



## THE ROLE OF VAGINAL MISOPROST TABLET IN INTRA UTERINE FETAL DEATH.

**Dr. Geeta Rani**

Assistant professor, Deptt. of Obstetrics and Gynecology, JLNMCB, Bhagalpur, Bihar.

**Dr. Sachin Kumar Singh**

Assistant professor and Head of Deptt., Deptt. of Radiology, JLNMCB, Bhagalpur, Bihar.

### KEYWORDS :

#### Introduction

IUFD (Intra uterine fetal death) is a common problem in obstetrics practice. It may be complicated by psychological problems infection and consumptive coagulopathy.

Misoprost, A prostaglandine E1, analogue used for the treatment of drug induced gastric ulcers has been found to be effective and safe in induction of labour, 3,6. Its safety, cost effectiveness & ease of administration make it ideal for low resource settings like ours.

#### Material & methods

This study was carried out in 50 patients in labour room of JLNMCB, Bhagalpur between Jan 2015 to Jan 2016.

All patients with IUD after 28 weeks of pregnancy were included in this study.

#### Exclusion Criteria:

- Previous uterine surgery
- Placenta previa
- Abnormal Lie
- Multiple pregnancy
- Parity > 5

Prior to insertion of misoprost the patient was asked to empty the bladder & avoid getting up from the bed. 100 mcg. of misoprost was inserted in the posterior fornix and repeated 6 hourly until contraction ensued. The patient was transferred to the labour ward when labour ensued. Labour was monitored using partograph (WHO partograph).

**Table**

	Causes	No.	% Age
1	Hypertensive disorder of preg.	15	30%
2	Uncontrolled DM	02	04%
3	Chorioamnionitis	05	10%
4	Abruptio Placenta	06	12%
5	HIV/AIDS	02	04%
6	Placental Insufficiency	08	08%
7	Cord Accident	04	08%
8	Unidentified	08	16%

#### II. Relationship between dosage in references to Gestational ages:-

Gest age	Dose	Model dose	Median	Mean dose
28-30	200-400	400	400	350 ± 75.6
31-33	100-400	300	300	287 ± 99.1
34-36	100-300	200	200	200 ± 92.6
> 36	100-200	100	100	112 ± 35.4

#### Results

During the study period; 50 women with IUFD after 28 weeks had induction of labour with vaginal misoprost in our centre, majority of women were multipara (38 -76 %) & only (12-24 %) were nulliparous.

Table -II shows relationship between gestational age at induction & the dose of Misoprost required to establish labour. The mean dose required to achieve established labour was found to decrease with increasing gestation. The induction delivery interval was also found to be dependent on the gestational age induction. Nine women (18%)

required augmentation with oxytocin for inefficient uterine contraction. In six women (12%) complication like PPH, in three (6%) retained placenta and in 3 (6%) vomiting occurred.

#### Discussion

The occurrence of IUFD constitutes a major nightmare to woman attending clinician. The ideal drug for the termination of pregnancy in cases of IUFD should not only be effective and safe but should be affordable to avoid additional financial burden arising from a wasted pregnancy.

Our experience shows that misoprost is a very effective and safe method of induction in IUFD with 100% vaginal delivery rate and free from complications.

Based on the results of the study we consider misoprost as effective and safe drug with acceptable side effect.

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