

Obstetric ward labor inductions in a Middle East General Hospital in Qatar

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Background

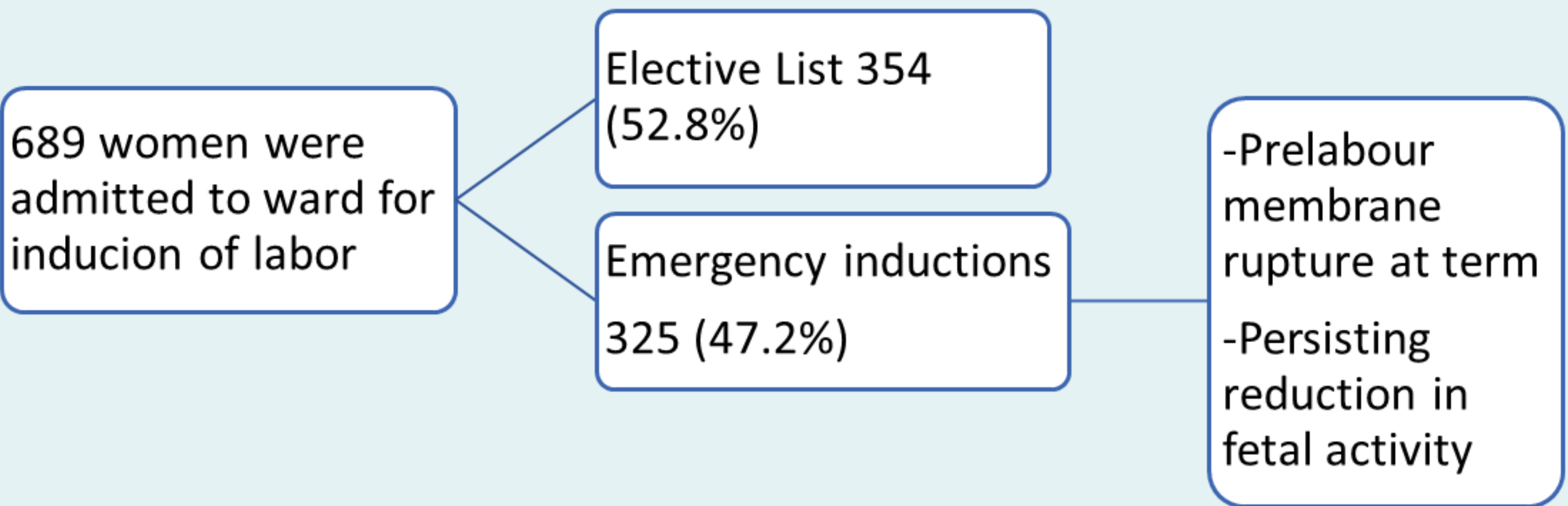
- Prior to September 2019 all inductions of labor in our unit, whether planned or emergency, were conducted in the main delivery suite in Al Wakra General Hospital. An extension of term inductions of labor to the obstetric ward was commenced to complement the maternity service, relieve increasing pressure on the delivery suite and improve outcomes. The objective of this study was to audit the processes involved particularly adherence to selection criteria, dosing protocols, outcomes, and any associated complications against previous practice.

Method

- We conducted a retrospective audit of inpatient obstetric ward prostaglandin E2 gel inductions of labour. Data collected included the demographics, dosing, normal deliveries and proportions ending in Caesarean section, and any associated complications.

Result

- There were 689 inductions of labour between September 2019 and August 2021. Among these, 354 inductions (52.8%) were from the elective induction list while the remaining 325 (47.2%) were admitted for emergency induction for various indications including prelabour membrane rupture at term, and persisting reduction in fetal activity.
- 79% of those delivered within 24 hours of commencing induction were elective inductions with good adherence to unit dosing protocols. There were no deliveries on the ward following induction. There were 547 (79.4%) vaginal births.
- Prostaglandin E2 gel was the sole agent used and there were no recorded cases of uterine hyperstimulation prior to transfer to the delivery suite for delivery.



Conclusions

- The majority of ward inductions ended in normal outcomes with vaginal births in 79.4%, and there were no adverse outcomes or clinical incidents. The use of prostaglandin E2 gel therefore appears a safe and effective agent with low risk obstetric ward inductions of labour.

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