

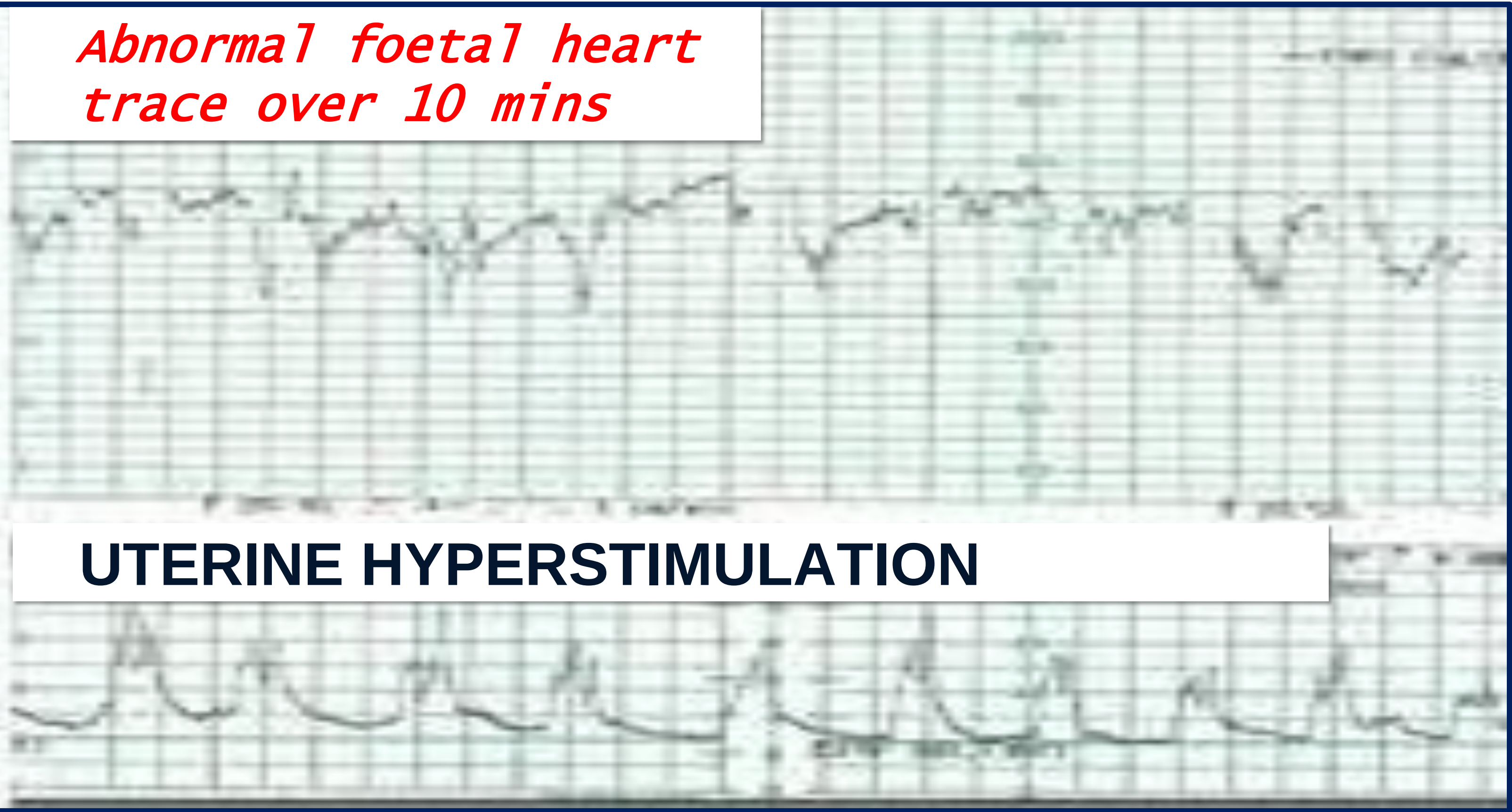
Uterine hyper-stimulation: The Need for a Standard and Conventional Definition

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1 Background

- Uterine hyper-stimulation occurs in 1-5 % of prostaglandin induced-labour.¹
- It can lead to fetal hypoxia and uterine rupture if not corrected.
- Removing prostaglandin still present in vagina or administration of tocolytic is successful in normalising uterine contractions and reversing any fetal heart rate abnormality in 98.3% of cases (Egarter et al, 1990).²
- Fetal changes that do not resolve may necessitate caesarean delivery.

Abnormal foetal heart trace over 10 mins



UTERINE HYPERSTIMULATION

References

1. Strat-og e-learning. Rcocg.org.uk/induction-labour and prolonged pregnancy/complications/hyperstimulation
2. Egarter C.H., Husslein P.W., Rayburn W.F. Uterine Hyperstimulation after low dose prostaglandin E2 therapy: tocolytic treatment in 181 cases. Am J gynecol Obstet 1990;163:794-6 {abstract}

2 Objective

- To review the different definitions of hyper stimulation across various Obstetric colleges .

4 Findings

College	Contractions in 10 mins	Duration
▪ RCOG- Royal College of Obstetrics and Gynaecology	>5	20 mins
• SOGC- Society of Obstetricians and Gynaecologists of Canada	≥6	30 mins
• ACOG- American College of Obstetrics and Gynaecology	>5 (2011 definition) ≥6 (2005 definition)	30 mins 30 mins
• RANZCOG- Royal Australian and New Zealand College of Obstetrics and Gynaecology	≥5	2 consecutive 10 mins
• FIGO- International Federation on Obstetrics and Gynaecology	>5	-
• FOGSI- Federation of Obstetrics and Gynaecology Society of India	≥6	-
• Malawi college and Scandinavian Association of Obstetricians	>5	-

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Conclusion

- There is a lack of standardization in defining uterine hyperstimulation, not just amongst different colleges but within individual colleges as exemplified by the ACOG.
- This varying interpretations may invariably affect response and interventions by healthcare practitioners. This also opens the way for different interpretations by expert witnesses in medico-legal claims.
- Eliminating these inconsistencies will make obstetric practice, particularly intrapartum care safer.
- There needs to be a consensus view by FIGO adopted by all colleges and institutions with universal implementation.