A COMPARISON BETWEEN NIFEDIPIN AND INDOMETHACIN FOR THE TREATMENT OF PRETERM LABOR AND THEIR SIDE EFFECTS.

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Objective:
To compare the efficacy of 2 tocolytic agents of nifedipin and indomethacin for the treatment of preterm labor and their complications.

Method:
Study was conducted as a randomized clinical trial on 79 pregnant women who were admitted with labor pains at 26-33 weeks of gestation. In the nifedipin group (40 cases), oral nifedipin, and in the indomethacin group (39 cases), indomethacin was administered rectally.
The women were then evaluated for the response to treatment over the next 2 hours, and how delivery was delayed for 48 hours and 7 days and drug's adverse effects. All women were monitored up to delivery as well as the interval between drug administration and delivery.

Results:
2 groups did not show any significant difference according to maternal age, gestational age, cervical dilatation, effacement and consistency.
23 cases (59%) in the indomethacin group, and 10 cases (25%) in the nifedipin group did not respond to treatment (P=0.002).
Neither the 16 remaining women in the indomethacin group nor the 30 women of the nifedipin group delivered during the next 48 hours.
1 woman (6.25%) in the indomethacin group and 4 women (13.3%) in the nifedipin group delivered between 48 hours-7 days with no significant difference.
Mean gestational age at the time of delivery (for the women who responded to treatment during the first 2 hours) was 238.5± 19.4 days and 246.4± 15.4 days in the nifedipin and indomethacin groups respectively, which did not show any significant difference (P=0.182).
17 cases (42.5) of nifedipin group and 11 cases (28.2%) of indomethacin group showed some adverse effects (P=0.184).

Conclusion:
Indomethacin was less effective than nifedipin for the fast treatment of preterm labor, but in women who responded to treatment during 2 hours, delaying of delivery was similar to nifedipin.