SUMMARY AND CONCLUSION
1. In present study, 100 pregnant women admitted in M.L.B. Medical College, Hospital, Jhansi were induced with PGE\textsubscript{2} gel (cerviprime) applied endocervically and were compared with 100 patients induced with intravenous oxytocin infusion.

2. 200 patients were selected as per the inclusion criteria, complete obstetric examination was done and routine investigations such as blood haemoglobin, urine routine and microscopic, blood grouping and typing was done. All had indication for induction of labour. Pelvic examination was done and intracervical PGE\textsubscript{2} gel (cerviprime) was instilled in 100 patients of the study group. 100 patients of the comparison group were induced with intravenous oxytocin.

3. Maximum 62% cases in study group and 64% in control group were in the age group from 20–25 years.

4. In both study and control groups, primipara were more than multipara (64% & 36% and 54% & 46% respectively).

5. Maximum cases had gestational age of 41 weeks or above (54% in study and 58% in control group).

6. Chief indication for induction were postmaturity and post dated pregnancy, 53% and 35% respectively in the study group and 57% and 37% respectively in the control group.
7. All cases had unfavourable preinduction mean Bishop score in both the groups. Mean Bishop score in the study group in primiparous and multiparous patients was 2.59±0.66 and 2.95±0.93 and in control group it was 3.77±1.05 and 3.95±1.18 respectively which was not significantly different in both the groups. Mean Bishop score was significantly lower in the study group (2.76±2.96) than in the control group (3.86±1.1).

8. Cervical scoring was done at 6, 12 and 24 hours in both the groups. The study was considered to be successful. If Bishop score at 24 hours after administration of gel or after I.V. oxytocin was 6 or more or women had delivered vaginally before this cut off point. 84% cases in the study group and 72% cases in the control group had cervical scores 6 or more than 6, or had delivered vaginally. 10 cases in the study group and 6 cases in the control group were considered as failure as Bishop scores could not improve to 6 or 76 in 24 hours. Six cases in study and 22 cases in control group were unassessed as they underwent caesarean section before 24 hours. Of these all cases in study group and 11 cases in control group had favourable cervical scores of 6 or more than 6 before they underwent caesarean section.

9. Maximum 64% patients in group A and 48% in group B had ripening of cervix by 6 hours. Multipara required
lesser period than primiparae (6.8±2.11, 7.61±2.71 in study group and 9.15±5.78 and 9.71±4.84 hours in control group respectively) but the difference was not statistically significant. The mean induction ripening interval was significantly lower in the study group as compared to control group (7.32±2.52 and 9.45±5.05 hours respectively).

10. Maximum vaginal deliveries (30%) in study group and 32% in control group were occurred between 12-24 hours. Mean induction delivery interval was significantly lower in the study group as compared to control group (15.97±6.68 and 18.44±7.71 hours). Multiparae required apparently lesser period than primiparae in both the groups (15.55±8.11, 16.21±5.85 hours in study group and 17.13±7.21, 19.92±8.02 hours in control group) which was statistically insignificant.

11. 78% cases in the study group delivered vaginally(spontaneous or augmented) as compared to 66% in cases of control group. Rest 22% cases in study group and 34% in control group were delivered by caesarean section. There was no significant difference in caesarean section between the two groups.

12. Chief indications for caesarean section were failed induction (45.45%) and non progress of labour (27.28%) in study group and foetal distress (58.82%) and failed induction (17.65%) in control group.
13. Study group had significantly lower maternal complication rate (8%) as compared to control group (22%).

14. 4.35% babies in the study group had APGAR score less than 7 at 5 minutes as compared to 14.58% in the control group which was significantly lower. Foetal complications rate in study group was 10.87% as compared to 20.83% in control group. There was 1 neonatal death in the study group and 2 in the control group. Thus foetal complications were less in the study group than in the control group.

**Conclusion**

From the present study the following conclusions were drawn:

1. Endocervical instillation of \( \text{PGE}_2 \) gel (cerviprime) was particularly well suited for the induction of labour in the patients with unripe cervix, because of its combined properties of cervical ripening and induction of labour.

2. In a single low dose (0.5 mg) endocervical (\( \text{PGE}_2 \)) gel was safe and effective method for priming and induction.

3. There was definite success in ripening of the cervix.
4. Main advantage with cerviprime was that with low preinduction Bishop score (1, 2, 3) cerviprime 
alone or augmented), had definitely increased 
number of vaginal deliveries (78%) as compared to 
intravenous oxytocin of 66%.

5. The mean induction delivery interval with cerviprime 
was significantly lower (15.97 ± 6.68 hours) as 
compared to intravenous oxytocin (18.44 ± 7.71 hours).

6. Maternal complications were less (8% with cervi-
prime gel) as compared to intravenous oxytocin 
(22%).

7. Neonatal complications were less (10.87%) with 
cerviprime as compared to intravenous oxytocin 
(20.83%).