



Induction with misoprostol vaginal insert with the obese patients

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Objective

Obesity is a risk factor of intrapartum complications for women, such as cesarean section, infections, longer hospital stay, postpartum hemorrhage and peripartum morbidity. During induction of labour, obese women require higher doses of oxytocin. Misoprostol vaginal insert stimulates cervix ripening, effectively leading to labour in 24 hours. The aim of this study is to compare peripartum effects of misoprostol induction of labour in obese and non-obese patients.

Methods

The retrospective study included 69 singleton pregnancies, who received induction of labour with misoprostol vaginal insert. We analysed the time between induction of labour and delivery, delivery route, maternal and neonatal outcomes between obese (n=38) and non-obese patients (n=31).

Results

The labour in obese patients, who were qualified for induction with misoprostol, was less advanced (39, 68±1, 40 vs. 40, 35±1, 32 weeks of gestations; p=0, 018). Fifth-minute Apgar score was lower for obese patients (8, 45±2, 31 vs. 9, 42±1, 61; p=0, 034). The average time between vaginal insertion of misoprostol and delivery, the rate of cesarean section and maternal outcome did not differ between groups.

Conclusion

Obesity is one of the negative prognostic factors of induction of labour with misoprostol vaginal insert.