COMPARISON OF PREDICTION OF SUCCESSFUL INDUCTION BY USING TRANSVAGINAL ULTRASONOGRAPHIC CERVICAL LENGTH VERSUS MODIFIED BISHOP SCORE FOR TERM PREGNANT WOMEN

ABSTRACT

AIM :

To predict the mode of delivery in women administered dinoprostone gel for induction of labour.

OBJECTIVES :

1. To predict successful induction of labour by cervical length measured by transvaginal ultrasonography and Modified Bishop score in women administered Dinoprostone gel for induction of labour.

2. To compare the performance of both by sensitivity, specificity and area under curve (AUC) for its efficacy in prediction of good labour outcome.

METHODS:

This study included 150 women in whom induction of labour was performed at 37-41 weeks of gestation.Cervical length by transvaginal

ultrasonography and modified bishop score was assessed prior to induction**.**

RESULTS:

The induction of labour was successful in 132 women, (88%) The area under curve for cervical length was greater than that of the Bishop score in predicting a failed labor induction. (z =55.52; P < .0001). A cervical length of >2.9 cm had sensitivity of 90.4% and specificity of 96.9%.Only parity and cervical length had a significantly independent relationship with the duration of induction.

CONCLUSION :

Cervical length measured by transvaginal ultrasonography is a useful and independent predictor of successful labor induction and the duration of induction and provides better predictability of successful labor induction than the Bishop score.

KEY WORDS :

BISHOP SCORE, CERVICAL LENGTH, LABOUR INDUCTION, TRANSVAGINAL ULTRASONOGRAPHY.