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TITLE

ROLE OF COMBINED MIFEPRISTONE AND MISOPROSTOL VERSES MISOPROSTOL ALONE IN INDUCTION OF LABOUR IN PATIENTS WITH INTRAUTERINE FOETAL DEATH - A RANDOMIZED COMPARISON BETWEEN THEIR OUTCOME

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ABSTRACT

Objectives:

To compare the effectiveness, induction to delivery interval ,safety and side effects of combination of mifepristone and misoprostol versus conventional use of misoprostol alone in induction of labour in patients with intrauterine fetal death.

Methods:

It is a Prospective randomized comparative study in AKMMCH and DMCH in 70 patients with IUFD after 28 weeks of gestation during January 2014- January 2016. We allowed the patients up to third gravid and after 28 weeks of gestation. Diagnosis was made by clinical and USG findings. After taking informed written consent patients were grouped as Group A(35) & Group B (35).In Group A Induction was given by single oral dose of 200mg mifepristone, and after 48 hours, tab. Misoprostol in post.fornix started if <34 weeks-100 μ gm dose and >34 weeks-50 μ gm dose. Doses were repeated every 6 hourly intervals if required. In Group B Induction was given by 100 μ gm misoprostol at 6 hourly interval in post. Fornix. In both groups we allowed misoprostol maximum 600 μ gm.

Result(s):

Induction to delivery time was shorter with combined regimen group (P<0.001). Induction to delivery interval ranges from 12-14 hours in mifepristone plus misoprostole group. In only misoprostol group it was about 24-36 hours. Doses of misoprostol was lower in combined group (P<0.001) . 4 patients need Oxytocin for augmentation in only misoprostol group. In combined group oxytocin was not needed.

Conclusion: In Induction of IUFD mifepriston plus misoprostol is an effective combined group. It is safe, easily adminstrable, tolerable, had less induction to delivery interval, required less dose of misoprostol and no need of augmentation with oxytocin.So,the combined group is more effective than conventional regimen of misoprostol alone.

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