

Comparative Study In Efficacy Between 600 Mcg Oral Misoprostol And 10 Units Oxytocin Im In Active Management Of Third Stage Of Labour

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Aims: This study was conducted with the aim of comparing the efficacy of oral misoprostol 600 mcg with intramuscular oxytocin 10 IU in the active management of third stage of labour.

Methods: This prospective comparative study was performed at Department of Obstetrics and Gynaecology, South Eastern Railways, Kolkata, a tertiary care hospital offering referral services to pregnant women.

The aimed at to compare the efficacy of oral misoprostol with intramuscular oxytocin in the third stage of labour to prevent of postpartum hemorrhage. 60 women without risk of PPH were randomly allocated to receive either 600 mcg misoprostol orally (Group I) or 10 unit of oxytocin intramuscularly (Group II) within 1 minute of delivery. The efficacy and the safety of these two drugs were analyzed on the basis of percentages fall in hemoglobin (Hb) and hematocrit (Hct) level from before delivery to 8 completed hours after delivery, need for additional uterotonic agents, need for exploration and uterine evacuation, need for blood transfusion, duration of third stage of labour and the numbers of retained placenta and need for MRP.

Results: Oral misoprostol was observed to be equally effective as intramuscular oxytocin in prevention of post-partum hemorrhage (PPH). There was no statistical difference in the duration of third stage of labour, need for additional uterotonics, need for uterine exploration/evacuation and need for blood transfusion in the two groups.

Conclusions: Routine use of oral misoprostol 600 mcg appears to be as effective as 10 IU intramuscular oxytocin in minimizing blood loss during the third stage of labour.

Keywords: misoprostol; active management of third stage of labour; side effects; oxytocin; blood loss; PPH

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