



# **Evaluation of Outcomes after Implementation of Induction of Labour Protocol at the Georgetown Public Hospital Corporation**

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## **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

## **Article Information**

DOI: 10.9734/JAMMR/2019/v30i1230266

Reviewers and Editors: This manuscript was reviewed and approved by Conference Organising committee.

**Conference Abstract**

**Received 05 November 2019**  
**Accepted 07 November 2019**  
**Published 07 November 2019**

## **ABSTRACT**

**Objective:** To evaluate the incidence of failed induction of labour (FIOL), and determined whether this resulted from non-adherence to the induction of labour protocol.

**Design and Methods:** This study was a retrospective cohort analysis of all term patients who underwent induction of labour from 1st January to 30th June 2018.

**Materials:** GPHC IOL protocol, inpatient charts, nurses and theatre log books, electronic handing over records, Microsoft Excel, Word and [www.medcalc.org/calc/odds\\_ratio.php](http://www.medcalc.org/calc/odds_ratio.php).

**Results:** They were 388 patients induced that met the eligibility criteria outlined, 298 were included in the study while 90 were excluded because of failure to locate the patient records.

77,5% of the term patients induced achieved spontaneous vaginal delivery and 21,8% delivered by cesarean section, the nulliparous patients had a higher incidence of cesarean delivery at 33,1% (P=0,0514), compared with the multiparous patients 10,6% (P=0,0158). The rate of FIOL was 10,4% (31 patients). 48,4% of these diagnosis were not in accordance with the labour induction protocol (P=<0,0001).

**Conclusions:** The incidence of FIOL was 10,4%, of which 48,4% was not in accordance to the protocol.

Standardization of management and adherence to the labour induction protocol decreases the time to delivery and cesarean section rate.

**Recommendations:** The diagnosis of FIOL should be made in accordance with the international guidelines adapted by GPHC's induction protocol.

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\*Note: This paper was presented in Guyana Medical Research Conference, November 3, 2019, Organised by Arthur Chung Conference Centre, Georgetown, Guyana.

*Keywords: Failed Induction of Labour (FIOL); non-adherence; labour protocol.*

## **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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