

ABSTRACT.

Rationale: Induction of labour (IOL) is a common procedure and carried out for a variety of reasons. It can result in increased caesarean deliveries.

Objective: To study the factors affecting IOL and its outcome in a Teaching Hospital.

Design & setting: A prospective observational study carried out in the Teaching Hospital, Galle.

Method: Using a pre-tested form, data was collected from 673 consecutive women who had IOL during a period of six months commencing 1st December 2002.

Result: The rate of IOL was 11.6%. The three leading indications for IOL were past dates (61%), pre labor rupture of membranes (20%) and pregnancy induced hypertension (9%). A specialist decided on the IOL in 58% of cases. The outcome of IOL was not affected by the grade of the medical officer making the decision. Stripping of membranes (SM) was carried out in 300 (44.5%) and Foley's catheter (FC) was inserted in 82 (12.2%) of women for ripening of cervix before IOL. The emergency caesarean section (CS) rate of 15.3% after IOL was significantly higher than the emergency CS rate after spontaneous labor (10.4%, $p < 0.05$). Although IOL at 40-41 weeks gestation had a higher CS rate (17.2%) compared to that at 41 plus weeks of gestation (12.4%) It was statistically not significant ($P = 0.26$). Women with Modified Bishop score (MBS) < 4 had a significantly higher CS rate compared to those with higher MBS ($P < 0.001$). Primiparous women had a significantly higher CS rate compared to multipara ($p < 0.001$) There were no significant maternal or fetal complications after IOL.

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