INTRODUCTION

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The present decade has witnessed enormous advances in the field of Obstetrical management. Rapid strides and newer techniques have been evolved by umpteen workers in the active management of labour, which has not only shortened the agony of the patient and the obstetrician, but has also decreased the incidence of perinatal mortality.

The active management of labour is a subject of hot debate every where in the world. It has been developed to an extent, that an assurance is given to every woman who attends the hospital, that the first baby will be born within 12 hrs. This assurance could lead to a welcome change in the present attitude, because the mere prospect of prolonged labour is often a cause of great concern in a primigravida.

Since antiquity, various methods have been employed to induce labour. Ambroise Pare (1510-90), was the first worker to introduce deliberate termination of pregnancy or anelective induction of labour. Following this George Macaulay (1756) successfully induced labour, by employment of low amniotomy. Subsequently many other methods were evolved, but later on discarded in favour of various oxytocic agents.

The perinatal death rate increases manifold in an elderly primigravida and here lies the importance of
timely induction of labour. Induction is a part and parcel of programmed labour, where labour is induced according to the obstetrician's and / or convenience of the mother.

The role of oxytocin in the induction and acceleration of labour is worth mentioning. Oxytocin is to the Obstetrician, what digitalis is to the Cardiologist. If used judiciously it serves a physiologic purpose, if used haphazardly, it is detrimental to the mother and infant (Vasicka and Hutchinson, 1963). Recent reports suggest, that the increase in the incidence of neonatal jaundice is attributed to the increased use of oxytocic drugs in the management of labour. Since oxytocin (syntocinon) is often used in obstetric practice to induce or accelerate labour, it is our endeavour to concurrently evaluate the relationship between the use of oxytocin and neonatal jaundice and possibly also derive a co-relation, if any between the concentration of oxytocin and the severity of neonatal jaundice.