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Induction of Labour with an “Immature” Cervix in Pregnant Women with Preterm Rupture of Membranes

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Relevance: The causes of the Prenatal Rupture of the Membranes (PROM) are not fully understood. The significance of this pathology is determined by the high level of perinatal morbidity and mortality. The frequency of prenatal rupture of the membranes varies widely: from 2.7 to 19% of cases of full-term pregnancy.

Childbirth in this case does not always end favorably for the fetus and mother:

1. The danger of the development of purulent-septic complications in the mother with a long anhydrous period and intrauterine infection.
2. A long anhydrous period leads to anomalies of labor.
3. Delivery may be in effective, which leads to an increase in the frequency of surgical interventions.

The aim of our study was to study the condition of the birth canal in pregnant women with PROM by assessing the readiness of the cervix according to the bishop scale.

Research objectives:

1. Assessment of the condition of the cervix according to the bishop scale.
2. To study the readiness of the birth canal to choose the tactics of delivery.

Material and research methods: To solve the tasks, a comprehensive examination of 52 pregnant women was admitted to the Bukhara Perinatal Center for the period of 2019 and childbirth in which was complicated by PROM. According to the standard of management of patients with PROM, the birth canal of pregnant women was examined after 24 hours in the absence of labour in order to resolve the issue of the advisability of inducing labor.

Results and discussion: Evaluation was carried out according to 5 criteria. It was revealed that 62% of the examined pregnant women had disclosure, length, consistency, position of the cervix and the condition of the pre-existing part of the fetus with scores of up to 5, which was assessed as “immature neck” of uterine. And in 38% of women, the birth canal was assessed as a “mature neck”. Accordingly, the tactics of further conduct was chosen according to the protocol. In pregnant women with an immature neck, the induction of labor by Glanding E2 3 mg, 1 tablet intravaginally after the informed consent of the pregnant woman and relatives is proposed. The birth canal is reevaluated after 8 hours to clarify the need for continued induction. In pregnant women with a “mature” cervix, deliveries were carried out expectantly before playing out regular labor or a consultation of doctors resolved the issue of stimulation of birth with oxytocin.

Conclusion: Intravaginal administration of a synthetic analogue of prostaglandin E2 at a dose of 3 mg is a highly effective method of labor induction in women with a full term of pregnancy and helps to reduce the duration of the anhydrous period, the frequency of labor force abnormalities and operative delivery compared to Glandin E2 used.

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