# **ABSTRACT**

# STUDY BACKGROUND AND SIGNIFICANCE:

Induction of labour is being the most common Obstetric procedure .Recently many methods are experimented for induction of labour in prolonged pregnancy(>41 Weeks).Misoprostol is a newer Prostaglandin that is effectively used for labour induction.Misoprostol can be used either orally or vaginally. Since there are no conclusive information about effectiveness of the induction methods, this study is undertaken to compare intracervical foley catheter with oxytocin, vaginal and oral Misoprostol in Prolonged pregnancy.

# **METHOD:**

It is a Prospective randomised control trial among women with prolonged pregnancy with a vital singleton in cephalic presentation,unfavourable cervix with intact membranes. Women will be randomised to Foley induction or oral Misoprostol and Vaginal misoprostol, each of 100 after obtaining informed written consent. Oral and Vaginal Misoprostol are administered as 25 ug every 4 hrs maximum of 3 doses and pelvic examination done every 4 hrs. 16 French Foley catheter inserted intracervically & bulb inflated with 80 ml of normal saline. Pelvic assessment done after 12 hrs if the inflated balloon is not passed spontaneously. For all patients progress of labour will be monitored with partograph

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# **RESULTS:**

The primary outcomes were -The improvement in Bishop score was similar in Oral and Vaginal Misoprostol and was lesser in Foley group ,Mean induction to delivery interval was shortest in oral Misoprostol group(8.82 hrs) compared to vaginal misoprostol(8.88hrs) and foley group -13.72 hours and was found to be statistically significant(P<0.001). Labour natural was maximum in oral Misoprostol group-84% compared to73% in Foley group,78% in Vaginal Misoprostol group.Oral Misoprostol had good perinatal outcome with minimal maternal side effects.Oral and vaginal misoprostol required similar number of doses with similar cost.

# **KEYWORDS:**

Prolonged pregnancy, Induction of labour, or al misoprostol, foley catheter, vaginal Misoprostol, Induction delivery interval, unfavourable cervix, Bishop score, Hyperstimulation, Apgar score < 7.