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EFFECT OF ACTIVE MANAGEMENT IN LATENT PHASE OF LABOR WITH INTRAVAGINAL PROSTAGLANDINS VERSUS EXPECTANT MANAGEMENT ON MATERNAL AND NEONATAL OUTCOMES

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ABSTRACT

Background: Active versus conservative management of labor influences perinatal morbidity, mortality, mode of delivery, neonatal mortality and length of labor. Although aggressive management of active phase of labor is now largely accepted as the better modality, there is considerable doubt as to which protocol is best for management of latent phase, active or conservative.

Patients and Methods: This randomized controlled trial included 150 primigravida patients with singleton pregnancies and vertex presentation, 75 in the active (aggressive) management group and 75 in the expectant (conservative) management group. The active management group had augmentation with PGE_2 and two hourly digital cervical examinations whereas the expectant group had four hourly digital cervical examinations.

Results: Amongst 75 patients in each study group, 76% of expectant group delivered within 12 hour as compared to 88% patients in the aggressive group, 76% patients had spontaneous vaginal delivery, 4% had forceps or Vacuum assisted vaginal delivery and 20% had caesarean section as compared to 90.7%, 2.7% and 6.7% respectively in the aggressive group. The caesarean section rate was significantly lesser in the aggressive group; p= 0.046. The mean apgar score at 5 minutes was 9.01±1.08 in the expectant group as compared to 9.48±0.844 in the aggressive group. In the expectant group 96% babies had an apgar score of >7 at 5 minute as compared to 98.7% in the aggressive group; p= 0.311. The risks of C- Section (RR 0.5, 95% CI 0.24-1.04) and prolonged labor (RR0.33, 95% CI 0.12-0.87 were lower in aggressive group as compared to the expectant group.

Conclusion: Patients managed with aggressive management protocol had significantly shorter duration of labor, lower caesarean rate and better mean apgar scores at 5 minute. Thus aggressive management is associated with better labor and neonatal outcome.

KEYWORDS: Aggressive Management, Intravaginal Prostaglandins, Latent Phase of Labor, Prolonged Latent Phase