CONCLUSION: Rate of stillbirth among women with an induction of labor increased after implementation of policy to delay induction and persisted after exclusion of indicated deliveries. Among women with indicated deliveries, the stillbirth rate did not change after policy implementation, despite shift to later gestational age of delivery.

Demographic characteristics and obstetric outcomes of women undergoing induction of labor at term by birth year and elective or indicated JACO indication

			2005-2008 N=84,226	2011 N=20,711	p-value	Adjusted p-value*
Maternal Age: Mean (95% CI)			27.6 (27.58, 27.66)	28.1 (27.02, 28.19)	<0.001	
Maternal ethnicity: N (%)						
	White		65,061 (77.25)	15,883 (76.69)	<0.001	
	Hispanic/Latino		7,176 (8.52)	1,430 (6.90)		
	Black		3,459 (4.11)	986 (4.76)		
	Asian/Pacific Islander		5,978 (7.10)	1,634 (7.89)		
	Native American		1,553 (1.84)	380 (1.83)		
	Other/Missing		999 (1.19)	398 (1.92)		
BMI: Mean (95% CI)			32.4 (32.31, 32.40)	32.7 (32.60, 32.76)	<0.001	
Smoking: N (%)			9,860 (11.7)	2,130 (10.3)	<0.001	
JACO indicated deliveries: N (%)			49,906 (59.2)	13,882 (67.0)	<0.001	
Gestational age of delivery weeks N (%)						
	37		6,083 (7.2)	1,310 (6.3)	<0.001	
	38		13,537 (16.1)	2,489 (12.0)		
	39		24,427 (29.0)	6,540 (31.6)		
	40		24,036 (28.5)	5,805 (28.0)		
	41		14,818 (17.6)	4,259 (20.6)		
	>42		1,325 (1.6)	308 (1.5)		
Stillbirth						
	Elective Delivery					
		37-38 gestational age of delivery weeks	34 (0.50)	9 (1.13)	0.025	0.008
		>39 gestational age of delivery weeks	31 (0.11)	22 (0.36)	<0.001	<0.001
	Indicated delivery					
		37-38 gestational age of delivery weeks	28 (0.22)	15 (0.50)	0.008	0.007
		>39 gestational age of delivery weeks	30 (0.08)	6 (0.06)	0.389	0.227
Neonatal death: N (%)			203 (0.2)	57 (0.3)	0.84	0.48

*Adjusted for maternal age, maternal, BMI, smoking, and maternal ethnicity.

59 Ondansetron versus doxylamine/pyridoxine for treatment of nausea and vomiting in pregnancy: a prospective randomized double-blind trial

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OBJECTIVE: To determine whether ondansetron or the combination of doxylamine plus pyridoxine was superior for treatment of nausea and vomiting of pregnancy (NVP).

STUDY DESIGN: We performed a prospective, randomized, double blind trial of women in early pregnancy requesting treatment for NVP. Before treatment, subjects graded their nausea and emesis on two visual analog scales (VAS). Subjects were then randomized to receive either: 4mg ondansetron plus a placebo tablet or 25 mg pyridoxine plus 12.5 mg doxylamine every 8 hours for 5 days. A VAS was repeated 5-7 days after initiating the regemin to assess nausea and vomiting. Any adverse effects of the treatments were recorded. The primary outcome was reduction in nausea on the VAS by 25mm. Secondary outcomes were reduction in vomiting on the VAS and number of patients reporting sedation or constipation.

RESULTS: A total of 36 women were enrolled with 30 fully completing the study. Demographics were not significantly different between the two groups. Patients randomized to ondansetron demonstrated a greater reduction in nausea as compared to those taking pyridoxine and doxylamine ($p < .05$). Furthermore, women taking ondansetron reported less vomiting ($p = .05$). There was no significant difference between the groups with respect to sedation or constipation ($p > 0.05$).

CONCLUSION: Ondansetron was superior to the combination of pyridoxine and doxylamine for the reduction of nausea and vomiting occurring in the first trimester of pregnancy.

60 Randomized trial comparing Foley catheter to the prostaglandin E2 vaginal insert for induction of labor

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OBJECTIVE: To assess the efficacy of the Foley catheter compared to the 10 mg controlled release prostaglandin E2 vaginal insert (PGE2) for cervical ripening in term and near term women presenting for labor induction.

STUDY DESIGN: We performed a multicenter randomized controlled trial. We enrolled women at ≥36 weeks with a singleton live fetus in cephalic presentation, intact membranes, an unfavorable cervix (dilation <3 cm; if 2 cm, <80% effaced), and no contraindication to labor or either study agent. Women were randomly allocated to either a cervical Foley catheter inflated to 30 mL or PGE2 for up to 12 hours. Oxytocin was allowed only after study agent removal. The primary outcome was time from agent placement to delivery. Secondary outcomes included proportion of patients delivered by 24 hours, proportion delivered vaginally by 24 hours, time to vaginal delivery, cesarean delivery rate, indications for cesarean delivery, and maternal and neonatal complications. Analysis was by intent-to-treat.

RESULTS: We enrolled 376 patients, of whom 185 were allocated to Foley and 191 to PGE2. Time from agent placement to delivery was shorter in the Foley group (median 21.6 vs. 26.6 hours; p=0.003)—see figure. More patients in the Foley group were delivered within 24 hours (56% vs. 40%; p=0.003) and delivered vaginally within 24 hours (44% vs.30%; p=0.004). Time from agent placement to vaginal delivery was shorter in the Foley group (median 20.1 vs. 24.3 hours; p=0.005). The cesarean delivery rate did not differ between groups (30% vs. 38%; p=0.10). Additional data are shown in the table.

CONCLUSION: In term or near term women with an unfavorable cervix, starting labor inductions with a Foley catheter, compared to the prostaglandin E2 vaginal insert, results in shorter times from agent placement to delivery with no uterine tachysystole. Cesarean delivery rates and maternal and neonatal morbidity were comparable.