ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

FETAL OUTCOME OF PREGNANT WOMEN WHEN CASTOR OIL USED AS A LABOUR INDUCTION AGENT

KEY WORDS:

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ABSTRACT

The aim of successful induction is to achieve vaginal delivery when continuation of pregnancy presents a threat to the life or well being of the mother or her unborn child. The infant should be delivered in a good condition, in an acceptable time frame and with minimum material discomfort or side effects.

In prolonged pregnancy, some risk factors may threaten the fetus life. Labor induction, caesarean delivery, macrosomia, and shoulder dystocia were also significantly increased.[1,2,3,7] Castor oil is regarded as a uterine stimulant and irritant laxative.

Aims And Objectives: Fetal Outcome Of Pregnant Women When Castor Oil Used As A Labour Induction Agent.

Material And Methods: 190 Patients admitted to labour ward of OBG Dept of MDM Hospital with an indication for induction of labour. from MARCH 2019 to SEPTEMBER 2019.

Method Of Induction: This is a hospital based observational study which was conducted at Dr S N Medical College, Jodhpur, Rajasthan by evaluating the women who were admitted in our hospital (MDMH)for delivery. After informed consent had been obtained, the patients selected for the study were evaluated. Castor oil was administered in 2 doses form in 18-24hrs interval and every given dose is50 ml (47.75gm) in 200ml of warm milk. Antiemetic drug was given 30 minutes prior to administered castor oil to minimize nausea and vomiting.

Results: out of 190 women, 144 women (75.79%) delivered babies having birth weight >2.5kg and 46 women (24.21%) delivered babies having birth weight <2.5kg. mean number of the babies admitted in NICU was 6.31% and mother shifted 93.68%. the indications for NICU admissions in the present study. The main indication for NICU admission was meconium aspiration syndrome –4.21% followed by birth asphyxia 2.10%.

Conclusion: In conclusion, we believe that Castor oil, is apparently safe, efficient and a cost-effective induction agent with no maternal and fetal side effects which may become the drug of choice, for induction of labour in the coming years.

INTRODUCTION

The aim of successful induction is to achieve vaginal delivery when continuation of pregnancy presents a threat to the life or well being of the mother or her unborn child. The infant should be delivered in a good condition, in an acceptable time frame and with minimum material discomfort or side effects.

The incidence of prolonged pregnancy is approximately 4-14%.[1,5] Two weeks or more after the expected date of delivery (EDD), pregnant women may be under psychotic pressure and had anxiety regarding delayed delivery, complications and physical trauma due to a macrocosmic infant delivery. Postpartum hemorrhage and infection may also occur in these cases.

In prolonged pregnancy, some risk factors may threaten the fetus life. Labor induction, caesarean delivery, macrosomia, and shoulder dystocia were also significantly increased.[1,2,3,7]

Castor oil is regarded as a uterine stimulant and irritant laxative

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AIMS AND OBJECTIVES

FETAL OUTCOME OF PREGNANT WOMEN WHEN CASTOR OIL USED AS A LABOUR INDUCTION AGENT

MATERIAL AND METHODS

190 Patients admitted to labour ward of OBG Dept of MDM Hospital with an indication for induction of labour. from MARCH 2019 to SEPTEMBER 2019.

Indications For Induction

Mild pre eclampsia
Severe pre eclampsia
Post dated pregnancy
polyhydramnios
oligohydramnios
Gestational Diabetes Mellitus
Chronic hypertension
Rh negative Pregnancy
IUGR

Inclusion Criteria:

All pregnant patients admitted for delivery having :
Singleton fetus with cephalic presentation.
Over 37 weeks of gestation
Reactive fetal heart pattern
Unfavorable cervix Bishop score ≤ 5
No contraindication to vaginal delivery willing to participate in the study

Exclusion Criteria:

All pregnant patients admitted for delivery having following were excluded :
Mal presentation
Abnormal fetal heart rate pattern
Meconium stained amniotic fluid
Contraindication to vaginal delivery
Patients not willing to participate in the study

Method of Induction:

This is a hospital based observational study which was conducted at Dr S N Medical College, Jodhpur, Rajasthan by evaluating the women who were admitted in our hospital (MDMH) for delivery.

After informed consent had been obtained, the patients selected for the study were evaluated.

Castor oil was administered in 2 doses form in 18-24hrs interval and every given dose is50 ml (47.75gm) in 200 ml of warm milk. Antiemetic drug was given 30 minutes prior to administered castor oil to minimize nausea and vomiting.

DISCUSSION & OBSERVATION

Table 1 : Birth Weight Of Baby

Birth weight of baby (in kg)	Number	Percentage
≤2.5 kg	46	24.21

>2.5 kg	144	75.79
Total	190	100%

As shown in the above table that out of 190 women, 144 women (75.79%) delivered babies having birth weight >2.5kg and 46 women (24.21%) delivered babies having birth weight <2.5kg.

Table 2 Distribution Of Women According To No. Of Babies In NICU Admission

NICU Admission	No. of babies	Percentage
YES	12	6.31%
NO	178	93.68%

As shown in the above table that mean number of the babies admitted in NICU was 6.31% and mother shifted 93.68%.

Table 3 Distribution Of Women According To Indication In NICU Admission

Indication In NICU Admission	No. of women	Percentage
Birth asphyxia	4	2.10%
MAS	8	4.21%

Table 3shows the indications for NICU admissions in the present study. The main indication for NICU admission was meconium aspiration syndrome –4.21% followed by birth asphyxia 2.10%.

The mean birth weight and mean apgar scores did not show any major difference.

The incidence of NICU admission was 6.31%. The indication for NICU admission were meconium aspiration syndrome in 4.21% and birth asphyxia in 2.10%.

There was an increase incidence of meconium aspiration syndrome and birth asphyxia and was probably due to uterine hyperstimulation.

RESULTS:

out of 190 women, 144 women (75.79%) delivered babies having birth weight >2.5kg and 46 women (24.21%) delivered babies having birth weight <2.5kg. mean number of the babies admitted in NICU was 6.31% and mother shifted 93.68%. the indications for NICU admissions in the present study. The main indication for NICU admission was meconium aspiration syndrome –4.21% followed by birth asphyxia 2.10%.

CONCLUSION:

In conclusion, we believe that Castor oil, is apparently safe, efficient and a cost-effective induction agent with no maternal and fetal side effects which may become the drug of choice, for induction of labour in the coming years

REFERENCES:

1. Cunningham FG, Gant NF, Leveno KJ, Gilstrap LC, Hauth JC, Wenstrom KD. Williams's obstetrics. C3. 21st Ed. New York: McGraw-Hill; 2001. p. 469-479, 729-760.
2. James DK, Steer PJ, Weiner CP, Gonic B. High risk pregnancy management options. In: Arulkumaran HS, editor. Prolonged pregnancy. 2nd ed. London: WB Saunders; 2000. p. 1057- 1066.
3. Gabbe SG, Niebyl JR, Simpson JL. Obstetrics normal and problem pregnancies. In: Divon MY, editor. Prolonged pregnancy. 4th ed. New York: Churchill Livingstone; 2002. p. 931-940
4. Krishna U, Tank DK, Daftary S, editors. Pregnancy at risk current concepts. 4th ed. New Delhi: Jaypee Brothers; 2001. p. 286-289, 417-418.
5. Littleton LY, Engebreston JC. Maternal, Neonatal, and women's health nursing. 1st ed. Australia: Delmar; 2002. p. 517.
6. Scott GR, Gibbs RS, Karlan BY, Haney AF. Danforth's obstetrics and gynecology. In: Moore L, Martin JN, editors Prolonged Pregnancy. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2003. p. 219-222.
7. Rand L, Robinson JN, Economy KE, Norwitz ER. Post-term induction of labor revisited. Obstet Gynecol 2001; 97: 779- 782.