ORIGINAL ARTICLE

COMPARATIVE STUDY OF EXTRA AMNIOTIC FOLEYS CATHETER AND INTRACERVICAL PGE₂ GEL FOR PRE-LABOUR CERVICAL RIPENING

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ABSTRACT: AIM: The aim of this study was to compare the efficacy of extra amniotic Foleys catheter and intra cervical PGE₂ gel in cervical ripening for the successful induction of labor. STUDY DESIGN: A randomized, prospective study was conducted in the Dept. of OBGY, KIMS, Karad from May 2012 to May 2014. 140 patients at term with a Bishop's score <6 with various indications for induction were randomly allocated to receive (70 pts) extra amniotic Foleys catheter or PGE₂ gel (70 pts). After 6 h post induction, Bishop's score was noted labor was augmented if required. Statistical analysis was done using Chi square test and t test. RESULT: The groups were compared with respect to maternal age, gestation age, indication of induction and initial Bishop's score. Both the groups showed no significant change in the Bishop’s score for primigravida cases (P value-0.6) but for multigravida cases increment in Bishop’s score was significantly more for PGE₂ group (P value-0.048). There was no significant difference in the side effects For primigravida cases there was no significant difference in cesarean section rate for both groups but in multigravida cases cesarean section rate significantly more in Foleys group (P value-0.049).There was no significant difference in the induction to delivery interval in both groups for primigravida cases, but for multigravida cases duration was significantly less in PGE₂ group (P value-0.047). APGAR scores and NICU admissions showed no difference between the two groups. Cost of induction was significantly less for Foleys catheter than PGE₂ gel. CONCLUSION: This study shows that both Foleys Catheter and PGE₂ gel were equally effective in pre induction cervical ripening in primigravida cases but for multigravida cases PGE₂ gel was more effective than Foleys catheter for pre induction cervical ripening. KEYWORDS: Cervical ripening, PGE₂, Foleys catheter.

INTRODUCTION: Cervical ripening refers to a process of preparing the cervix for induction of labor by promoting effacement and dilatation as measured by Bishop’s score. The success of labor induction depends on the cervical status at the time of induction. It is generally predicted that the patients with a poor Bishop’s score <3 have unacceptably higher rates of failure of induction. It was also shown that a low Bishop’s score is associated with increased rates of cesarean sections, maternal fever and fetal asphyxia. To decrease the induction failure, cervical ripening by any methods is the answer.

The purpose of this study was to compare the efficacy of extra amniotic Foleys catheter with PGE₂ gel for pre-induction cervical ripening. The induction delivery interval, maternal and fetal outcomes and the need for augmentation of labor in or these two groups were also compared.

OBJECTIVES:
- To study and compare the improvement in pre-ripening Bishop's score in both the groups.
- To study induction- delivery interval in both groups.
To study the requirement of drugs for augmentation after induction of labour.
To study the mode of delivery in both groups.
To study maternal morbidity, neonatal morbidity and mortality in both groups.
To study cost effectiveness of the methods.

MATERIALS AND METHODS:
STUDY DESIGN: Prospective, comparative study

SAMPLE SIZE: Total 140 cases;
   GROUP-A: 70 CASES
   GROUP-B: 70 CASES

STUDY PERIOD: May 2012 to May 2014.

PROCEDURE:
- 140 pregnant women after 37 completed weeks of gestation who needed induction and fulfilling the criteria of inclusion and exclusion were randomly allocated in to two groups: Group A & Group B.
- GROUP A: Induction with extra amniotic Foley's catheter.
- GROUP B: Induction with Prostaglandin E2 gel.
- Detailed history and examination was done. Pre & post induction NST was taken.
- Pre induction Bishop's score was assessed and improvement in bishop score was assessed after 12 hours of induction.
- Demographic profile, gestational age, improvement of Bishop's score, induction- delivery duration, mode of delivery and feto-maternal outcome was noted.
- Dose repetition of PGE2 gel was considered if post induction Bishop's score was <6 in both groups.
- Need of augmentation of labour was assessed and implemented by oxytocin administration.
- Failure of induction was declared if patient failed to go in active phase of labour within 24 hrs of induction.
- Student t test and chi square test were used to statistically compare the two groups.

INCLUSION CRITERIA:
- After 37 completed weeks of gestation who needed induction.
- Singleton pregnancy.
- Cephalic presentation.
- Bishop's score<6.

EXCLUSION CRITERIA:
- Multiple pregnancy.
- Malpresentation.
- Absent membranes.
- Antepartum haemorrhage.
- Medical disease like heart disease or renal disease, asthma, and liver diseases.
• Local Infections – vaginitis, chorioamnionitis.
• Previous uterine scar.

OBSERVATIONS AND RESULTS: Among the 140 patients selected for the study, 70 patients were selected for Foley's catheter and 70 patients for PGE₂ gel.

The patient's characteristics like age and gravidity were comparable in both groups. In both groups cases of primi gravida has maximum percentage than multi gravida cases. In GROUP-A 47 cases were primigravida and 23 cases were multigravida, In GROUP-B 51 cases were primigravida and 19 cases were multigravida.

Mean age in GROUP-A was 23.48 ± 2.92 yrs. and for GROUP-B was 23.18 ± 3.20 yrs.
Mean gestational age for GROUP-A was 40.06 ± 1.15 wks. And that for GROUP-B was 40.05 ± 1.14 wks.

| INDICATION     | GROUP-A  | GROUP-B  |
|----------------|----------|----------|
|                | number   | percentage | number | percentage |
| postdated      | 46       | 65.71 %    | 44     | 62.85 %    |
| PIH            | 17       | 24.28 %    | 19     | 27.14 %    |
| IUD            | 0        | 0 %        | 2      | 02.85 %    |
| IUGR           | 4        | 05.71 %    | 5      | 07.14 %    |
| oligohydromnios| 21       | 30 %       | 19     | 27.14 %    |
| polyhydromnios | 3        | 04.28 %    | 6      | 08.57 %    |
| **Total**      | **70 cases** | **70 cases** |

Table 1: Indication for induction

This table summarizes the indications of induction in both the groups. More common indications in both the groups were Post-dated, Pregnancy induced hypertension (PIH) and oligohydromnios.

| BISHOP’S SCORE | GROUP-A  | GROUP-B  | P-VALUE |
|----------------|----------|----------|---------|
|                | 47-cases | 51-cases |         |
| pre-induction  | 1.89 ± 1.73 | 1.76 ± 1.39 | 0.684   |
| post-induction | 7.17 ± 2.01 | 6.78 ± 2.91 | 0.451   |
| increment      | 5.27 ± 2.28 | 5.01 ± 2.53 | 0.600   |

Table 2: Increment of Bishop’s score in primigravida cases

Increment of Bishop’s score in GROUP-A was 5.27 ± 2.28 and that of GROUP-B is 5.01 ± 2.53. So the P-value was 0.600 means there was no significant difference between them. Change in Bishop’s score same after induction for both groups.
Increment of Bishop’s score in GROUP-A was 5 ± 3.07 and that of GROUP-B was 6.94 ± 3.09. So the P-value was 0.048 means there was significant difference between them. Increment in Bishop’s score was more in GROUP-B as compared to GROUP-A.

In primigravida cases of GROUP-A significantly more number of patients needed oxytocin for augmentation as compared to GROUP-B (P value-0.0013).

In multigravida cases of GROUP-B need for augmentation is significantly less as compared to GROUP-A (P value-0.017).

The P-value was 0.572 means there was no statistically significant difference between two groups.
The P-value was 0.047 means there was statistically significant difference between two groups.

There was no significant difference in cesarean section rate for primigravida cases in both groups (P value-0.962).

LSCS rate was significantly more in GROUP-A as compared to GROUP-B in multigravida cases (P value-0.049).

So in GROUP-A majority of patients having non-progress of labour as indication for cesarean section with no statistically significant difference (P-value is 0.17). And in GROUP-B majority of patients having failure of induction as indication for cesarean section with statistically significant difference (P value is 0.026).
The overall incidence of complications has significant difference (P- 0.01). The incidence of complications was significantly more in GROUP-B as compared to GROUP-A.

In both the groups there was no statistically significant difference in the incidence of foetal complications (P-value is 0.53).

So in both groups there was no difference in APGAR score.

So the cost of induction in GROUP-A was significantly less as compared to GROUP-B.

**DISCUSSION:** In this study, 140 patients were selected by simple randomization, with 70 patients in each group.
In our study the mean increment in Bishop’s score after induction in primigravida cases in Foleys catheter group was 5.27 ± 2.28 and in PGE2 group was 5.01 ± 2.53. The P value was 0.600 means there was no significant difference between two groups and the increment in Bishop’s score was same for both groups (Table no.2). In multigravida cases in Foleys group the increment was 5 ± 3.07 and in PGE2 group was 6.94 ± 3.09. The P value was 0.048 means there was significant difference between two groups, so increment in Bishop’s score for multigravida cases in Prostaglandin group was significantly more as compared to Foleys catheter group (Table no. 3).

In the study done by Tahir Jabbar et al1 (2011) there was no significant difference in the increment of Bishop’s score in two groups with P value 0.42.

In our study for primigravida cases in GROUP-A 59.57% cases required oxytocin augmentation, in GROUP-B 25.49% required oxytocin augmentation, P value was 0.0013 means oxytocin requirement was significantly more in Foleys group as compared to PGE2 group (Table no.4). In multigravida cases in GROUP-A 56.52% cases required oxytocin, in GROUP-B 15.78% cases required oxytocin. The P value was 0.017 means oxytocin requirement was significantly more in Foleys group as compare to PGE2 group. (Table no.5).

In the study done by Azra Naseem et al2 (2007) they found that the requirement of oxytocin in Foleys group was 98% and that of PGE2 group was 84%. P value was 0.014 means there was significant difference between two groups. But in the study done by Sujata et al3 (2012) in Foleys group oxytocin required in 30% cases and in PGE2 group 17% cases required oxytocin augmentation with P-value 0.16 means there was no significant difference between two groups.

In our study in primigravida cases the mean Induction to delivery duration for Foleys group was 20.95 ± 12.48 hrs. And that for PGE2 group was 22.60 ± 15.95 hrs. The P value was 0.572 means there was no significant difference between them (Table no.6). In multigravida cases the mean induction to delivery duration for Foleys group was 17.52 ± 9.62 hrs. And that for PGE2 group was 11.73 ± 8.47 hrs. The P value was 0.047 means there was significant difference between them (Table no.7).

In the study done by Marta Jozwiak et al4, they found that induction to delivery duration in PGE2 group was significantly less as compared to Foleys group, P value was 0.0001. But in the study done by Azra Naseem et al2 they found that the induction to delivery duration was significantly less in Foleys group as compared to PGE2 group with P value 0.008. However in the study done by Deshmukh et al5 they found that no significant difference between both groups for induction to delivery duration with P value 0.291.

In our study in cases of primigravida the cesarean section rate for Foleys group was 42.55% and that for PGE2 group was 45.09 %. P-value was 0.960 means there was no significant difference between two groups (Table no. 8). In cases of multigravida the cesarean section rate for Foleys group was 26.08 % and that for PGE2 group was 0%. P-value is 0.049 means there was significant difference between two groups, so cesarean section rate was significantly less in PGE2 group (Table no.9).

In the study done by Tahir Jabbar et al1 they found that the cesarean section rate in Foleys group was 23.61 % and that of PGE2 group was 21.33%, with P value 0.64 means there was no significant difference between them. Similarly in the study done by Dewan et al6 they found that there was no significant difference between two groups for LSCS rate with P value 0.614.

About the maternal complications in our study for Foleys group, we found that 3 cases had nausea, 2 cases had vomiting, 1 case had LSCS wound infection and 1 case had cervical tear at the
time of delivery, in PGE₂ group we found 9 cases had nausea, 6 cases had vomiting, 4 cases had hypertonus, 2 cases had post LSCS wound infection and 1 case had cervical tear at the time of delivery (Table no.11). In the study done by Sujata et al⁸ they found that for Foley's group 10 % cases had discomfort at the time of insertion, for PGE₂ group 1% cases had tachysystole, 2% cases had hypertonus and 3% cases had discomfort at the time of insertion.

About the APGAR score at 1 minute and 5 minute in our study we did not find any significant difference between two groups (Table no.13). Also Deshmukh et al⁹ found no significant difference between two groups.

In our study we found about cost of induction that in Foley's group average cost was 115 Rs. and that for PGE₂ group was 343.20 Rs. and the difference was significant (Table no.14). Similarly Dewan et al⁶ found significant difference in induction cost, the cost for Foley's induction was significantly less as compare to PGE₂ group.

CONCLUSION: From our study we concluded that for primigravida cases Foley's catheter induction and PGE₂ gel induction both methods are effective in cervical ripening, safe, with minimal maternal and neonatal side effects. But in low socioeconomic group Foley's catheter induction is cost effective, safe method of induction. In multigravida cases Prostaglandin E₂ gel induction is more effective, simple, safe, with minimal maternal and neonatal side effects and with less cesarean section rate, with less need of augmentation as compared with Foley's catheter induction method. But where cost-factor is important in that case for multigravida also we can use Foley's catheter induction as it is low cost, safer, reversible method of induction. Also Foley's catheter insertion method is best option for cases where Prostaglandins are contraindicated.

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