

USE OF COOK’S BALLOON AFTER PROSTAGLANDINS FOR INDUCTION OF LABOUR

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INTRODUCTION

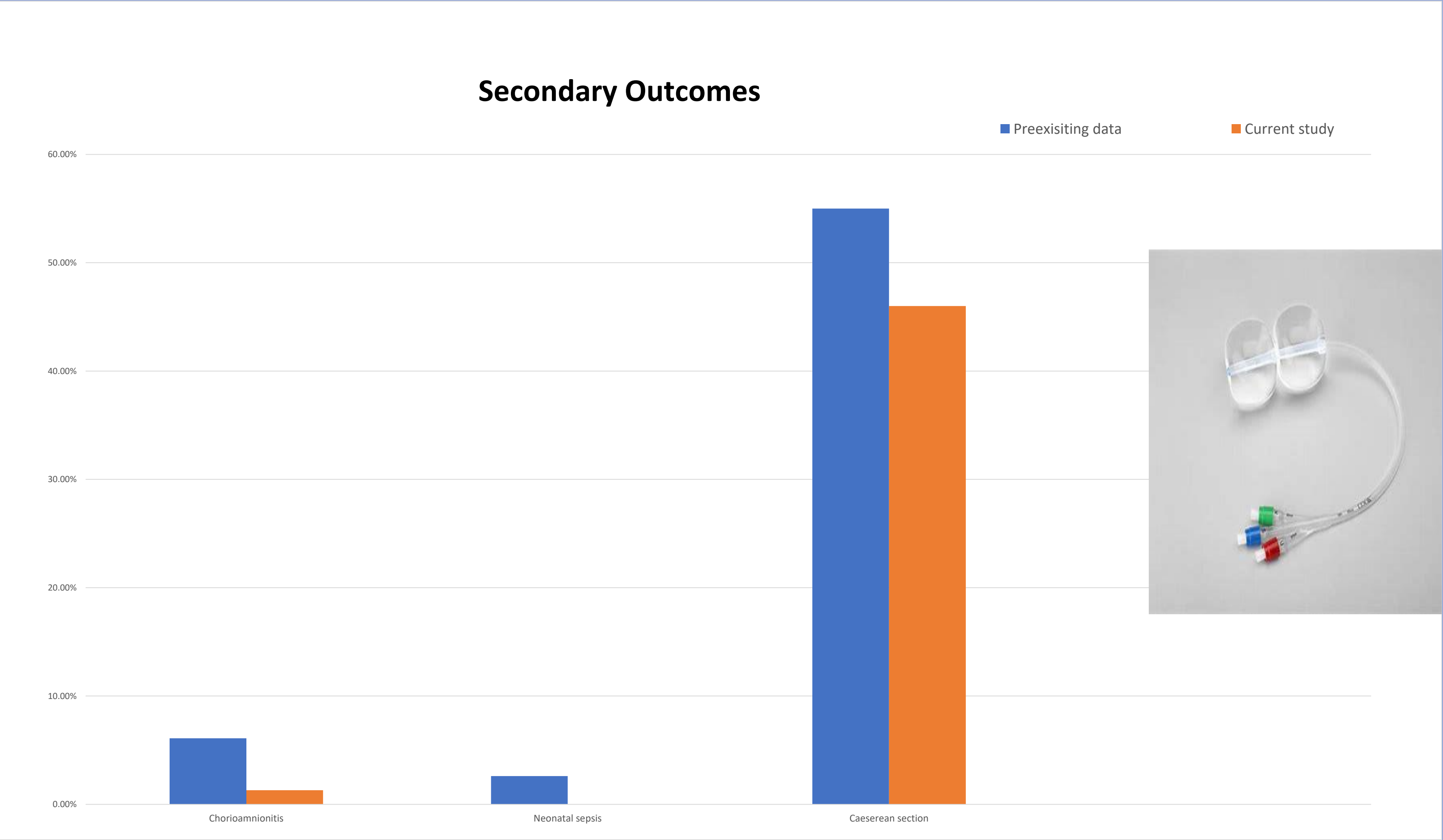
- ❖ Induction of labour (IOL) is defined as artificially setting of labour at any gestation with aim to deliver the baby.
- ❖ 1 in 5 pregnant women undergoes induction of labour for various medical reasons in UK. In women induced with pharmacological method, <2/3rd gave birth without any further intervention. Rate of instrumental delivery and emergency caesarean section is between 15- 40% in such cases..
- ❖ NICE guidelines 2008 for IOL does not recommend use of laminar tents or balloon for IOL..
- ❖ There is enough evidence available regarding safety and effectiveness of prostaglandins for IOL. However, there is lack of data for use of mechanical dilators specifically after the use of prostaglandins in process of IOL.
- ❖ Cook’s balloon is used for used for mechanical dilation of the cervical canal prior to labour induction at term when the cervix is unfavourable for induction. It creates steady pressure on the internal and external os throughout the dilation process.

OBJECTIVE

This study, therefore, aimed to determine safety and effectiveness of Cook’s balloon for labour induction after propess or prostin.

METHODOLOGY

- ❖ This study was conducted At Doncaster and Bassetlaw Teaching hospital, UK.
- Records of women undergoing balloon induction after use of any form of prostaglandins (including multiple dosage of Propess 10mg or Prostin 3mg) over 14 months (n= 84) were reviewed and included in the study.
- ❖ Neonatal case notes were reviewed for neonatal outcomes in all the cases.
 - ❖ Primary outcome was average change in Bishop score.
 - ❖ Secondary outcome included rate of caesarean section, incidence of maternal sepsis, incidence of neonatal admission due to sepsis, hyperstimulation with balloon, scar rupture or abruption.
 - ❖ Exclusion - Any case that had rupture of membranes while inserting the Cook’s balloon (n=10)



RESULTS

- ❖ 74 women were included in the study.
- ❖ There was no difference in the demographic characteristics.
- ❖ 44 (60%) were primigravida and 30(40%) multigravidas.
- ❖ Caesarean section rate in the group observed was 46%.
- ❖ ***Average change in bishop score was 3 (calculated as mode).***
- ❖ There was 1 case of confirmed maternal sepsis (1.3%).
- ❖ No other maternal or neonatal complications of induction of labour were noted. 90% of cases required oxytocin following artificial rupture of membranes.

CONCLUSIONS

- ❖ The result of this study demonstrates that Cook’s balloon is a safe and effective cervical ripening agent with no increased morbidity or mortality when used following the use of prostaglandins.
- ❖ It can therefore be an effective tool to reduce the incidence of caesarean section.
- ❖ Limitations to this study included small sample size and presence of confounding factors that affect success of induction like – BMI, Age, Pre-existing medical conditions, fetal factors like IUGR, preterm, multiple gestation. Further adequately powered multicentre studies are required to ascertain the safety outcomes.
- ❖ Use of cook’s balloon after use of prostaglandins does not seem to increase the risks of induction of labour.

REFERENCES

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