IS-127 Comparison the Effectivity and Safety between Oral and Vaginal Misoprostol for Labor Induction

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Objective : To compare the effectivity and safety between oral and vaginal misoprostol for labor induction on ≥37 weeks of gestation pregnancy with live fetus. **Methods :** This study was randomized clinical trial by the using of primary data of Department of Obstetrics and Gynecology in Wates and Wonosari Regency Hospital in Yogyakarta Province, Indonesia, from March 1999 to February 2000. **Results :** by the randomized there were 65 cases give oral misoprostol and 65 eases give vaginal misoprostol for labor induction. There were 76.9%of oral group and 84.65%of vaginal group delivered during 24 hours after induction. The postterm and premature rupture of the membranes (PRM) did not influence the effectivity of induction in the both groups. Vaginal group delivered 3 hours faster than those oral group, but statistically not difference (805.9 ± 468.9 minutes vs. 984.5 ± 931.8 minutes; $p = 0.17$). The cumulative doses of misoprostol were not different between oral and vaginal group (103.85 ± 51.8 μg vs. 103.85 ± 40.8 μg; $p = 1$). The total of vaginal delivery in oral and vaginal group were statistically not different (95.4%vs. 98.5% ; $p = 0.31$). Asphyxia of newborn, nausea, vomiting and diarrhea of the mother did not find in both groups. **Conclusions :** The effectivity and safety of induction of labor by the giving of misoprostol orally and vaginally were statistically not different.
Key words : misoprostol, labor induction

IS-128 Randomized Controlled Trial of Oral Misoprostol and Intra-muscular Syntometrine in the Management of the Third Stage of Labour

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Objective : To compare the efficacy and safety of oral Misoprostol with intramuscular Syntometrine in the management of the third stage of labour. **Methods :** 2058 women with a singleton pregnancy and a vaginal delivery were randomized to receive either oral Misoprostol or intramuscular Syntometrine in the management of third stage of labour. **Results :** There were no differences in the mean blood loss, incidence of postpartum hemorrhage and change in hemoglobin level. Misoprostol was associated with a higher need for repeated oxytocics injection, lower incidence of manual removal of placenta and higher incidence of transient pyrexia (≥38℃) and shivering. **Conclusion :** Misoprostol may be used as an alternative to intramuscular Syntometrine in the management of the third stage of labour.

IS-129 The Relationship between Mechanisms of the Labor Onset and the Hemostatic System

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[Objective] Since fibrin plays an important role in maintaining the integrity of the utero-placental circulation, we investigated the role of Platelet-Hemostatic-Capacity (PHC) and fibrinolytic inhibitors (PAI-1, PAI-2) as well as kinin-kallikrein-system during pregnancy and at the onset of labor. [Methods] PHC (PCE : Collagen/Epinephrine, PCA : Collagen/ADP) was measured in blood from 38 pregnant patients using the Platelet-Function-Analyzer-system. Markers of in vivo hemostatic activation, fibrinolytic parameters and kinin-kallikrein system were tested as follows. 1) TAT, 2) F1+2, 3) PAI-1, 4) PAI-2, 5) Prekallikrein. As a control, 36 healthy nonpregnant women (21 – 35 years old) were investigated with informed consents. [Results] During pregnancy, especially in second trimester both PCE (98.0 ± 21.0) (control 132.6 ± 18.1) and PCA (76.5 ± 28.6) (control 93.0 ± 16.5) were shortened when compared to controls, but at the onset of delivery these were prolonged. The most prominent changes were those in the kinin-kallikrein system. After the onset of labor, prekallikrein decreased rapidly (196.8 %to90.6%). PAI-1 and PAI-2 were increased in pregnancy. [Conclusion] These features suggest hypercoagulability during pregnancy, and the prekallikrein plays an important role at the onset of labor. It may be a trigger of following changes of PHC as well as PAI-1 and PAI-2.