A baby chooses to emerge out from the posterior cervical tear in a prostaglandin induced labor

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Abstract
A case is described where a live baby chooses to come out, tearing apart the posterior cervix as a result of effective uterine contractions in association with closed external cervical os in a prostaglandin E₂ induced, postdated pregnancy in a primigravida with neonatal survival.

Key words: Prostaglandin E₂, Cervical tear, neonatal survival.

Introduction
Prostaglandin E₂ is a powerful oxytocic agent that reliably initiates labor, even in the presence of an unripe cervix (uninducible cervix). Prostaglandin E₂ (PGE₂) 500 mg gel has been applied intracervically for the initiation of cervical ripening before the induction of labor with good outcome. It reliably initiates labor by increasing intrauterine pressure even when the cervix is resilient to do so. In our case, this mechanism perhaps, led to a consequence, in which good uterine contraction ultimately forced out the baby through an unusual posterior cervical tear and thus shares partial similarities to an unusual case already highlighted.

Case
A 22 year old (IP no. 356284) booked primigravida was admitted in the maternity ward of TU Teaching Hospital at 41 weeks of pregnancy for induction of labor as per routine protocol of the department. She was first seen at first trimester of pregnancy and her antenatal period remained uneventful throughout. All the routine antenatal investigations including second trimester anomaly ultrasound scan were normal. There were total eight visits, including her last antenatal check up at 40⁺³ weeks. She was admitted for induction of labor as per the department protocol when labor did not occur spontaneously at 41 weeks of pregnancy, based on last menstrual period, since her period was regular. On admission her vitals were normal. Uterus was term size, cephalic, 3/5 palpable abdominally with no uterine contraction with the fetal heart rate (FHR) of 148 beats/min. On per vaginal examination cervical os admitted tip of finger, firm, central, uneffaced and unyielding type of cervix and head was at -1 station. Pelvis was adequate. Because of poor Bishops score and normal reactive cardiotocography, it was decided to ripen the cervix with Prostaglandin E₂ gel (Cerviprime gel). So, first dose of Cerviprime gel 500 mg was instilled intracervically at 4:15 pm. Following cerviprime instillation, monitoring was continued for half an hour and she was transferred back to maternity ward. A call was attended for increased labor pain after 1 hr 45 min at 6:00 pm. At that time contractions were 2/10 min lasting for 25-30 seconds, FHR was 140 beats/min, cervical os was 1 cm dilated, 30% effaced, soft, central and head station was -1. After 3½ hrs of cerviprime instillation, at 7:45 pm, the uterine contraction increased therefore she was transferred to labor room. At that time head was visible at perineum with bulging bag of membrane. To facilitate labor, artificial rupture of membrane (ARM) was done and clear liquor was obtained. Baby was delivered at 8:07 pm with good Apgar score. Active management of third stage of labour was performed and uterus contracted well after delivery of placenta. There was trickling of fresh blood from vagina, despite contracted uterus. At exploration of cervix, suspecting cervical tear, the external cervical os was just 1.5 cm dilated or non parturient.
Cervical tear is an important complication of labor and has been responsible for major post partum hemorrhage. This is possible when the cervical tear is unidentified in the first place and then not sutured. Even after repair, hematotrachelos and hematometra, some of the inadvertent complication that may follow must be considered necessary to be looked for.

**Conclusion**

Birth of the fetus through posterior cervical tear is an unusual complication of prostaglandin induced labor and such an occurrence, even though it is a very rare possibility, must be thought of while inducing labor.

**Reference**