

بسم الله الرحمن الرحيم



-Call 4000





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة يعبدا عن الغبار













بالرسالة صفحات لم ترد بالأصل





The Use of Oral Evening Primrose Oil versus Placebo for Ripening of the Cervix in Term Primgravidas (A Randomized Controlled Trial)

Thesis

Submitted for Partial Fulfillment of Master Degree in **Obstetrics & Cynecology**

By

Shymaa Mahdy Anwer Okasha

M.B.,B.Ch., 2012,

Faculty of Medicine - Ain Shams University.
Resident of obstetrics and gynecology at Egyptian Railway Medical Center

Under Supervision of

Prof. Sherif Fekry Abd Allah Hendawy

Professor of Obstetrics and Gynaecology Faculty of Medicine - Ain Shams University

Prof. Sherif Fathi El-Mekkawi

Professor of Obstetrics and Gynaecology Faculty of Medicine - Ain Shams University

Dr. Abdelrahman Mohammed Saleh

Lecturer of Obstetrics and Gynaecology Faculty of Medicine - Ain Shams University

Faculty of Medicine - Ain Shams University
2020



سورة البقرة الآية: ٣٢

Acknowledgments

First and foremost, I feel always indebted to **Allah** the Most Beneficent and Merciful.

I wish to express my deepest thanks, gratitude and appreciation to **Prof. Sherif Tekry Abd Allah Hendawy**, Professor of Obstetrics and Gynaecology, Faculty of Medicine, Ain Shams University, for his meticulous supervision, kind guidance, valuable instructions and generous help.

Special thanks are due to Prof. Sherif Fathi & Mekkawi

, Professor of Obstetrics and Gynaecology, Faculty of Medicine, Ain Shams University, for his sincere efforts, fruitful encouragement.

I am deeply thankful to **Dr. Abdelrahman Mohammed**Saleh

, Lecturer of Obstetrics and Gynaecology, Faculty of Medicine, Ain Shams University, for his great help, outstanding support, active participation and guidance.

I would like to express my hearty thanks to all my family for their support till this work was completed.

Last but not least my sincere thanks and appreciation to all patients participated in this study.

Shymaa Mahdy Anwer Okasha

Tist of Contents

Title Page No.

INTRODUCTION	1
AIM OF THE WORK	4
REVIEW OF LITERATURE	
Chapter (1) Cervical Ripening	5
Chapter (2) Evening Primrose Oil	29
Chapter (3) Term and Postdate Pregnancy	35
Chapter (4) Bishop Score	41
PATIENTS AND METHODS	46
RESULTS	54
DISCUSSION	66
SUMMARY	74
CONCLUSION AND RECOMMENDATIONS	77
REFERENCES	78
الملخص العربي	

Tist of Tables

Table No	o. Title	Page No.
Table 1:	Demographic characteristics of both groups	~
Table 2:	Results of obstetric assessment at visit 1 is study groups	
Table 3:	Results of obstetric assessment at visit 2 is study	
Table 4:	Change in Bishop Score and cervical ler both study groups	•
Table 5:	Paired comparison of Bishop Score and collength at visit 1 and visit 2 in either study	group
Table 6:	Paired comparison of membranes status a 1 and visit 2 in either study group	
Table 7:	Mode of delivery in both study groups	63
Table 8:	Neonatal outcomes in both study groups .	65

List of Figures

Fig. No.	Title Po	ige No.
Figure (1):	Oenothera biennis	29
Figure (2):	Oenothera biennis	30
Figure (3):	The effect of EPO	31
Figure (4):	Different forms of EPO	34
Figure (5):	Modified Bishop Scoring System	42
Figure (6):	Mean bishop score at visit 1 and visit 2 in both study gro Error bars represent the 95% confidence interval (95% C	
Figure (7):	Mean cervical length at visit 1 and visit 2 in both s groups. Error bars represent the 95% confidence into (95% CI)	erval
Figure (8):	Mean change in Bishop score in both study groups. It bars represent the 95% confidence interval (95% CI)	
Figure (9):	Mean change in cervical length in both study groups. It bars represent the 95% confidence interval (95% CI)	
Figure (10)	: Mode of delivery in both study groups	63
Figure (11)	Rate of Cesarean delivery in both study groups	64
Figure (12)	: Mean Apgar score in both study groups. Error bars repretthe 95% confidence interval (95% CI)	

Tist of Abbreviations

Abb. Full term

ACOG American College of Obstetricians and Gynecologists

BMI Body Mass indexCi Confidence interval

cm Centimeter

Cs Caesarean section

DBP Diastolic Blood Pressure **EvPO/EPO** Evening Primrose Oil

FHR Fetal heart rate

kg Kilograms

LMP Last Menstrual Peroid

mcg Microgrammg Milligram

NICU Neonatal Intensive Care Unit

No Nitric Oxide

PGE2 Prostaglandin E2

PMS Premenstrual symptoms

PROM Premature Rupture Of Membranes

PTB Preterm Birth

RCTs Randomized Controlled Trials

RR Relative Risk

SBP Systolic Blood PressureTVUS Transvaginal Ultrasound

U/S Ultrasound

WHO World Health Organization

ion

Introduction

Pipening of the cervix and uterine contractions are two basic factors of a successful delivery (*Jahdi et al.*, 2016). The prelabor condition of the cervix is believed to be one of the most important predictors of successful induction. Predicting induction success is one of the important and challenging issues for the doctor. So it is important to investigate the factors affecting it (*Park et al.*, 2009).

Cervical ripening, biochemically and physiologically, simply consists of the breakdown of cervical collagen bundles and the taking up of water by the cervix. Clinically, cervical ripening is manifested by the softening, effacement, anterior rotation, and dilatation of the cervix (*Scott et al.*, 2002).

Assessment for the need for cervical ripening prior to induction is accomplished through a Bishop score, which is calculated by assigning a score to cervical dilation, effacement, position, consistency, and fetal station. A Bishop score of less than six indicates the need for a ripening agent prior to induction, and a score that exceeds eight has been associated with successful induction leading to vaginal birth (*Tenore*, 2003).

The Bishop score was developed by Dr. Edward Bishop and was published in August 1964 (*Bishop and Edward*, 1964).



Measurement of cervical length by transvaginal ultrasonography is also a useful independent predictor of successful labor induction and performs better as a method of preinduction cervical assessment than Bishop score when the occurrence of active labor is considered as the final outcome of labor induction (Yang et al., 2004).

In women undergoing induction of labor, significant prediction of the likelihood of vaginal delivery within 24 hours and the likelihood of caesarean section are provided by preinuction cervical length, posterior cervical angle and maternal characteristics. Sonographic parameters were superior to the Bishop score in the prediction of the outcome of induction (Tan et al., 2007).

Evening primrose (Oenothera biennis) is a native North American flower so named because it blooms in the evening (Blumenthal, 1997). Oil extracted from the seeds of the evening primrose contains linolenic acid, gamma linolenic acid, and vitamin E. Gamma linolenic acid is a known precursor of prostaglandin E and several other active substances, and is said to be the constituent of the oil responsible for its therapeutic effects (Cohen et al., 2000).

prostaglandin concentrations Increases activate enzymes that start to break down the extracellular matrix of cervical cells, leading to cervical ripening (Smith et al., 2007).



According to a randomized double-blind, placebocontrolled clinical trial done in Philippines, Evening Primrose Oil given 1 capsule thrice daily for 1 week has a significant effect on Bishop score and cervical length by trans-vaginal ultrasound compared to placebo and there was no effect on fetal safety profile monitored by modified biophysical profile and non-stress test. Its use as a cervical priming agent to enhance success rate for vaginal delivery may be considered for healthy term gravidas awaiting onset of labor (Ty-Torredes and Karen Alessandra, 2006).

According to another study done in Iran, consumption of evening primrose oil capsules did not show a considerable improvement on Bishop score. It is recommended to do more comparative studies in this field in later weeks of pregnancy due to the conflicts of the studies (Jahdi et al., 2016).