SUMMARY AND CONCLUSION
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The purpose of the present study was to assess the effectiveness of the administration of intravenous infusion of Epidosin to reduce the duration of first stage of labour and any side effect of drug over fetus and mother and its superiority over other routes.

The present study was conducted on 50 cases of normal labour who received Epidosin intravenously. For the purpose of comparison, 50 normal cases who received Epidosin by intramuscular route were also included in the study group and 50 normal labour cases were taken as control.

Each of these groups included both primipara and multipara cases. Literature on this subject was reviewed in details and it was observed that the duration of labour was markedly reduced with intravenous infusion of Epidosin in comparison to intramuscular route. The method of intravenous infusion of Epidosin in labour to reduce the duration is a relatively recent method and encouraging results have been shown by various workers.

The duration of first stage of labour (effacement and dilatation) was significantly reduced in the study group as compared to control group and intramuscular Epidosin group. There was significant reduction in second stage of labour
in primiparae in study group as compared to control group and intramuscular group. It was observed that overall duration of labour was reduced in study groups.

The cases under study were closely observed from the point of view of duration of labour with particular stress on first stage of labour, the intensity of uterine contractions, associated maternal complications and the ultimate fetal outcome. Our findings were as follows:

1. The first stage of labour showed a statistically significant (P < 0.001) reduction in primigravidae in the study group by 5.43 hours i.e. 57% in comparison to control group (9.42 hours).

   There was significant reduction in duration of first stage of labour in cases of intravenous infusion of Epidosin by 1.24 hours in comparison to group who received intramuscular Epidosin in same doses (P < 0.01).

2. There was a statistically significant reduction in the duration of first stage of labour in multigravidae by 50% (3.07 hours) after the administration of the drug intravenously in comparison to control group (P < 0.001). There was statistically significant reduction in duration of labour (0.47 hours) (P < 0.01) in comparison to the administration of the drug intramuscularly.
3. The second stage of labour was markedly reduced in primigravidae by 42.71 minutes (P < 0.001) in study group who received Epidosin intravenously. In our study group (intramuscular Epidosin) it was by 25.95 minutes in comparison to control group. The differences were statistically significant.

4. The duration of 3rd stage of labour was not altered in our study group and there were no associated complications.

5. The overall foetal survival was 100% with an average Apgar scoring 9.8/10. There was no evidence of fetal morbidity.

6. The maternal morbidity was negligible and there was no maternal mortality in our study.

7. In few cases tachycardia, increased temperature and dryness of mouth was present in our study group which was not significant. No other side-effect and toxic manifestations were observed with the use of Epidosin.

Hence, it may be concluded that Epidosin is a safe, reliable and efficacious drug to shorten the duration of labour. It may also be commented that it reduces the IIInd stage of labour significantly in primi.

The most appropriate time for administration of Epidosin is after the patient is in established labour.
The study gave more encouraging results with I/V infusion of Epidosin indicating that it may be a better route of administration in comparison to traditional I/M route with not much increase in cost of therapy as well as side effects on mother as well as baby.