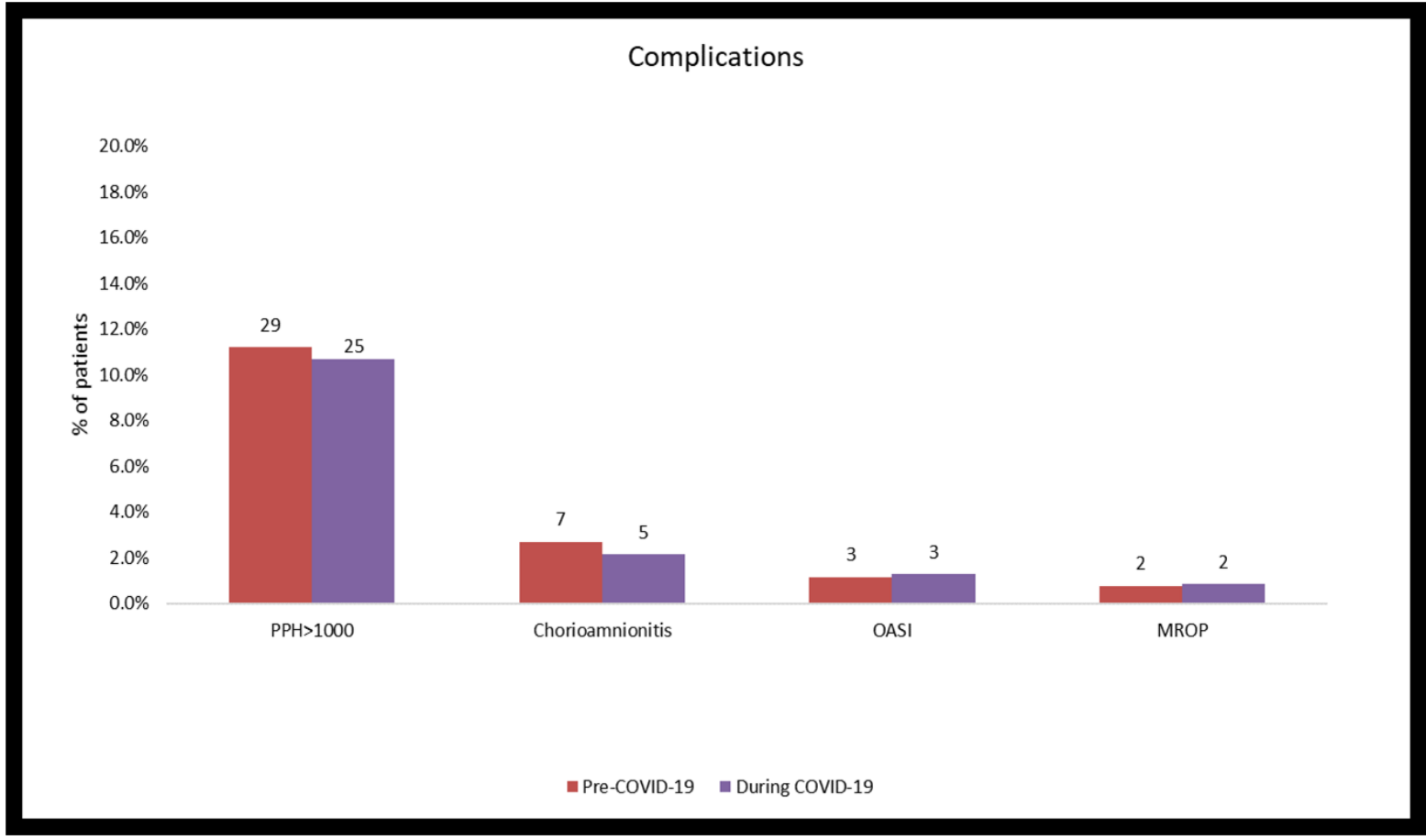
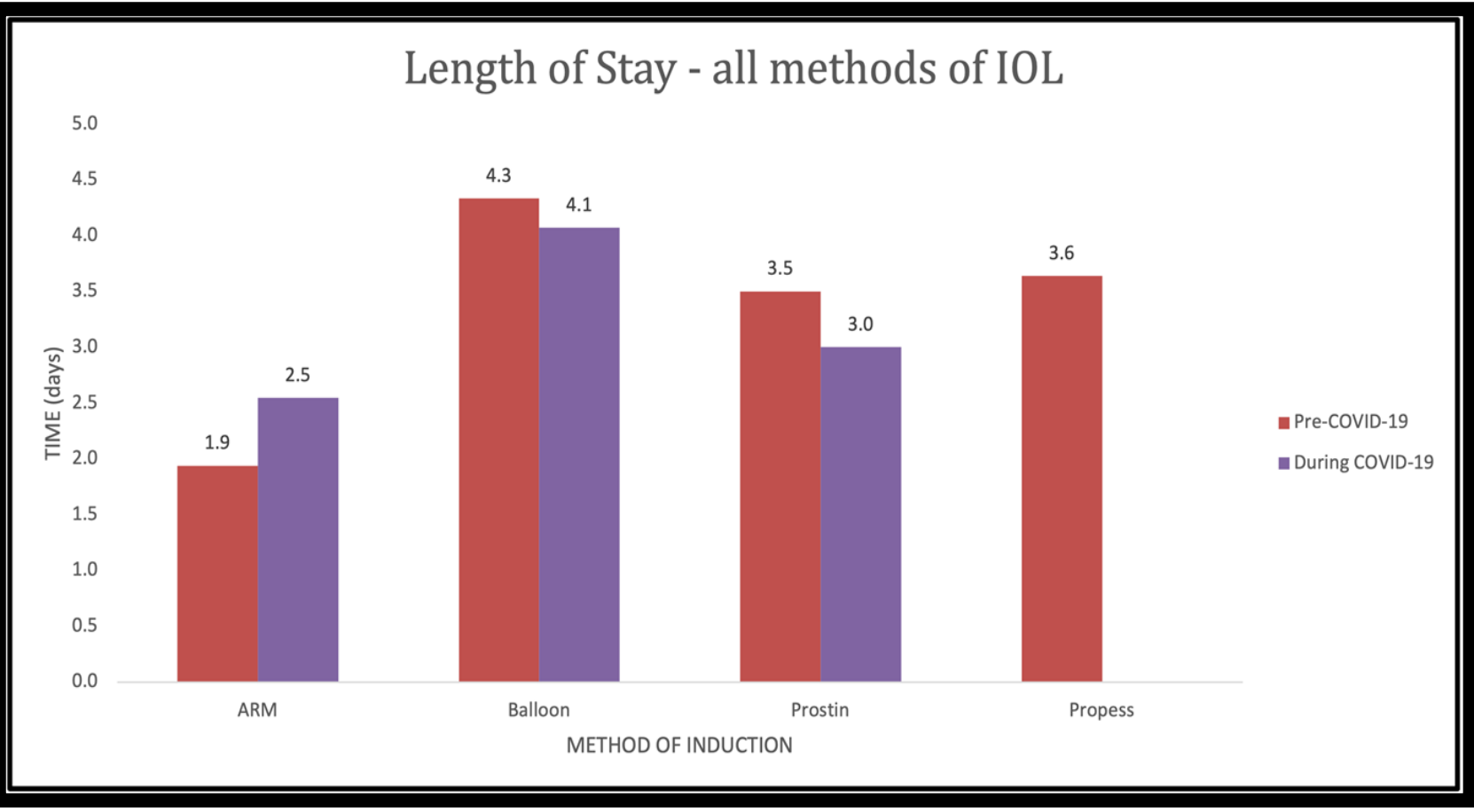
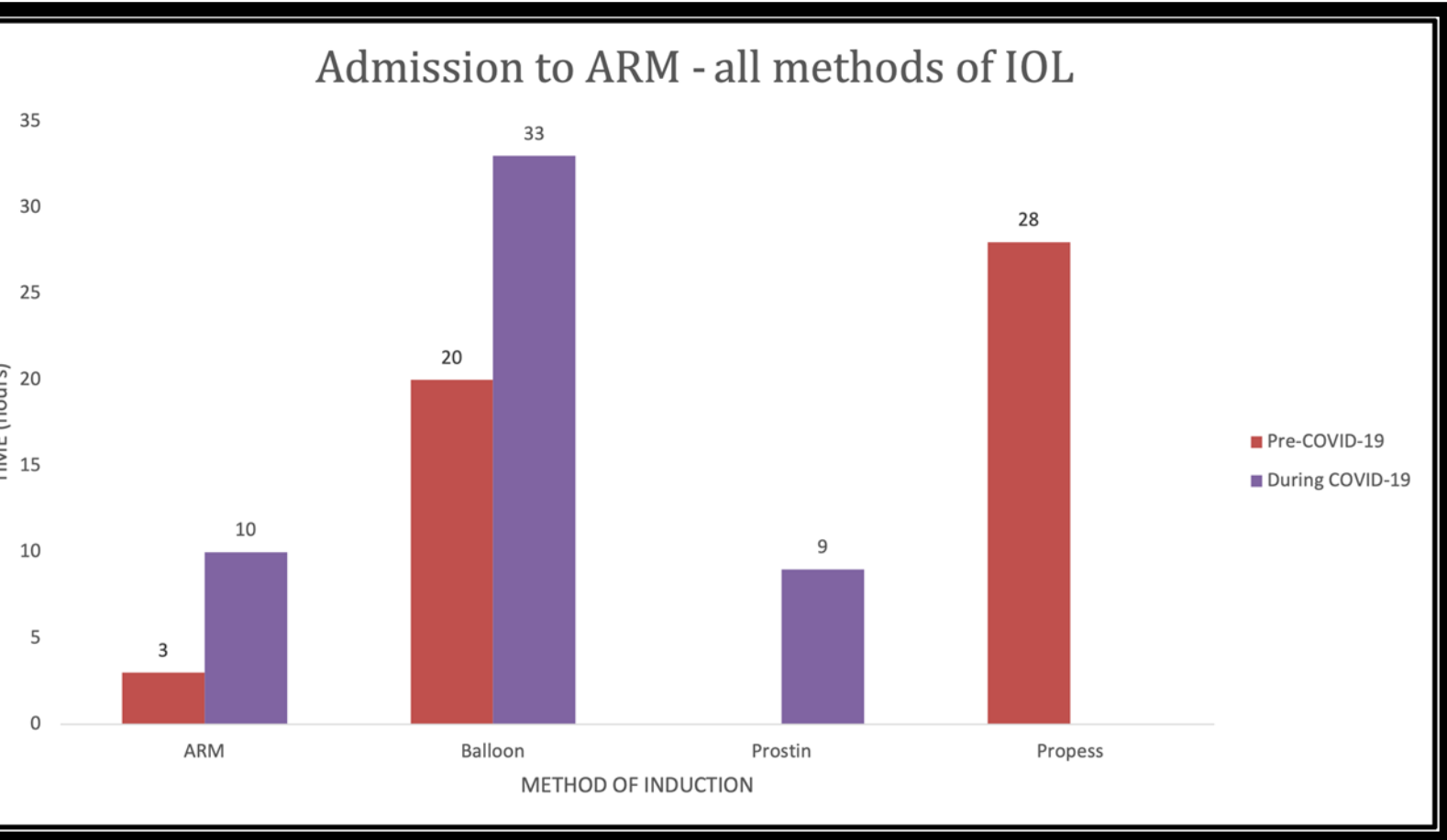
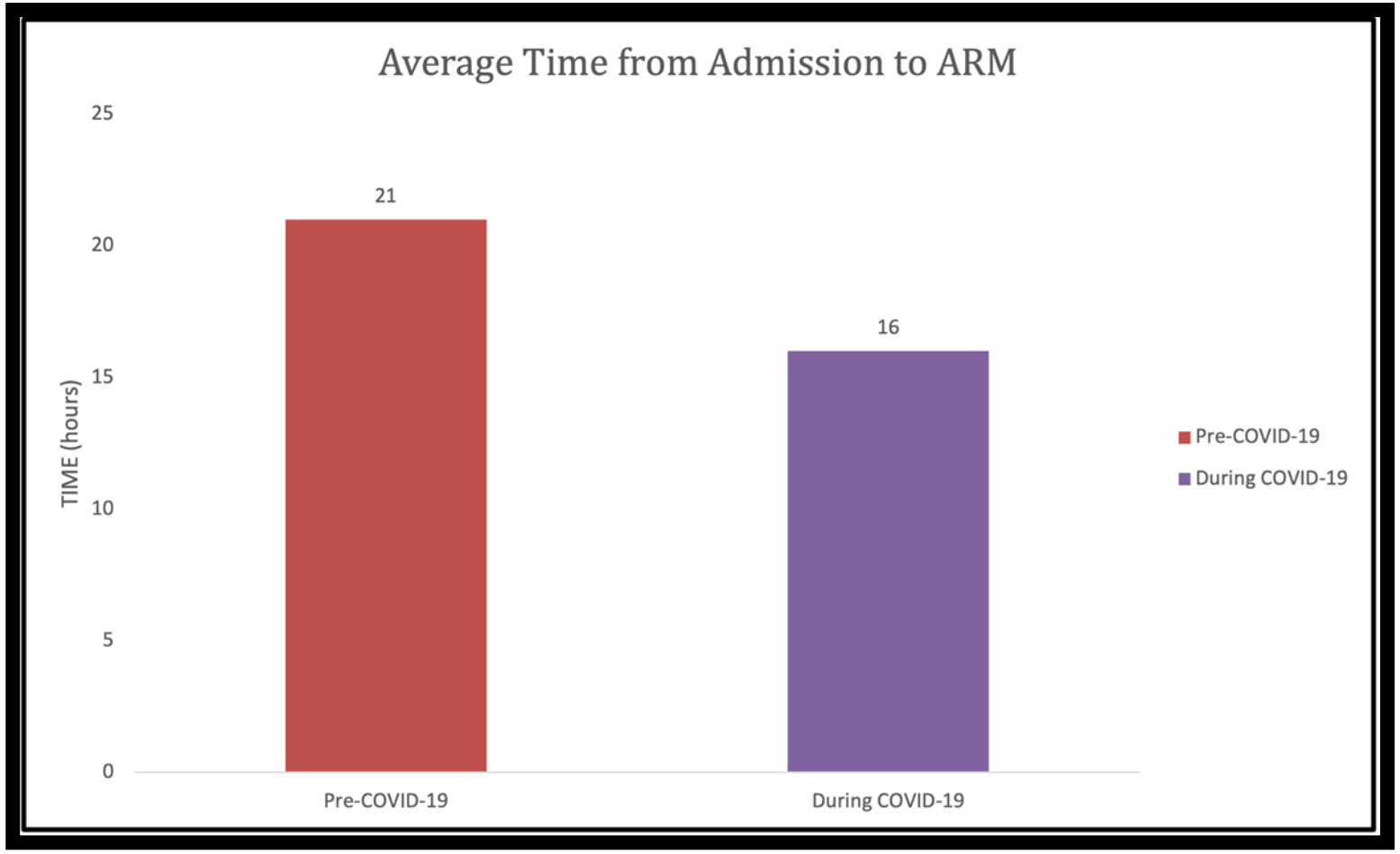
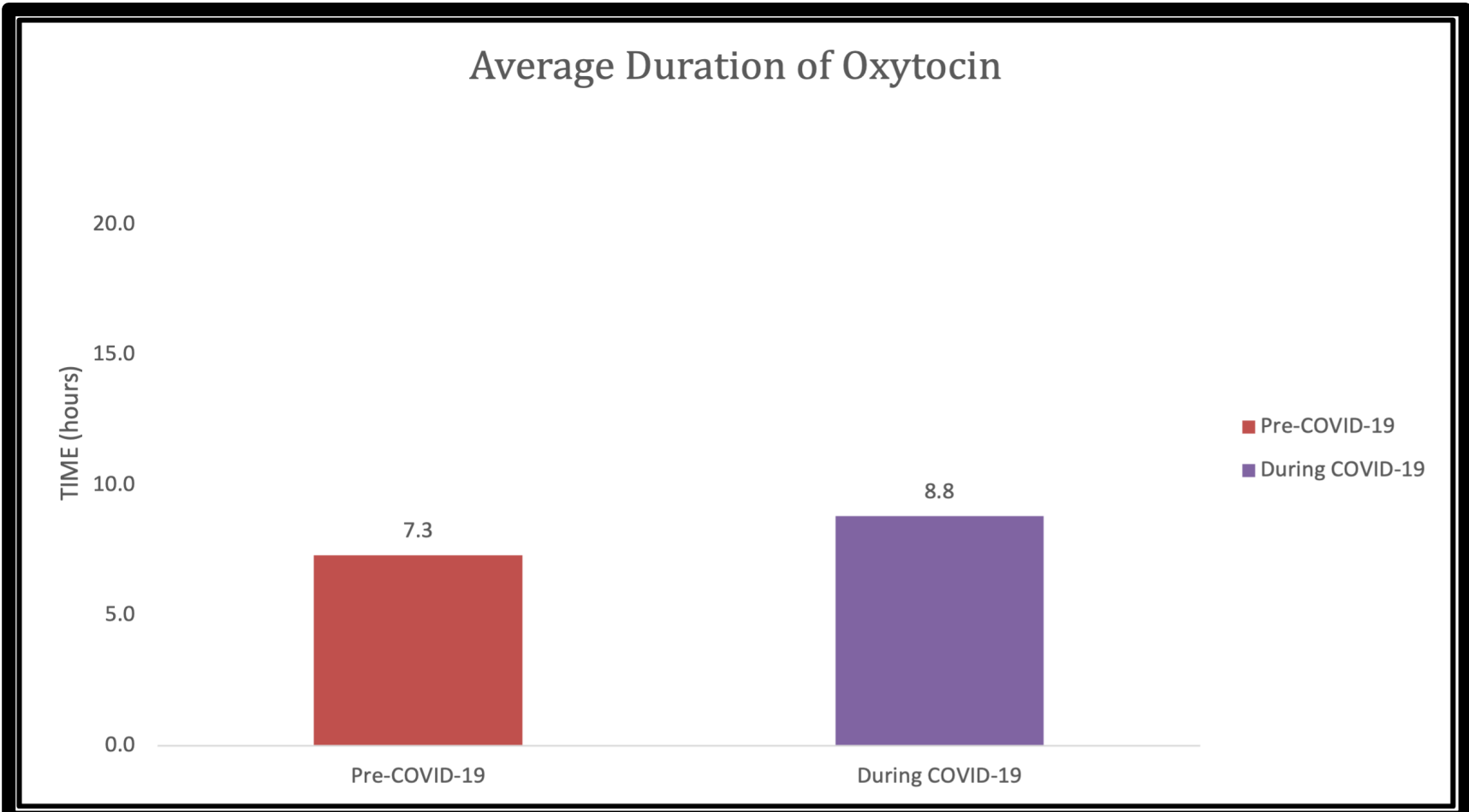
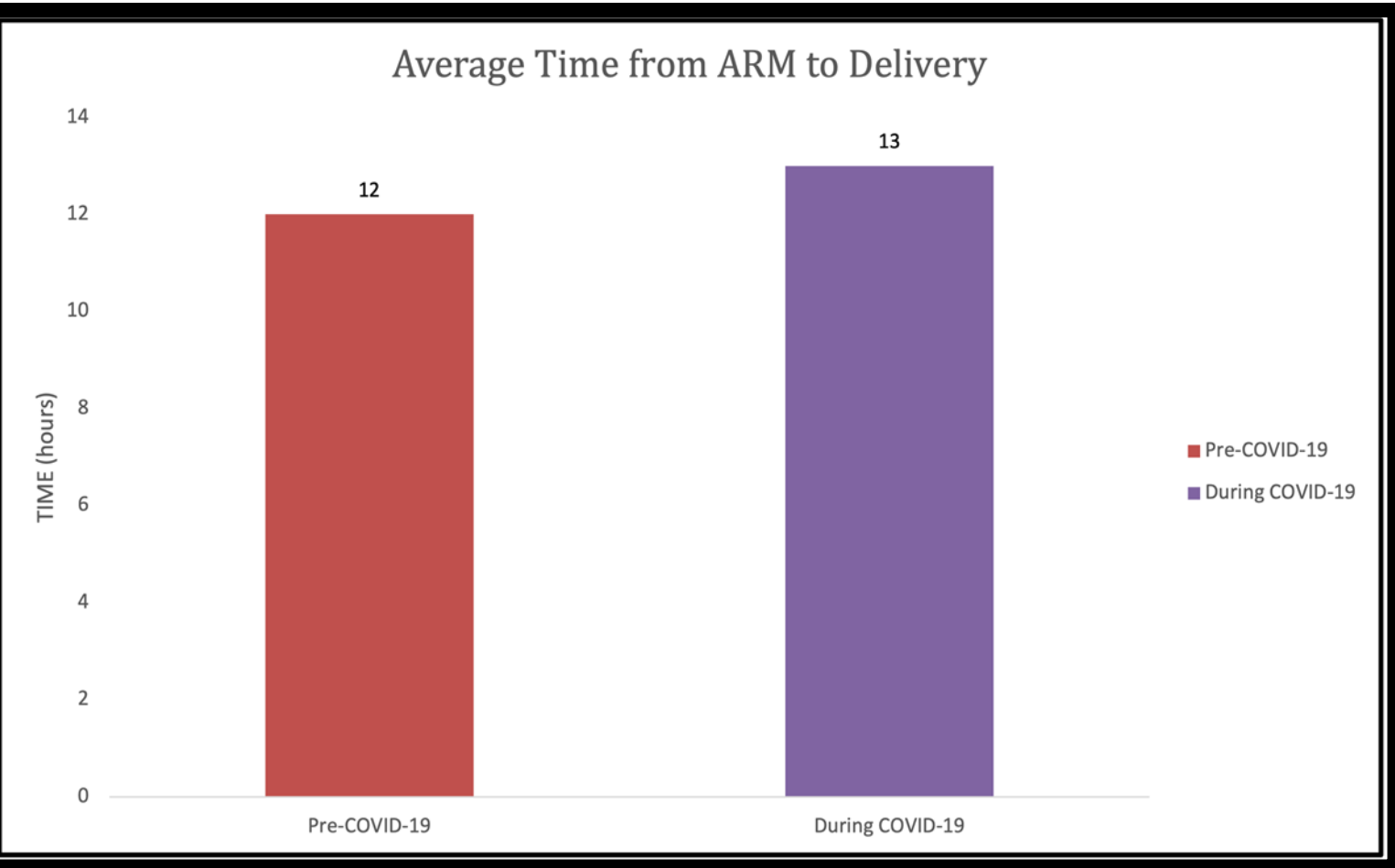
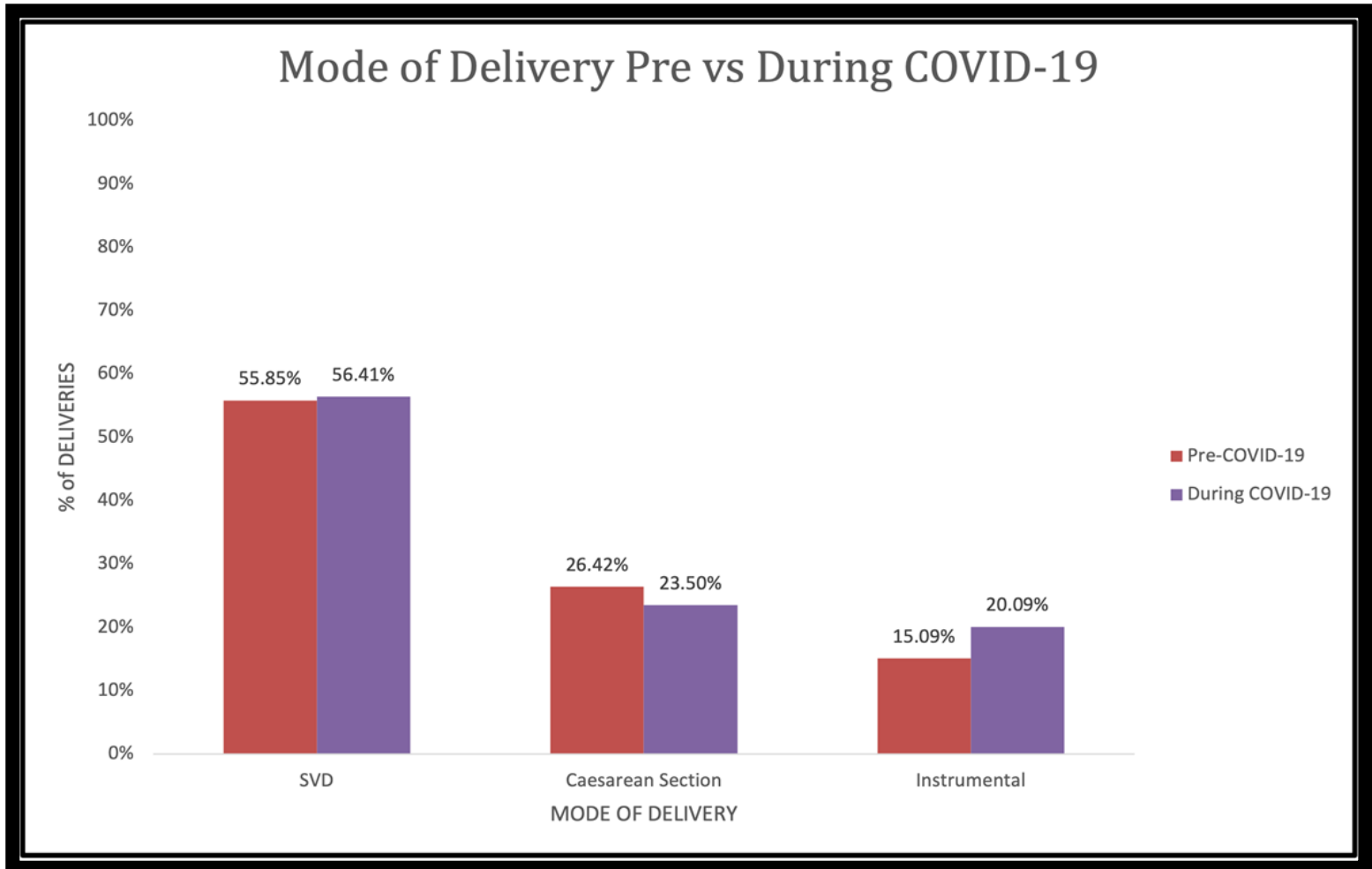
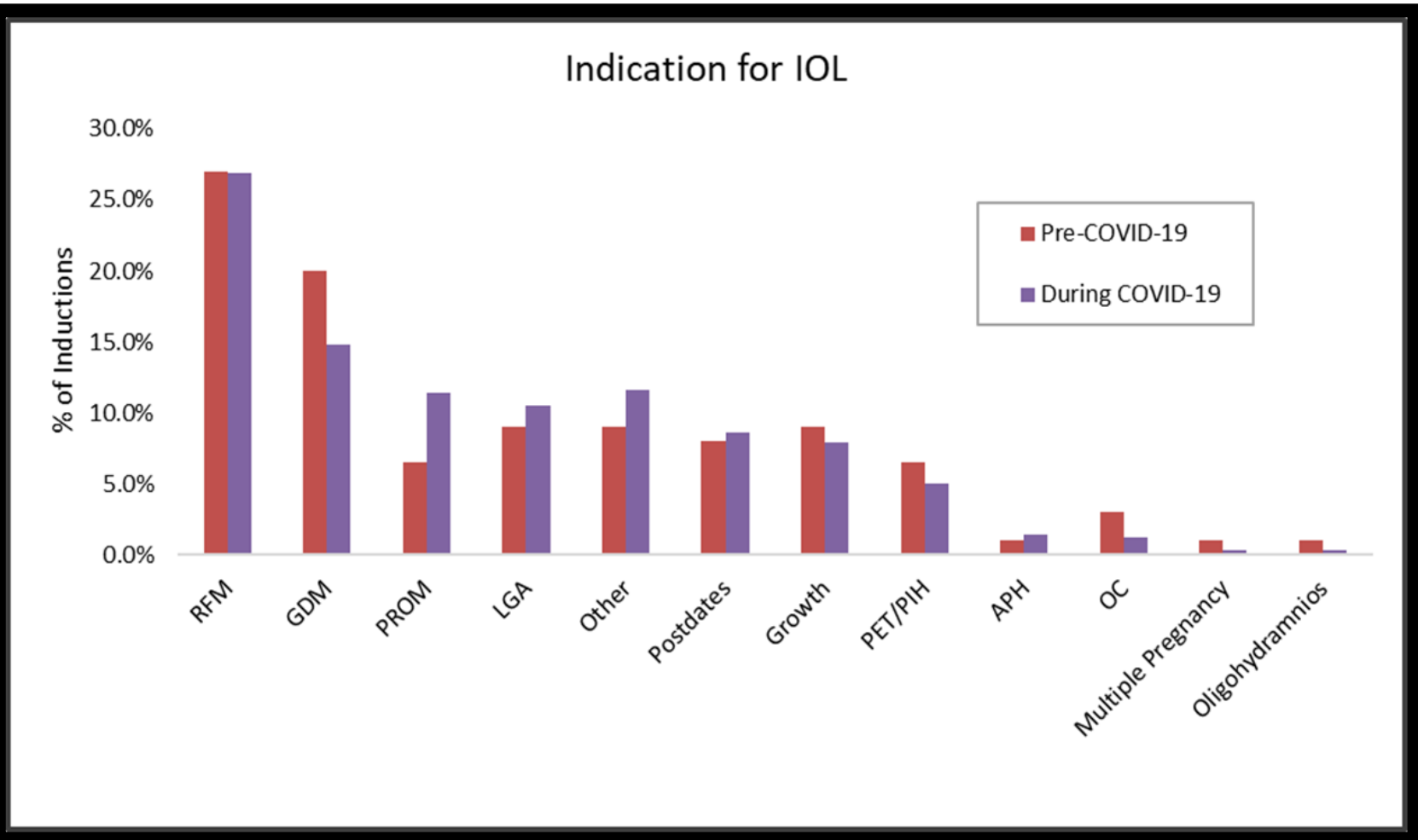
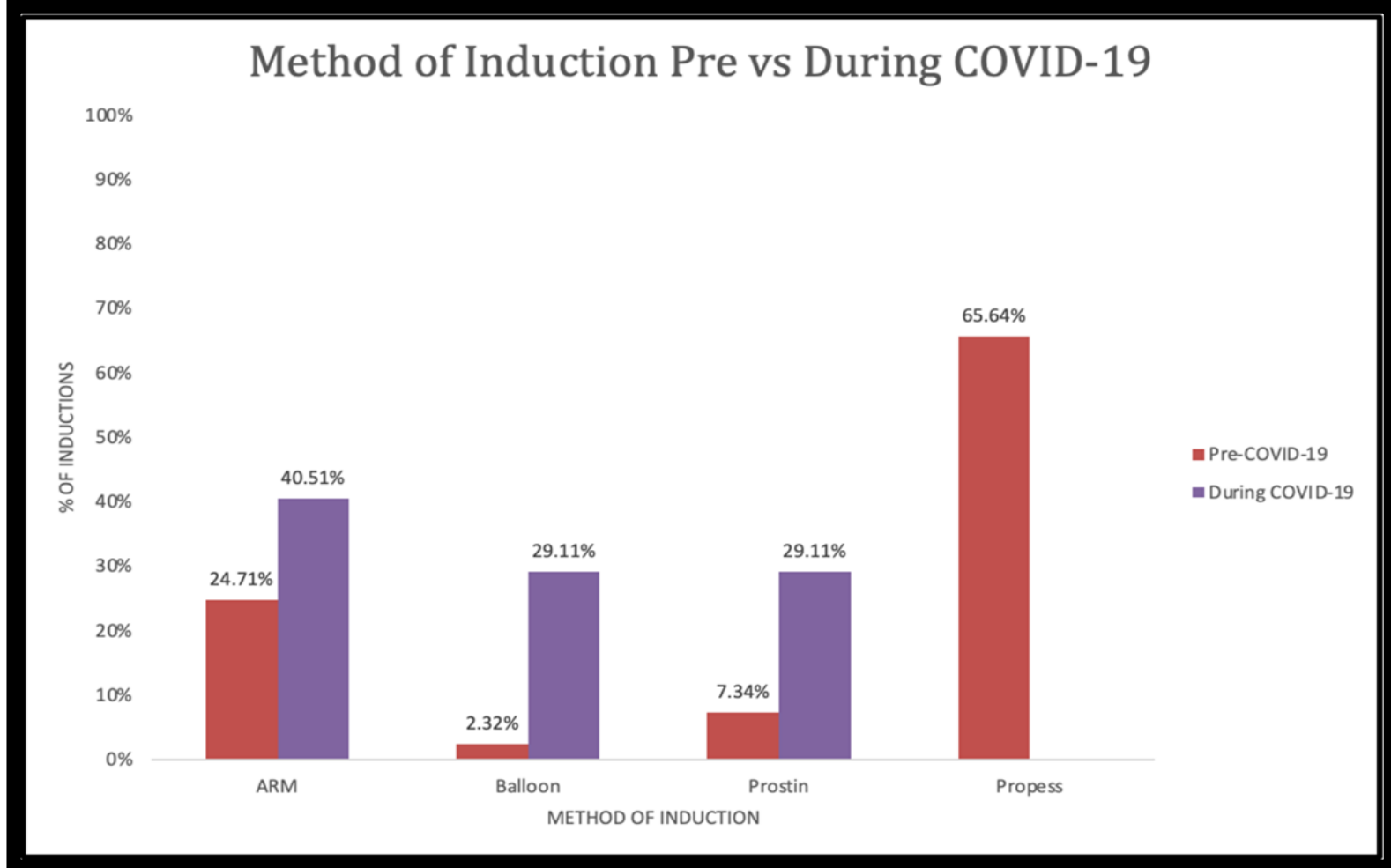


Impact of altered Induction of labour protocols in term pregnancies during SARS-Covid pandemic

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Objective- Induction policies in our Institute were altered during the pandemic to reduce hospital stay and nosocomial infection.

Impact of offering cervical balloon induction (12-14hrs) to all women with a previous caesarean and those In their first pregnancy; and induction with prostaglandin tablets (3mg- 6 hourly) for multiparous women without a uterine scar.

Design - Retrospective analysis of outcomes of term pregnancies with induction pre and during the pandemic.

Method- Two cohorts of women with term pregnancies with induced labour before and during the pandemic. For each indication of IOL in each month, we randomly selected one primiparous and one multiparous patient from each category in the other cohort, yielding approximately 20 patients per month.

Time period- Pre-pandemic cohort -Jan 1 to March 20, 2020 (n=258) and during pandemic period cohort - April 1, 2020 to March 31, 2021 (n=234). Data from maternity database Badgernet and analysis on Excel.

Results- The main method of IOL pre pandemic was Propess (65.6%). During the pandemic there is a shift to ARM, balloon and prostin tablet in a 40-30-30 % split. During the pandemic, the indications were comparable with reduced fetal movements (RFM) and Gestational diabetes being the commonest.

Mean age and BMI were 34yrs and 27yrs. Maternal age was 32 and 30 yrs. There was an equal distribution of primigravid women 55% and 51%.

Mode of birth -76% successful vaginal births (unchanged in the 2 cohorts).

Average time of admission to ARM was 21 hrs vs 16 hrs in the two cohorts.

Average duration of oxytocin infusion in the 2 cohorts was 7.3 and 8.8 hours.

Length of hospital stay pre-pandemic in those who had an ARM, Balloon , Prostin and propess for induction was 1.9, 4.3, 3.5, 3.6 days pre vs 2.1, 4.5, 3 days during pandemic.

Cases with haemorrhage, chorioamnionitis, third and 4th degree tear was 29, 7 , 3 , 2 % pre-pandemic vs 25, 5, 3, 2 % during the pandemic .

Conclusion- The modifications in our guidelines are equivalent and effective, with no adverse impact on maternal outcomes.

The altered protocol for induction of labour lead to similar outcomes. There was no difference in Indications and mode of delivery. Time from admission to ARM was reduced . Duration of use of Oxytocin, length of hospital stay was not changed in the two cohorts. This was achieved despite significant staffing shortages (>30%) during this period and could possibly be the standard to compare other methods.