



A RETROSPECTIVE OBSERVATIONAL AUDIT OF INDUCTION OF LABOUR FOR POST-TERM PATIENTS.

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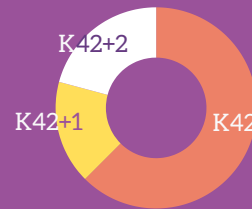
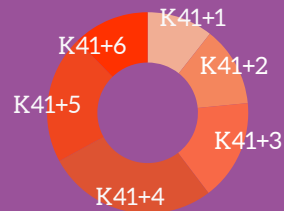
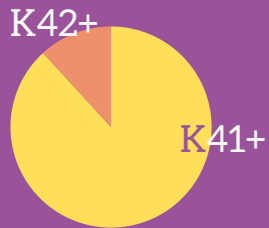
INTRODUCTION

Past evidence suggests increased adverse perinatal outcomes in post-term gestation from K40 weeks and beyond (1). Induction of Labour (IOL) is a very common procedure of modern obstetrics. Our tertiary hospital department will have on average 130 inductions of labour per month, with post-term induction accounting for about 13 %.

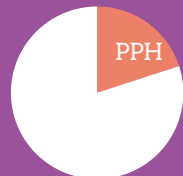
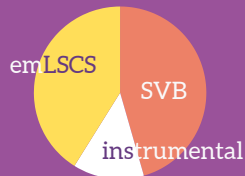
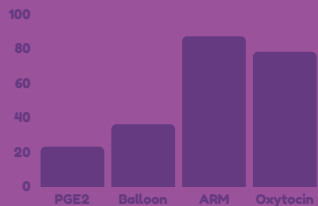
METHOD

Data from all IOL patients in our tertiary unit from January to December 2023 was reviewed. 202 patients were identified for this Audit. Inclusion criteria: IOL, gestational age superior or equal to K41 weeks.

Outcomes: Method of IOL, Instrumental delivery, emergency Lower Uterine Caesarean Section (emLSCS), Post-partum Haemorrhage (PPH) and adverse Neonatal Outcomes: Neonatal resuscitation required and Neonatal admission.



There were a total of 202 patients:
179 were between K41+1 and K41+6 and 24 were post K42.
The average gestational age was K41+5.

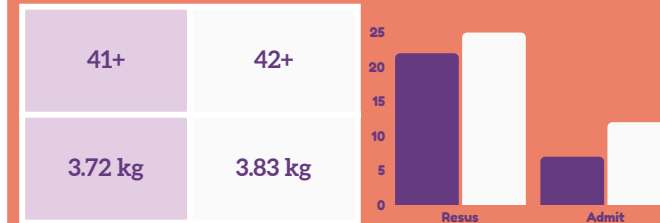
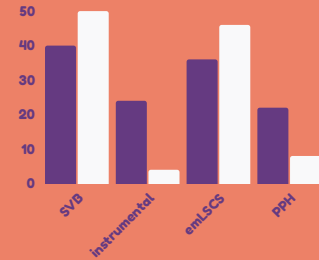


Overall, 23% of patients required PGE2 for IOL, 36 % required a cervical ripening balloon for IOL while 87 % required an ARM and 78 % required an oxytocin infusion.

Overall, 41 % had a SVB, 37 % had an emergency LSCS and 12 % required an instrumental delivery; 20 % suffered a Post-partum haemorrhage.

Overall, 23 % newborns required resuscitation and 8 % required admission.

RESULTS



DISCUSSION

The rate of SVB in the K41+ week group was 40 % vs 50 % in the K42+ week group. The rate of instrumental delivery was 24 % vs 4 % in the K42 + week group and the rate of emergency LSCS was 36 % in the K41+ week group compared to 46 % in the K42+ week group.

The average weight of newborns in the K41+ week group was 3.72 kg vs 3.83 kg in the K42+ week group with an increase in resuscitation / admission requirement: 25 % vs 22 % and 12 % vs 7 %.

This sample study suggests overall a high rate of emergency LSCS and suggests an increase of complications such as emLSCS, neonatal resuscitation and admission as gestational age increases post-term.

REFERENCES

- Linder, N., Hiersch, L., Fridman, E., Klinger, G., Lubin, D., Kouadio, F., & Melamed, N. (2015). Post-term pregnancy is an independent risk factor for neonatal morbidity even in low-risk singleton pregnancies. Archives of Disease in Childhood. Fetal and Neonatal Edition, 102(4), F286-F290

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