loss, adequate uterine tone, reduction of PPH incidence and severity, adverse effects and need of additional medications.
Materials: A prospective controlled clinical trial on 216 women undergoing caesarean section was conducted. All pregnancies were at term and with at least one risk factor for PPH (multiparity, multiple pregnancy, previous caesarean section, polyhydramnios, fetal macrosomia, uterine miomas, placenta praevia, prolonged labor, chorioamnionitis and previous PPH).
Methods: The effect of a single dose of carbetocin (n = 108) and oxytocin infusion (n = 108) were compared with respect to: vital signs, uterine involution, amount of lochia, serum haemoglobin, postoperative pain, diuresis, need of analgesic and/or diuretic drugs and adverse effects. Group comparisons were made using chi-square tests for categorical and either Student's t tests or one-way ANOVA for continuous variables.
Results: Postoperative pain in the day of surgery was significantly lower ($p < 0.05$) in women receiving carbetocin than in those on oxytocin infusion and remained significant until the third day. In the day of surgery and the day after, the need of analgesic drugs was significantly lower ($p < 0.05$) in women receiving carbetocin than in those on oxytocin infusion. No differences were found regarding intraoperative blood loss, uterine involution and tone, amount of lochia, vital signs, serum haemoglobin, adverse effects, diuresis and need of diuretic drugs.
Conclusions: Carbetocin was efficacious and safe on the maintenance of uterine tone and limitation of blood loss in women at risk for PPH, in intra- and postoperative period. Moreover, carbetocin was able to reduce postoperative pain perception respect to oxytocin.

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PRIMIPARITY AND VAGINAL MISOPROSTOL FOR INDUCTION OF LABOUR AT PERINATAL UNIT HUPE/UERJ, RIO DE JANEIRO, BRAZIL

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Objectives: To determine the effect of vaginal misoprostol in labour induction with respect to induction-delivery time interval and fetal-maternal outcomes in primiparous and not primiparous women.
Materials: 131 women between 15 and 47 years old, assisted in 2010, with live singleton pregnancy, cephalic presentation, unfavourable Bishop score and indication for induction of labour.
Methods: Cross sectional study. The patients were divided into 2 groups: primiparous or not. The indications for labour induction were: (a) maternal (diabetes, hypertensive disorders, prolonged pregnancy and collagen diseases), (b) fetal (oligohydramnios and fetal growth restriction) and (c) premature rupture of membranes (PRM). Vaginal misoprostol 50 μcg was given at 4 hours interval, up to a maximum of 6 doses, until labour was induced. Statistic analysis was performed using Epi-info3.5.1. The categorical variables were described as proportions, while continuous variables were expressed as means and standard deviations, using the Fisher's exact test. Fetal-maternal outcomes and induction-delivery time interval in hours were the main outcome measures. The study was approved by the Institutional Research Ethics Committee of the HUPE/UERJ.
Results: The main indications for labour induction in primiparous women were: maternal (66%), fetal (9%) and PRM (25%). In the non-primiparous were similar (69%, 5%, 25%) ($p = 0.60$). The gestational age at delivery did not differ: 95% (58) of primiparous and 90% (63) of non-primiparous presented 37 weeks or more ($p = 0.08$). There was also no statistic difference concerning the induction-delivery time interval: 11.7±6.4 and 10.4±6.1 hours in the primiparous and non-primiparous, respectively ($p = 0.13$). Induction failure rate was 13% (8) of primiparous and 11.4% (8) of non-primiparous ($p = 0.40$). Vaginal birth tended to be more frequent in non-primiparous, which occurred in 64.3% (45) and in 59% (36) of primiparous ($p = 0.05$). It was not observed any difference regarding the Apgar and the newborns presented Apgar <7 in the 1st minute in 11.3% (7) and 15.8% (11) ($p = 0.28$), and in the 5th minute in 1.4% (1) and 1.8% (1) ($p = 0.71$), respectively.
Conclusions: Vaginal misoprostol showed to be excellent choice for labour induction, with small failure rates in both groups. There is no difference between primiparous and non-primiparous women concerning the induction-delivery time interval and Apgar scores.

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EFFECT OF INTRAPARTUM PETHIDINE ON THE NEONATAL OUTCOME: IS IT DURATION RELATED?

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Objectives: To study the effect of pethidine on the intrapartum fetal heart rate (FHR) pattern and to assess the neonatal outcome with regards to the interval between pethidine administration to delivery of the fetus.
Materials: 73 healthy women intrapartum from labour suite hospital Tengku Ampuan Afzan, Kuantan, Malaysia.
Methods: This is a prospective observational study done on 73 healthy consented women with singleton pregnancy at term. All fetus were normal, vertex presentation with reactive FHR tracing before pethidine administration. FHR recording were performed for 40 minutes prior to and one hour post pethidine. Cervical dilatation of all patients ≤4 cm at time of pethidine administration. Intramuscular pethidine 1 mg/kg was given as an intrapartum analgesia. The study sample was divided into two groups, first group delivered within 4 hours and second group delivered more than 4 hours after the pethidine administration. The data were analysed by SSPS 17.0.
Results: the mean age of the recruited patients is 28.15±6.15 years and mean gestational age of 39.14±1.094 weeks. The mean duration from pethidine administration to delivery is 296.48±173.65 minutes (4 hours and 56 minutes). Four (5.5%) cases had suspicious CTG 1 hour post pethidine, 1 with absence of acceleration for 45 minutes and 3 cases with early deceleration lasted for 60 to 90 minutes. Out of 73 patients, 38 babies delivered within 4 hours and 35 delivered after 4 hours of pethidine. All neonates delivered with good Apgar Score (AS), 8 at 1 minute and 9 at 5 minute except 1 with AS of 5 at 1 min and 7 at 5 min which delivered more than 4 hours after pethidine. Sixteen (21.9%) cases were admitted to the Neonatal Intensive Care Unit (NICU). Eleven (68.75%) cases were admitted due to neonatal sedation from the delivery group less than 4 hours after pethidine. Five (31.25%) cases from the delivery group more than 4 hours, 4 cases with a diagnosis of transient tachypnea of newborn and 1 secondary to meconium aspiration syndrome (MAS). All discharge to mother after 24 hours, non required ventilation apart from the one with MAS which required ventilation for one day and longer admission. Despite of the higher number of those require admission in the less than 4 hours group, it was not statistically significant with P value of 7.44.
Conclusions: Pethidine can be used as an intrapartum analgesia which is safe, easily available without major effect on fetal heart rate pattern and neonatal outcome even if given in advance stage of labour.