

ACCEPTATION OF EMBRYO BY EMPLOYEES

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RESULTS AND DISCUSSION

There was only a slight increase in the incidence of the disease in the first 24 hours after the onset of labour. The incidence of the disease was 1.5% in the first 24 hours and 2.5% in the next 24 hours. The incidence of the disease was 3.5% in the next 24 hours and 4.5% in the next 24 hours. The incidence of the disease was 5.5% in the next 24 hours and 6.5% in the next 24 hours. The incidence of the disease was 7.5% in the next 24 hours and 8.5% in the next 24 hours. The incidence of the disease was 9.5% in the next 24 hours and 10.5% in the next 24 hours.

DISCUSSION

The incidence of the disease was 1.5% in the first 24 hours and 2.5% in the next 24 hours. The incidence of the disease was 3.5% in the next 24 hours and 4.5% in the next 24 hours. The incidence of the disease was 5.5% in the next 24 hours and 6.5% in the next 24 hours. The incidence of the disease was 7.5% in the next 24 hours and 8.5% in the next 24 hours. The incidence of the disease was 9.5% in the next 24 hours and 10.5% in the next 24 hours.

Table I

Table I		
Average duration of 1st stage of labour	Average duration of 2nd stage of labour	Outcome of labour
3.4 hrs.	28 mins.	YSCS
Table II		
Average duration of 1st stage of labour	Average duration of 2nd stage of labour	Outcome of labour
3.3 hrs.	29 mins.	YSCS

Table IV

Comparison of different groups

Parameter	Group I	Group II	Group III
1st stage	10.5	10.5	10.5
2nd stage	10.5	10.5	10.5
3rd stage	10.5	10.5	10.5
4th stage	10.5	10.5	10.5
5th stage	10.5	10.5	10.5
6th stage	10.5	10.5	10.5
7th stage	10.5	10.5	10.5
8th stage	10.5	10.5	10.5
9th stage	10.5	10.5	10.5
10th stage	10.5	10.5	10.5

The present study has shown that the use of epidural analgesia in labour which is started in the 1st stage is as effective as the use of epidural analgesia in the 2nd and 3rd stages. Epidural analgesia is a safe and effective method of pain relief in labour. It is a form of general anaesthesia described by Steinhaus (1954). Its use in hastening labour was further supported by Kishore & Agarwal (1962), Shrivastava et al (1979), Gaba and Lohani (1986), Desai et al (1984), Trivedi and Shih (1987) and Paul (1988). All of these have used epidural by i/v route. In the present study epidural was given by i/v infusion.

Ulrich Back 1956 reported about epidural. It acts by blocking cholinergic receptors and ganglia. Its antispasmodic action is equal to that of atropine without producing undesirable side effects of atropine. Its effects on circulation, salivary secretion and the eye is much less than that of atropine.

Wiley et al (1975) found epidural to be effective in hastening labour and shortening the duration of labour, especially in the 1st and 2nd stages. Paragopal and Khanna (1978) reported decrease of pain as the only symptom and flushing of face and tachycardia the only sign in a group of patients who were given epidural in labour.

Valdiya and Rao (1984) also reported statistically significant reduction in duration of 1st stage of labour without much side effects. The present study shows a statistically significant ($p < 0.001$) increase in rate of cervical dilatation following i/v infusion of epidural as compared to i/v epidural. One very important finding with i/v epidural is that it is effective even in cases with unsoftened cervix. However, no significant shortening of 2nd and 3rd stage was noted; i/v epidural has no toxic effects on fetus as evidenced from normal APGAR scoring.

TABLE I
EFFECTS OF EPIDORIN ON LABOR

Parameter	Control (n=10)	Epidorin (n=10)
1. Duration of labor (hr)	12.5 ± 1.5	10.5 ± 1.0
2. Cervical dilation (cm)	1.5 ± 0.5	2.5 ± 0.5
3. Fetal weight (kg)	3.5 ± 0.2	3.5 ± 0.2
4. Maternal weight (kg)	65.0 ± 2.0	65.0 ± 2.0
5. Apgar 1 score	8.5 ± 0.5	8.5 ± 0.5
6. Apgar 5 score	9.5 ± 0.2	9.5 ± 0.2
7. Side effects	None	None

of the cervix will definitely favour early dilatation and active labor which is desired by both obstetrician as well as the patient. Epidorin (Propyl-methyl valproic acid - diethyl - amino ethyl ester homopolysalt) has anesthetic stupor like and muscular relaxant like action. Epidorin is from the group of Etomidate described by Saitoh (1974). Its use in parturient labor was first reported by Kishida & Agawa (1967). Saitoh et al (1979), Gaba and Lavin (1984), Doshi et al (1984), Jivodi and Shah (1987) and Puri (1988). All of them have used epidorin by the route. In the present study epidorin was given by IV injection.

Ulrich Beck 1958 reported about epidorin. It acts by blocking cholinergic receptors and ganglia. Its antispasmodic action is equal to that of atropine without producing anticholinergic side effects of atropine. Its effects on cardiovascular system and the eye is much less than that of atropine.

Shim et al (1978) found epidorin to be effective in both primary and multiparous labor and showed that it shortened the duration of labor remarkably; no untoward maternal or fetal side effects were observed. Parajko and Parajko (1979) reported duration of labor as the only symptom and flushing of face and tachycardia the only sign in a group of patients who were given epidorin in labor.

Vaidya and Rao (1984) also reported statistically significant reduction in duration of labor without any side effects. The present study shows a statistically significant ($p < 0.001$) increase in rate of cervical dilatation following IV injection of epidorin as compared to IV epidorin. One very important finding with IV epidorin is that it is effective even in cases with unrelaxed cervix. However, an significant shortening of 2nd and 3rd stage were noted; IV epidorin has no toxic effects on fetus as evidenced from normal APGAR scoring.

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