



**Original Article**

## **Prostaglandin Gel: An Alternative to Caesarean Section in the Management of Post-dated Pregnancies with Unfavorable Cervices.**

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### **Abstract**

Fifty cases of post-maturity with unfavorable cervices were chosen to deliver the fetuses by the application of intracervical prostaglandin (PG) gel as an alternative to Caesarean section. The study was carried out in the Department of Obstetrics and Gynaecology, Rajshahi Medical College and Hospital, Rajshahi during the period from January 2001 to November 2002. Patients with malpresentations, premature rupture of membrane and history of previous two uterine Caesarean sections were excluded from this study. Gel was inserted above the cervical canal and re-administered every 6-8 hours interval for a period of 24 hours where necessary. Successful vaginal delivery was achieved in 98% of cases with adequate cervical ripening. Re-insertion of the gel was needed in only 8 cases. Oxytocin was used along with PG gel for initiation and augmentation of labour pain. Caesarean section was needed only in 1 patient and remaining all patients delivered within 24 hours of the onset of induction of this procedure.

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### **Introduction**

The incidence of Caesarean section has been increased during the last two to three decades. But it is really painstaking if a Caesarean section is done for a condition of normal post-mature pregnancy with unfavorable cervix. Post-mature pregnancies with unfavorable cervices are commonly faced conditions. It has been seen that majority of such cases can effectively be managed by prostaglandin E<sub>2</sub> now a days which certainly an alternative measure to Caesarean section. The ripeness of the cervix can be achieved effectively by syntocinon drip, stripping off the membranes or intracervical application of prostaglandin E<sub>2</sub> in the form of either pessary or gel<sup>1</sup>.

A major focus of this study was induction of labour in post mature cases with unfavorable cervices to achieve a safe normal vaginal delivery. Induction of labour is difficult when the cervix is unripe. Cervical ripening is of fundamental importance for successful induction of labour<sup>2</sup>. Many techniques for ripening the cervix have been introduced. In 1853, Krause first described the mechanical method for cervical ripening by laminaria tent, Foley's catheter and also with extra-amniotic injection of saline<sup>3</sup>. In the recent years, interest has been renewed in the use of Foley's catheter by inflating its balloon with sterile water. Oxytocin infusion is used along with Foley's catheter for initiation and augmentation of labour pain where needed<sup>4</sup>. Instead of Foley's

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