MATERIAL AND METHODS
MATERIAL AND METHODS

The present study was carried out in the department of Obstetrics and Gynaecology of M.L.B. Medical College, Jhansi, from February 1997 to February 1998.

One hundred and fifty cases were selected from the patients admitted in the Labour Room of the department. The cases were divided into 2 groups:

1. Control group (C) - 50 cases of normal labour.
   
   Primigravidae - 28
   Multigravidae - 22

2. Study group - This group was further divided into two sub-groups:

   A) - Cases receiving intramuscular injections of Epidosin at half hourly interval. Maximum 3 injections of Epidosin were given.

   50 cases of normal labour:
   
   Primigravidae - 23
   Multigravidae - 27

   B) - Cases receiving intravenous infusion of 3 ampules of Epidosin in 5% Dextrose at 16 drops/mt.

   50 cases of normal labour:
   
   Primigravidae - 28
   Multigravidae - 22
Criteria for selection of cases -

1. Age of patient between 18 to 35 years.

2. Only those patients with pregnancy ≥ 36 weeks with spontaneous onset of labour were selected.

3. Only patients with vertex presentation.

4. Cases of established labour were selected when cervical dilatation was 3-4 cm and patients were having good uterine contractions.

5. Membranes were present and bulging in all the normal cases.

Following cases were excluded from the study:

1. Cases with cephalo-pelvic disproportion.

2. Cases with significant antenatal complication.

3. Cases with metabolic disorder like diabetes.

4. Cases with psychiatric disorder.

5. Cases of twins, hydramnios and other complications.

6. Cases of uterine inertia were excluded. The duration, intensity and interval of uterine contractions were noted to rule out any case of uterine inertia.

Equipments -

A sterile trolley was prepared containing 6 Epidosin ampules of one ml each, one intravenous infusion set, one 5%
Dextrose water, veinflon No. 18, four 2 ml syringes, spirit swabs, sims speculum, anterior vaginal wall retractor, sponge holder, savlon, betadine solution and sterile drapes.

Method of study -

A thorough clinical history was taken with special reference to age, parity, duration of gestation and nature & duration of previous labour in cases of multiparae.

The possibility of metabolic disorder was excluded. It was followed by a thorough general examination and systemic examination.

Per-abdominal examination -

Per abdominal examination was done to establish duration of gestation by fundal height, presentation and position of foetus, station of head and fetal heart sounds.

Per vaginal Examination -

Preparation of patient - A thorough sponging of the patient was done, then vulva and perineum was cleaned and painted with Betadine solution.

Now vaginal examination was done under perfect aseptic conditions. Station of head and absence of cephalo-pelvic disproportion were confirmed. Cervix was studied in detail with special reference to consistency. The cervical dilatation was measured.
After establishing the fact that patients were in true labour with cervical dilatation \( \geq 3 \text{ cm.} \), they were given treatment according to their respective groups and progress of labour was monitored.

All the primiparae and multiparae in control group were given 500 mg of Inj. Ampilox intramuscular at the start of study.

One ml. of Epidosin was given intramuscularly in study group A at 3 c.m. cervical dilatation. The injections were repeated at half hourly interval till a maximum of three injections. The second or third injection was withheld in case full dilatation was attained before the injection was due.

In study group B, intravenous infusion of Epidosin was given. Three ampules of Epidosin were added to 5% Dextrose water and were infused at the rate of 16 drops/minute.

Patients were monitored for uterine contractions, dilatation of cervix, fetal heart rate and maternal signs at frequent interval.

Progress of labour was monitored and cervical dilatation was measured. The vaginal examination was done when indicated and mostly at two hourly intervals.

The duration of first stage of labour was calculated from 3 c.m. dilatation till full dilatation i.e. 10 c.m.
Practically it was difficult to calculate latent phase of labour. To rule out cases of false labour, only active phase of 1st stage of labour was taken into account.

The time of full dilatation was noted. To determine the duration of second and third stages, the time of delivery of baby and placenta were noted respectively. Any IIId stage complications were noted if present.

The Apgar scoring of the baby at birth was done to find out any deleterious effect on baby at birth.

Episiotomy was given in all primigravidae as a routine. Low cavity forceps were applied if second stage was prolonged. If full dilatation was not attained within 8 hours in primiparae and 6 hours in multiparae after the intramuscular injections of Epidosin in group A and after intravenous infusion of Epidosin in group B, the case was labelled to be a failure.

Throughout the study, full aseptic precautions were undertaken.