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, chooroamnionitis 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 at the Perinatal Unit HUPE/UERJ, Rio de Janeiro, Brazil.

Methods: The effect of a single dose of misoprostol (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 misoprostol 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 misoprostol 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: 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 were 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). There was no difference in the duration of the first stage of labour, the 2nd stage of labour, estimated fetal weight, the need of diuretic drugs.

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.