

Abstract

Title: Success Rate & Clinical Outcome of Cervical Ripening By Foley Catheter

- Objective:**
- 1) To evaluate the success rate of cervical ripening by foley catheter in the pregnant mothers with past dates (40wks+7d)
 - 2) To evaluate maternal and foetal complications of cervical ripening by foley catheter in the pregnant mothers with past dates (40wks+7d)
 - 3) To evaluate most preferable Bishop's score of which cervical ripening by foley catheter is successful
 - 4) To compare the success rate of cervical ripening by foley catheter between the primigravida mothers and multigravida mothers with past dates (40wks+7d)

Methodology: Pregnant women admitted to ward 18 in North Colombo

Teaching Hospital- Ragama for delivery were eligible to participate for the study provided that they had fulfilled the inclusion and exclusion criteria. Then the informed written consent was taken and proper ultra sonogram and baseline cardiotocography were done. Then per vaginal examination was performed to assess the initial Bishop's score.

Then 18F foley catheter was inserted through the cervix under direct visualization of the cervix and under a good aseptic condition by a trained person. Catheter balloon was inflated with 30 ml of normal saline and proper positioning of the catheter was checked. Once the foley catheter spontaneously fell or was removed due to

some reason, reassessment of cervical Bishop's score was done by per vaginal examination. Then amniotomy done accordingly and the labour augmented with Oxytocin, if the spontaneous progression of the labour was not achieved. Then gradual titration of the Oxytocin dose was performed until optimal contractions were achieved or maximum dose of Oxytocin was reached.

Results: Most of participants were ended up with the successful induction (320 of 400 participants -80%). 137 cases (74.1%) were primigravida and rest was multigravida (183cases -85.1%). Failed induction was 56 cases (14%) of which 32 cases (17.3%) were primigravida and others were multigravida (24cases -11.2%). The failure of the labour was 24 cases (6%). 16cases (8.6%) were primigravida and others were multigravida (8cases -3.7%). There was a statistically significant difference between primigravida and multigravida (Chi-sq- 8.218; df- 2; Sig.- .016). High value of initial Bishop's score was significantly associated with successful induction. Average Bishop's score among mothers who succeed was 4.5 compared to 3.9 among mother who failed.

This difference in initial Bishop's score was statistically significant (t value- 3.916; df -398; sig. - .000). There were eight cases of maternal fever (2.0%), two cases of chorioamnionitis (0.5%) and two cases of endometritis (0.5%). There were also twenty cases of Apgar score less than seven (5.0%), seven neonates who admitted to neonatal intensive care unit (1.8%) and two neonates with suspected and (or) culture proven neonatal