

difference in the SSI rates between the two groups. The adjusted relative risk across strata was 1.003 (95% CI 0.63, 1.57). Patients in the intervention group were able to carry out all the tasks more easily than the control group patients with their wound dressings intact. (P value 0.001). Regarding the patient acceptability, out of the 183 respondents, 156 (85.2%) preferred the novel method in their next caesarean delivery. Majority of patients thought the novel method improved their hygiene (78.1%) and overall comfort (89.6%).

**Conclusions:** • Clean primarily sutured caesarean section wounds (closed by subcuticular method using polyglycolic acid sutures) which are exposed by the removal of the gauze dressing within 6 to 12 hours after the surgery and thereafter left undressed do not have an increased incidence of wound infection in comparison to the same type of wounds which are exposed within 24 to 36 hours and thereafter left undressed. • The comfort level of patients whose wounds were managed by early exposure shows a marked improvement. • The novel method of early wound dressing removal was well accepted by majority of patients.

### **FC 10.5: Outpatient Cervical Ripening with Vaginal Isosorbide Mononitrate in Uncomplicated Singleton Pregnancies at 39 weeks Gestation: A Double Blind Randomized Controlled Trial**

*Kasun Attanayake, Malik Goonewardene*

*Obstetrics & Gynecology Unit, Teaching Hospital Mahamodara, Galle, Sri Lanka*

**Introduction:** A normal gestation apparently varies with ethnicity, being approx. 273 days in South Asians and approx. 280 days in Caucasians. Vaginal Iso-sorbide mononitrate (ISMN) has been shown to be effective in preinduction cervical ripening in term pregnancies.

**Objectives:** a) To estimate the median Period of Gestation (POG) at spontaneous onset of labour (SOL) in women with singleton uncomplicated pregnancies. b) To determine the effectiveness and acceptability ISMN self-administered vaginally at home, in causing cervical ripening in women with singleton uncomplicated pregnancies at POG 273 days having Modified Bishops Score (MBS)<5.

**Method:** The POGs at SOL of all women delivered in the unit from 01 September 2013 to 31 May 2014 were recorded. Consecutive women with uncomplicated singleton pregnancies and MBS of < 5, were allocated by stratified (primip/multip) block randomization to self-administer vaginally at home every other day, five doses of 60 mg of the sustained release form of ISMN (ISMN-SR); (n = 72, cases), or Pyridoxine 10mgs (n=72, controls), from POG 273 to 282 days.

**Results:** Median gestational age at SOL in the cross sectional study was 275 days (IQR 268 to 280 days). The mean age, education level and the mean MBS at POG 273 days were similar between the cases and controls. At POG 282 days the mean MBS and the mean change of MBS from the time of recruitment were similar, between the two groups. The mean MBS and the mean change of MBS from POG 282 days to POG 287 days were similar between the two groups. Women were satisfied with outpatient therapy (80.2% in cases vs.76.4% in controls) but 43.7 % of cases had side effects, mainly headache which responded to paracetamol. A vast majority of women in both groups stated they would like to use outpatient therapy in a subsequent pregnancy (88.7% in

cases vs. 86.1% in controls) and that they would recommend it to a friend. (84.6% in cases vs. 92.8% in controls).

**Conclusion:** The median POG among the women who established SOL was 39 weeks and two days (275 days, IQR 268 to 280). Therefore, attempts at ripening the cervix at outpatient level at a POG of < 287 days can be justified. However, outpatient vaginal ISMN therapy from POG 39 weeks does not appear to be effective in causing significant cervical ripening or promoting the establishment SOL, although the acceptability of outpatient therapy was high.

### **FC 10.6: Knowledge Attitude & Practice of Vasectomy – in Rural Men of Central India**

*Sanjana Khemka, Deepti Shrivastava, Arpita Jaiswal*

*Department of Obstetrics and Gynaecology, Sawangi, Wardha, India*

**Introduction:** While vasectomy was common in India from the 1950s, by the late 1970s rates began to decline, with increase in rates of female sterilisation. In recent years, India's central government has renewed its focus on vasectomy and intends to increase the uptake of this family planning method. The increased attention to vasectomy reflects the government's interest in shifting responsibility for family planning from women to men, in redressing gender inequity, and in attaining population stabilisation in a short period of time.

**Aims and Objectives:** 1. To assess the knowledge of males regarding the vasectomy surgery. 2. To assess the attitude & Practice of males regarding vasectomy. 3. To find relationship between the knowledge and attitude of males regarding vasectomy & socio-demographical variables Inclusion criteria 1. All the couples who are going to complete family after present pregnancy. 2. Dense adhesion found intraoperatively in which tubes were not visualized. 3. During caesarean section tubal ligation was not done due to baby factor. 4. Women who delivered vaginally, but unfit for anaesthesia.

**Methodology:** The study was conducted in department of obstetrics and gynaecology sawangi wardha. duration of study 1 yr between 1st april 2013 to 31 march 2014. A structured questionnaire (about demographic, social, psychological, family acceptance of vasectomy) was filled by the study subjects and was analysed.

**Results:** The finding of the study indicates that a majority of the respondents had knowledge on vasectomy; however, the uptake is low. This is because there is a general lack of understanding of facts on vasectomy, due to incorrect or misinformation on vasectomy and insufficient documented information on the effectiveness of vasectomy as a family planning method.

**Conclusion:** More studies are needed about vasectomy. Interventions are needed to change the attitude and transform positive knowledge into practice.

### **FC 11.1: Use of Aspirin alone or Heparin and Aspirin in Idiopathic Recurrent Miscarriages: Empirical or Evidence Based Management**

*Farhat ul ain Ahmed, Numeera Faryad, Noorikiran Naeem*

*Obstetric & Gynecology Department, Fatima Memorial College of Medicine and Dentistry, Pakistan*