

Induction of labour Indication and outcomes: Review at Al Wakra Hospital Qatar

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Introduction

Induction of labor (IOL) is one of the most common intervention in a busy labor ward in any obstetric unit today. There seems to be increasing rate and wide variation in incidence and indication of IOL worldwide. WHO recommends that IOL should be done with proper indication to provide best care and outcome to mother and baby. It is critical for all obstetric units to review their own practice of induction of labor for better maternal and neonatal outcomes

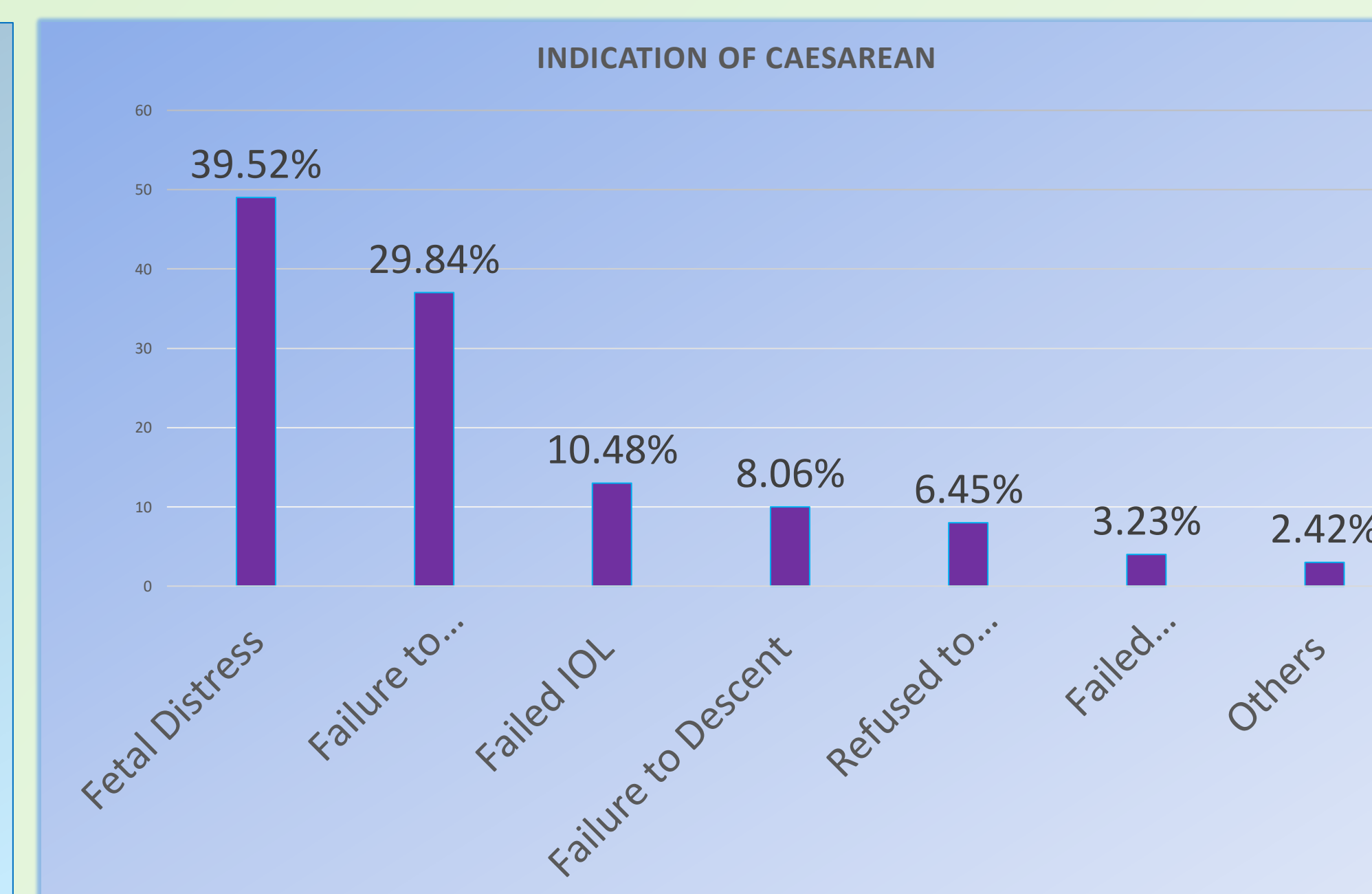
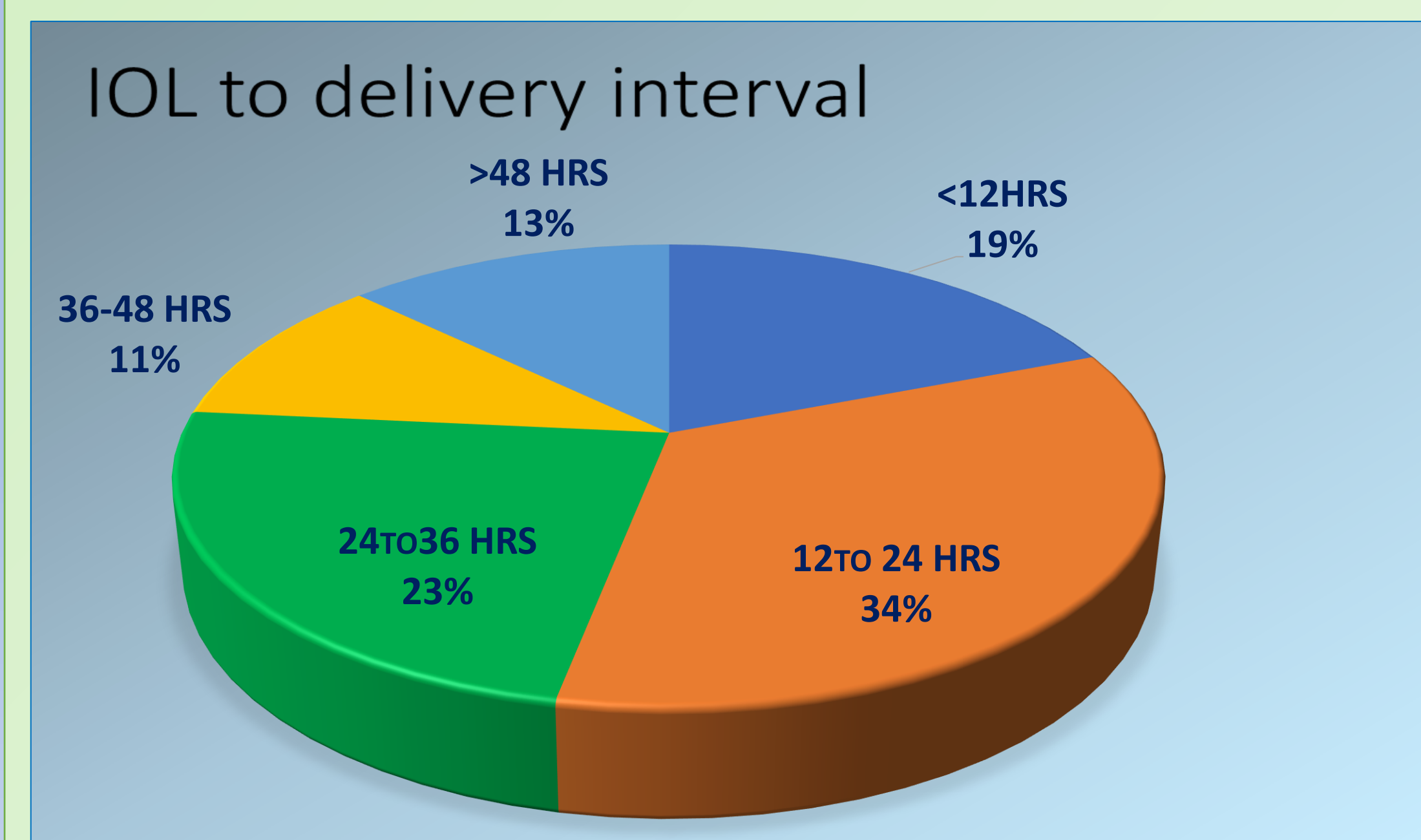
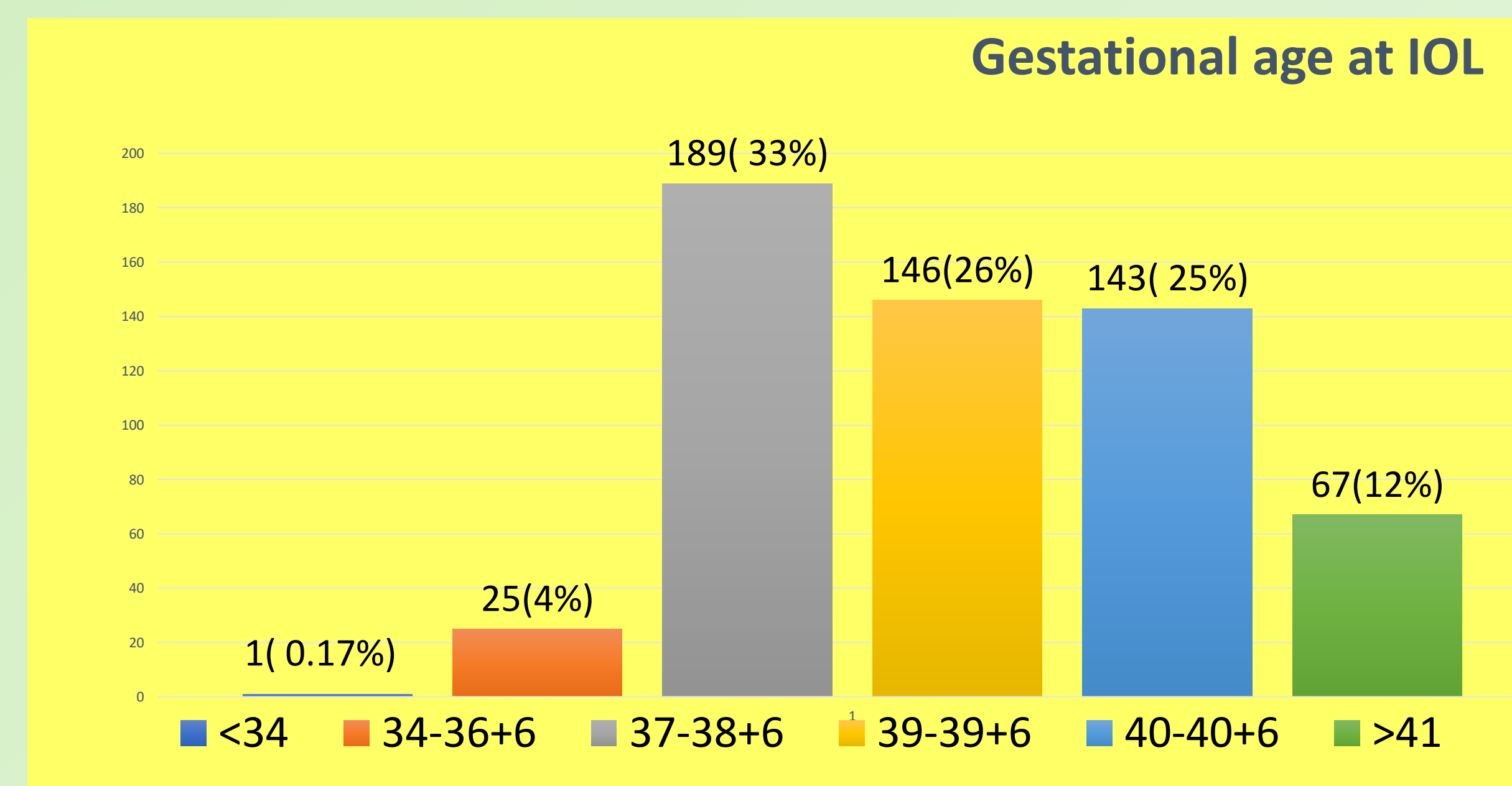
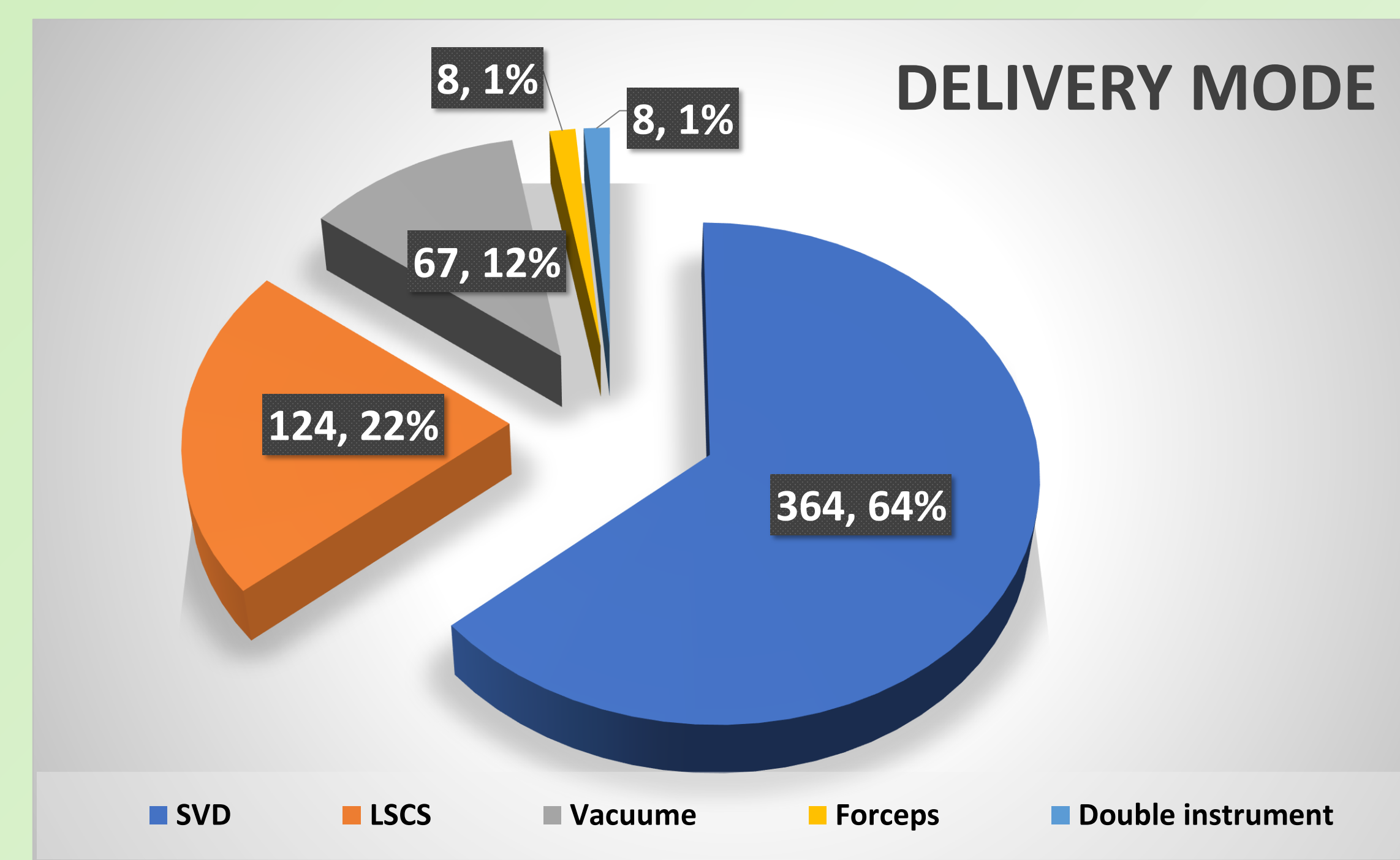
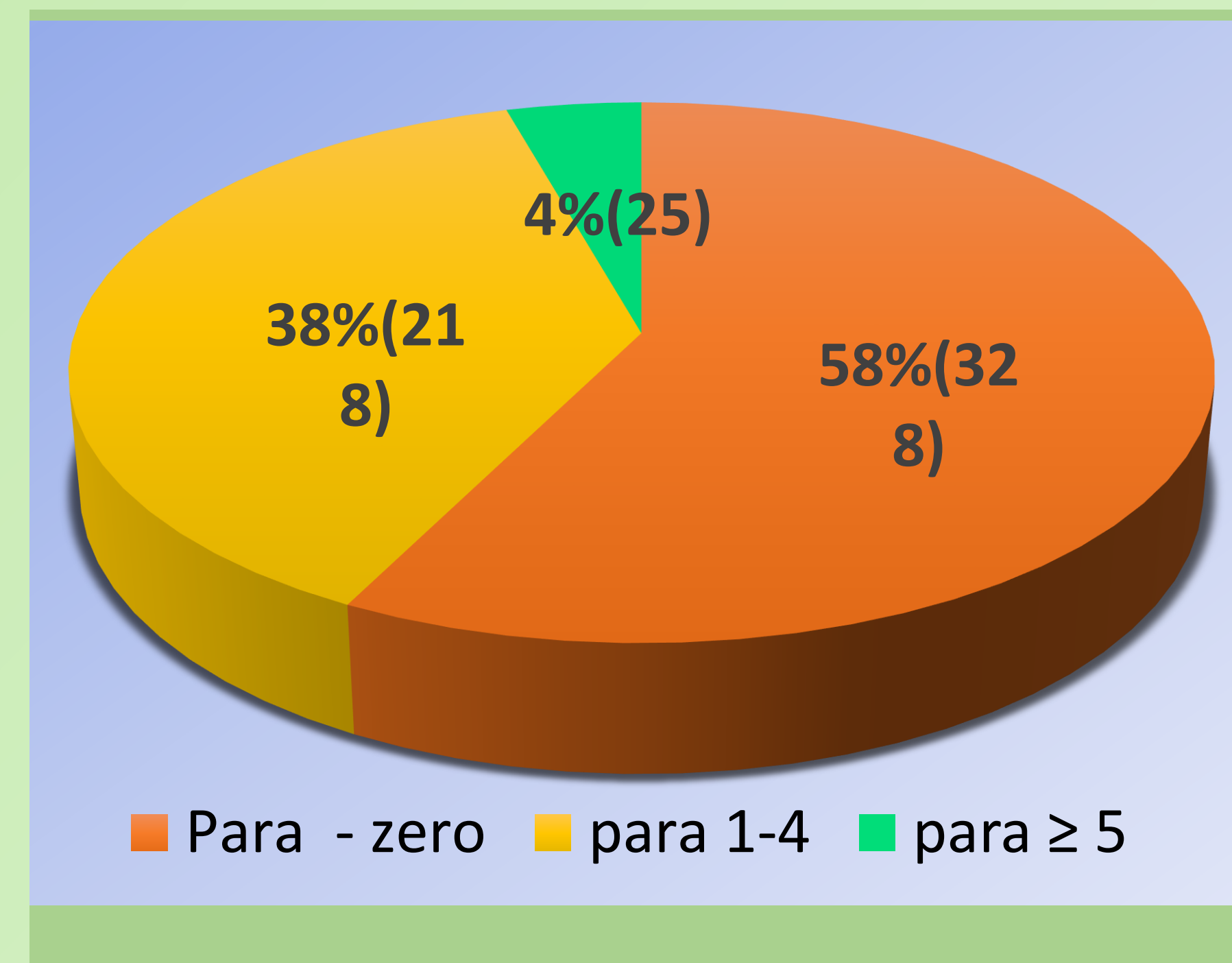
Objective

Main Objective was to know the Incidence of Induction of labour (IOL) as proportion to all births in our unit along with, mode of delivery, caesarean section rate and any maternal complications specially PPH and chorioamnionitis

Design and Methods

This retrospective review was done over 5 months period between May 2020 to June 2020.

Method: All patients with singleton pregnancy and no previous caesarean needing IOL with prostaglandin were included. Total 571 patients fulfilled the criteria out of total 2969 deliveries during that period. Data regarding indication of IOL, gestational age at IOL, method used, induction to delivery interval, mode of delivery, indication of caesarean section and complications were collected from electronic medical record in Excel sheet and analyzed.



Result

- Overall prevalence of IOL with prostaglandin was 19.23% of all deliveries.
- Fifty eight percent (328/571) of patients were nulliparas and 4% (25/571) grand multipara.(chart1)
- In all 96% of IOL were after 37 week (59% IOL were 37to 39+6 week while, 37% were > 40 week) and only 4% of inductions were preterm. (chart3)
- Diabetes and associated condition constituted for most common indication 198/571(34.67%) followed by reduced fetal movement 99/571 (20.65%).
- Average IOL to delivery interval was 27hr21min SD 19:57 min (For Nullipara: 32.2 hrs whereas For multipara -20.3 hrs.). About 53% delivered in < 24 hours and 76% in < 36 hours. (chart4)
- 63.74% had vaginal delivery, and 14% instrumental delivery. 124/571 (21.71%) delivered by caesarean section. (chart2)
- Main indication of caesarean section was fetal distress 39.52% (49/124), followed by failure to progress in 29.84% (37/124)chart 5
- Overall postpartum hemorrhage (PPH)was 3.5% (20/571) among induction patients' maximum in instrumental delivery group 7/83(8.43%). Chorioamnionitis was suspected clinically in 6.65% (38/571)
- 13/571 (2.27%) had failed IOL and another 8/571 (1.40%) refused to continue IOL

Conclusion

Over all induction of labor rate in our institute is lower than other developed countries. Our vaginal delivery rate is comparable to vaginal delivery rate in general population group during the study period (64.98%). Slightly higher rate of instrumental delivery, PPH and clinical chorioamnionitis was noticed in induction of labour patients, more multicenter studies specifically looking into chorioamnionitis and PPH in induction of labour group may be helpful in future.