SUMMARY AND CONCLUSION

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Several studies have reported an increased incidence of neonatal jaundice following the use of oxytocin for induction or augmentation of labor. The mechanism of hyperbilirubinemia was investigated and contradictory results were reported. Some authors reported that the use of oxytocin for induction of labor is usually associated with liver immaturity, anoxic liver damage, enhanced placento-fetal transfusion and increased red blood cell fragility. The effect of electrolyte free solutions as glucose 5% alone or with oxytocin on serum sodium and serum bilirubin levels was controversial. Some reports suggested that hyponatraemia was accompanied by an increased incidence of neonatal hyperbilirubinaemia.

The present work consisted of 120 cases subjected to labor augmentation. They were divided into 4 equal groups each including 30 cases. The 4 groups were comparable as regards maternal age, parity, gestational age and the newborns were comparable as regards birth weight and one minute Apgar score. The dose of oxytocin was the same in all cases (10 units). The first group received less than 500 cc normal saline, the second group received more than 1000 cc normal saline, the third group received less than 500 cc glucose 5% and the fourth group received more than 1000 cc glucose 5%.