



# A Quantitative Evaluation of Medical Termination of Pregnancy Induction-to-Delivery Interval at a Metropolitan Maternity Centre in Melbourne, Australia.

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“Protection”, By Leona McGrath © Stillbirth CRE (2022)

This painting represents the protection, support, and sense of community Indigenous Australian women need throughout their maternity care, including after a baby has passed away.

## Introduction

Woman-centred care recognises the holistic nature of a woman’s wellbeing. Prolonged labour is known to increase emotional distress. There is a paucity of literature to identify if indication for medical termination of pregnancy (TOP) has an impact on labour duration.

## Aims:

Our study aimed to quantify the induction-to-delivery interval for women undergoing TOP. We hypothesised that there is a difference in induction-to-delivery interval (IDI) for women based on their indication for TOP.

## Methods:

We performed a retrospective review of all medical TOP, utilising a dataset routinely collected for the National Perinatal Mortality Data Collection, from a metropolitan centre in Melbourne. The primary outcome was induction-to-delivery interval calculated from first dose of misoprostol to time of delivery. Descriptive statistical analysis was performed to outline IDI by TOP indication.

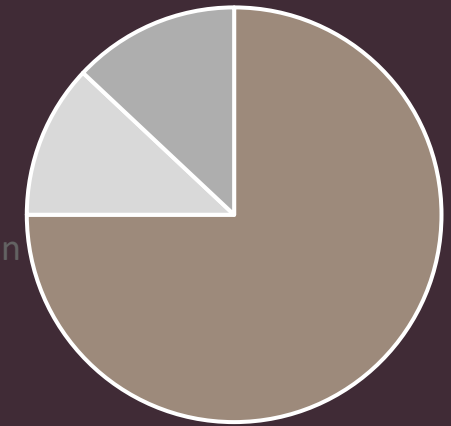
## Results

Of 279 patients with stillbirth >20 weeks’ gestation, 146 TOP were included, 133 were excluded for FDIU and 2 as misoprostol wasn’t required. The median IDI was 11.3 hours (IQR 7.0 – 17.8). In cases of congenital abnormality (109/146, 74.6%), the IDI median was 12.5 hours (IQR 8.6 – 18.2). In cases of PPRM (18/146, 12.3%), the IDI median was 5 hours (IQR 2.4 – 10.4).

## Discussion

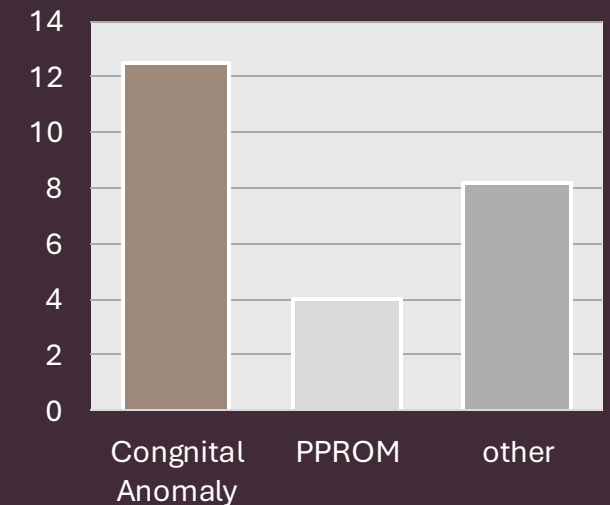
Women undergoing TOP had a wide range of IDI. Women with PPRM had, on average, shorter IDI. Understanding factors that may prolong induction-to-delivery interval will aid counselling and decision-making for birth. We encourage ongoing investigation in this area with audit and patient birth experience surveys for women experiencing TOP.

TOP Indication



■ Congenital anomaly ■ PPRM ■ other

Labour duration



■ Congenital Anomaly ■ PPRM ■ other