

Comparison of early induction and 24 hours expectant management of labour with prelabour rupture of the membranes at term in primigravidae with unripe cervix.

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Objective of this Hospital Based Prospective randomized study to compare the maternal, fetal and obstetric outcome after early induction versus 24 hours of expectant management in term primigravidae with unripe cervix following pre labour rupture of the membranes. One hundred and seven primigravidae (N= 107) with confirmed prelabour rupture of the membranes, seen within 6 hours of onset at completed 37 weeks to 42 weeks of gestation with unripe cervix (Bishop score 5) was the study population. The women were randomized to two groups. The 1st group of patients (N.) of patients in group 01. Number of caesarean sections were significantly low ($p=0.028$) in group 02. There was no significant difference of instrumental deliveries. There was no statistically significant difference of maternal infections ($p=0.56$) or neonatal infections ($p=0.70$) between both groups. Twenty-four hours of expectant management of labour with PROM at term in primigravidae with unripe cervix reduces number of caesarean sections and duration of labour without increasing neonatal and maternal infections and complications.