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DOES INDUCTION OF LABOUR CHANGE THE MODE OF DELIVERY FOR MACROSOMIC BABIES?

OBSERVATIONAL STUDY

Hypothesis / aims of study
To establish effect of induction of labour on mode of delivery for macrosomic babies at term

Study design, materials and methods
This is a retrospective observational study in the University hospital in the UK. There were 1576 term deliveries with macrosomic newborn analysed during the period of 2005-2007. Studied population included 1071 normal vaginal deliveries, 221 instrumental deliveries and 284 emergency caesarean sections. Out of these, 1064 deliveries were spontaneous and 512 induced deliveries. Induction of labour (IOL) was defined as intervention that inducing the childbirth process artificially by administering prostaglandin or by artificial rupture of membranes. Term pregnancy was defined as pregnancy from 37 weeks to completed 42 weeks. Macrosomic newborn was defined as newborn with a birth weight more than 4000g. Parity, age, gestation, induction of labour, use of epidural analgesia and birth weight were studied factors influencing the mode of delivery. Adjusted odds ratios (Adj. OR) with 95% confidence intervals (CI) were calculated for these factors using a multivariable logistic regression analysis.

Results
The frequency of IOL was 32.5 % (512/1576). Rate of normal vaginal deliveries was 68% (1071/1576), rate of instrumental deliveries was 14% (221/1576) and rate of Caesarean sections was 18% (284/1576)

Interpretation of results
Induction of labour had no influence on the mode of delivery when a newborn was macrosomic at term. (For instrumental deliveries - Adj. OR 0.822; CI 0.557-1.212; p=0.297; and for Caesarean sections - Adj. OR 1.076; CI 0.757-1.528; p=0.683). These findings were adjusted to parity, age, gestation, birth weight and use of epidural analgesia.

Concluding message
Induction of labour at term does not increase the risk of Caesarean section or risk of instrumental delivery in pregnancies with macrosomic babies.

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