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In Full-Term Pregnant Women with Gestational Diabetes, does Induction of Labor Increase the Risk of the Patient Requiring an Emergency C-section when Compared to Spontaneous Labor?

Melissa Hernandez

Kennesaw State University

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RISK OF C-SECTION WITH INDUCTION VERSUS SPONTANEOUS LABOR

Abstract

Background: Gestational diabetes (GDM) during pregnancy can have serious complications where an induction might be recommended instead of waiting for spontaneous labor (SL) to occur. With all labor, there is a risk of an emergency cesarean section (c-section). Women with GDM might require induction for their safety and the safety of their babies. According to the Mayo Clinic, problems that arise with GDM include the infant with excessive birth weight, congenital defects, and hypoglycemia. Women might develop preeclampsia, birth trauma, or delayed wound healing. The purpose of this project is to compare induction versus SL in full-term mothers with GDM and determine if induction causes an increased risk for emergency c-sections. The induction can be of any method which includes but is not limited to oxytocin, which is a synthetically prepared hormone that stimulates contractions of the uterine muscle, artificial rupture of membranes, and prostaglandin administration which ripens the cervix.

Literature review: The evidence found indicated that induction does not increase c-section rates. It was found that delivering after 40 weeks increased the risk of women with GDM having an emergency c-section. The ideal time for induction in women with GDM would be between 38-39 weeks. Factors such as compliance with treatments, diet, and physical activity influenced the outcome of labor.

Methods: Eliminate factors that increase c-section rates in women with GDM such as non-compliance with medication and recommended diet. Education on compliance should be emphasized during diagnosis of GDM followed by tracking compliance during monthly prenatal visits.

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Evaluation: Research will be analyzed by comparing women with GDM who are compliant versus non-compliant and determine if induction compared to SL increased the risk for c-sections. The outcome will be measured as having a similar or decrease in c-section rates among women with GDM in induction when compared to SL.