

COMPARISON OF MATERNAL COMPLICATIONS IN PATIENTS INDUCED WITH ORAL PGE₂ AND OXYTOCIN

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SUMMARY

In a comparative study of maternal complications following induced vaginal deliveries 94 patients were meticulously watched. Labour was induced either with oral Prostaglandin E₂ (48 Patients) or intravenous Oxytocin (46 Patients). The overall rate of maternal complications compared in both groups was statistically insignificant ($P > 0.05$), however cases of post-partum haemorrhage were reported after oxytocin induction.

INTRODUCTION

The common early maternal complications after vaginal delivery are retained placenta, post-partum haemorrhage and infection of the episiotomy wound. Post-partum haemorrhage (PPH) is one of the leading causes of maternal mortality in our country. The most frequent cause of PPH is uterine atony. The peri-partum risk factors leading include use of oxytocin, general anaesthesia, prolonged labour, sepsis, foetal death in utero and injury to the genital tract.

MATERIAL AND METHODS

A total of 100 patients were studied in two

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groups A and B well matched in terms of age, parity, socio-economic status, educational status and period of gestation. In Group A, labour was induced by oral prostaglandin (PGE₂) tablet (0.5 mg. each) and in Group B induction was done with oxytocin infusion. 94 patients in the entire study delivered vaginally. They were meticulously watched for complications after vaginal delivery.

OBSERVATIONS AND DISCUSSION

The common early maternal complications which were looked for, were post-partum haemorrhage, retained placenta and infection of episiotomy wound. Out of 48 patients of Group A, complications were seen in 3 patients (6.25%). All the 3 patients had an infection of episiotomy following forceps delivery. No

Table I

Showing the rate of maternal complications after vaginal delivery in both groups

Sl. No.	Maternal Complications	Groups			
		A		B	
		No.	%	No.	%
1	Post-Partum haemorrhage (PPH)	0	(0.00)	2	(4.25)
2	Retained placenta	0	(0.00)	1	(2.13)
3	Infection of episiotomy	3	(6.25)	1	(2.13)
4	No complications	45	(93.75)	42	(91.49)
Total		n = 48	(100)	46	(100)

$X^2 - 2.39$, $P > 0.05$ Insignificant.

patient had retained placenta or postpartum haemorrhage.

In Group B 47 patients delivered vaginally of these 4 patients (8.5%) had complications. 2 patients (4.25%) had post-partum haemorrhage due to retained placenta and uterine atony. Infection of episiotomy wound was observed in 1 patient (2.13%). On statistically comparing the above rate of maternal complication in both groups, the difference amongst them was found to be insignificant ($P > 0.05$) indicating that the rate of maternal complications in both the groups were not comparable.

In agreement with our findings, Miller (1975) observed no difference in the rate of third stage complications in their study.

CONCLUSION

It may be concluded that oral PGE₂ is a valuable alternative to intravenous infusion of oxytocin for labour induction at term, complications are rare particularly in multiparous patients with good prospects of inducibility.

REFERENCES

1. Miller J. F., Welply G. A. and Elstein M. : *Brit. Med. J.* : 1, 14. 1975.