TITRATED ORAL MISOPROSTOL SOLUTION COMPARED WITH INTRAVENOUS OXYTOCIN FOR LABOR AUGMENTATION

Thesis

Submitted for Fulfillment of Master Degree (M.Sc.) in Obstetrics and Gynecology

By

Osama Hassan Sayed Ahmed Mohamed Amer

(M.B.B.Ch., Cairo University 2009) Resident of Obstetrics and Gynecology El Haram hospital

Under Supervision of

Prof. Dr. Ahmed Abd El Kader Fahmy

Professor of Obstetrics and Gynecology
Ain Shams University

Dr. Ahmed Mohamed Mamdouh

Lecturer in Obstetrics and Gynecology
Ain Shams University

Faculty of medicine Ain Shams University 2016





First and foremost thanks to **Allah**, the most beneficial and merciful

I am heartily thankful to **Prof. Dr. Ahmed Abd El Kader Fahmy** Professor of Obstetrics& Gynecology Faculty of
Medicine, Ain Shams University, for his effective guidance,
valuable suggestions and meticulous cooperation.

I would like to express my deepest gratitude to **Dr. Ahmed Mohamed Mamdouh**, Lecturer of Obstetrics& Gynecology,
Faculty of Medicine, Ain Shams University, for his continuous
guidance and unlimited support, valuable instructions and for
his great effort in supervision of this work.

It is difficult to fulfill the right and to express my feelings towards My Family & Friends for their deep and close support and reassurance with endless patience.

> Osama Amer

List of Contents

Title	Page No.
List of Abbreviations	i
List of Tables	ii
List of Figures	iii
Introduction	1
Aim of the work	4
Review of Literature	
Augmentation of Labor	5
Misoprostol	14
Patients and Methods	50
Results	57
Discussion	77
Summary	90
Conclusion and Recommendations	96
References	97
Protocol	
Arabic Summary	

List of Abbreviations

ACOG American College of Obstetrics and

Gynecology

AUC area under serum concentration

C.I Confidence interval

cm centimeter

Cmax the peak concentration

CS **Cesarean Section**

HIV human immunodeficiency virus

h hour

ICU Intensive care unit

IDI induction-delivery interval

IOL induction of labor

IUGR Intra Uterine Growth Retardation

Microgram=1 x 10⁻⁶ μg

minute min

Milli international Unit=1 x 10⁻³ IU mIII

National Institute for Health and Clinical NICE

Excellence

NS Non-significant

OMS oral misoprostol solution Rupture of membrane ROM

RR Relative risk S Significant

SBS Simplified Bishop score

Standard deviation SD **synOT** Synthetic oxytocin

Tmax Time it takes the drug to reach its maximum

concentration

United States US

List of Tables

o. Title Page No.
Effects of fasting, antacid and high fat meal on the pharmacokinetics of misoprostol: SD=Standard deviation, Cmax=the peak concentration, AUC=area under serum concentration, Tmax= Time it takes the drug to reach its maximum concentration
Doses of misoprostol use:40
Bishop score (Bishop EH, 1964)46
Baseline demographics and clinical characteristics of Misoprostol group:
Baseline demographic and clinical characteristics of Oxytocingroup:
Drug dosage60
Statistical comparison of baseline characteristics of Misoprostol & Oxytocin groups:
Primary labor outcomes:63
Secondary Labor Outcomes:
Maternal side effects:69
Neonatal outcomes:

List of Figures

Fig. No.	Title Page No.
Fig. (1):	Countries where misoprostol is approved
Fig. (2):	Chemistry of misoprostol
Fig. (3):	Pharmacokinetics of different routes of administration of misoprostol
Fig. (4):	The mechanism of misoprostol in impairing female reproductive system innate immunity
Fig. (5):	Proposed mechanism of misoprostol teratogenicity35
Fig. (6):	Left facial palsy in the 1-month-old baby
Fig. (7):	Safe single doses of vaginal misoprostol for producing uterine contractions at various gestations41
Fig. (8):	Apgar Score
Fig. (9):	Study design flow chart
Fig. (10):	Comparing augmentation to vaginal deliveries in both treatments arms
Fig. (11):	Comparing active phase interval in 12 hours in both treatments arms
Fig. (12):	Comparing incidence of vaginal deliveries in 12 hours in both treatments arms
Fig. (13):	Comparing the cumulative incidence of vaginal deliveries in 12 hours in both treatments arms
Fig. (14):	Incidence of Vaginal deliveries in both treatments arms
Fig. (15):	Incidence of Caesarian deliveries in both treatments arms 67
Fig. (16):	Comparing the incidence of diarrhea between between Misoprostol and Oxytocin arms
Fig. (17):	Effect of Misoprostol dose on incidence of diarrhea70
Fig. (18):	Effect of Misoprostol dose on the incidence of nausea
Fig. (19):	Effect of Misoprostol dose on incidence of shievering

List of Figures 📚

Fig. (20):	Effect of Misoprostol dose on incidence of pyrexia71
Fig. (21):	Effect of Oxytocin dose on incidence of GI side effects
Fig. (22):	Effect of Oxytocin dose on incidence of pyrexia72
Fig. (23):	Comparing incidence of Tachysystole in both treatments arms.73
Fig. (24):	Comparing incidence of hyperstimulation in both treatments arms
Fig. (25):	Comparing 1 min APGAR score between Misoprostol and Oxytocin arms
Fig. (26):	Comparing 1 min APGAR score between Misoprostol and Oxytocin arms
Fig. (27):	Comparing birth weights between Misoprostol and Oxytocin arms



INTRODUCTION

Parturition is the culmination of a period of pregnancy with the expulsion of one or more newborn infants from a woman's uterus. The process of normal childbirth is categorized in three stages of labor: the shortening and dilation of the cervix, descent and birth of the infant, and birth of the placenta (Wiberg-Itzel et al, 2016).

Childbirth can be an intense event and strong emotions, both positive and negative, can be brought to the surface. Abnormal and persistent fear of childbirth is known as tokophobia. During the later stages of gestation there is an increase in abundance of oxytocin, a hormone that is known to evoke feelings of contentment, reductions in anxiety, and feelings of calmness and security around the mate (Meyer. **2007**). Oxytocin is further released during labor when the fetus stimulates the cervix and vagina, and it is believed that it plays a major role in the bonding of a mother to her infant and in the establishment of maternal behavior. The act of nursing a child also causes a release of oxytocin (Levine et al, 2016).

Length of labor varies between women, with first labors lasting on average eight hours (and unlikely to last more than 18 hours), second and subsequent labors lasting on an average five hours (and unlikely to last more than 12 hours). Progress in labor