



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.

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Conference Abstract

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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.

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

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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