

A Clinical Study of Efficacy and Safety of Foley's Catheter Method of Induction of Labour

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Abstract

Background: Induction of labor (IOL) is a procedure of artificial initiation of uterine contractions by medical or surgical means before the spontaneous onset of labor. Trans-cervical extra-amniotic Foley catheter (FC) insertion is used in women with an unfavorable cervix. The present study aimed to assess the pre-induction and post-induction Bishop scores to assess the mode of delivery and maternal and neonatal complications with Foley's method of induction. **Methods:** N=80 cases of pregnant women who require labor induction were selected after thorough general examination with Pulse Rate, BP, temperature, CVS/RS, admission NST, USG, and other necessary blood investigations were done in all the cases. Detailed history and general physical examination were done and systemic examination including per abdomen examination was done. Per vaginal examination to assess the status of cervix Bishop's score. **Results:** The most common indication for the induction of labor was postdated pregnancy in 68.5% of cases followed by hypertension in 22.5% cases and Intrauterine growth retardation (IUGR) in 2.5% cases and previous Lower segment cesarean section in 6.25% cases. The mean pre-induction Bishop score was 3.20 and the post-induction Bishop score was 8.75 with a significant improvement of Bishop score by 5.5 which was significant. The mean duration of induction to delivery interval for primigravidae was 16.5 hours and 11.5 hours for multigravidae. **Conclusion:** Foley's catheter was a safe and efficacious method for induction of labor at full-term gestation. It may be utilized when indicated to prevent complications of post-dated pregnancy and in cases where hyperstimulation of the uterus is unwanted such as in cases of hypertension, or intrauterine growth retardation. This method of induction may also be considered in cases of previous LSCS with indications for induction.