**FEATURES OF THE COURSE OF PROGRAMMED LABOR**

**Relevance.** The frequency of programmed labor (PL) has increased significantly in recent decades and is more than 20% in developed countries (Martin JA., Hamilton BE. et al., 2003; Rusen ID., 2003). There are no clear recommendations for conducting PL, and opinions about the feasibility of this method are mixed. Some experts consider PL to be a good alternative to abdominal delivery, and there is an opposite view that PL is a "staff-friendly labor".

**Aim.** Analyze the course of programmed labor in primipara and multipara women.

**Materials and methods.** We made a retrospective analysis of 38 medical cards of women who were delivered in 2019 at the Irkutsk City Perinatal Center. We had formed two research groups: the first – primipara women (n=14), the second – multipara women (n=24). Criteria for including patients in the study: informed voluntary consent of the patient to perform a programmed labor, full-term pregnancy. Exclusion criteria: premature pregnancy, physiological labor. Statistical data processing was performed using the "STATISTICA 10.0" application software package. Statistically significant differences were determined using the nonparametric Pearson test χ2 at p <0.05.

**Results.** The average age of the patients was 29.5 years. The main indications for programmed labor in both groups were: gestational diabetes mellitus, hypertension, moderate preeclampsia, and post-term pregnancy. The cervix of all women was assessed on the Bishop score. Pre-induction of labor was performed in 35% of cases in the first group and in 20% of cases – in the second. Primipara women were significantly more likely to have anomalies of labor activity (57% vs 25%, p=0.04). In 75% of cases, women in the first group required emergency cesarean delivery (CS), which is 2.3 times higher than the frequency of emergency CS in the second group (33%, p=0.02). Lack of spontaneous regular labor was noted 1.2 times more often in women of the first group (50% vs 41%), while in 14% of cases, oxytocin did not produce an effect, which is 3.5 times higher than ineffective labor in women of the second group. It was noted that all women who did not have the effect of oxytocin induced labor were diagnosed with grade 2 obesity (E66 according to ICD-10). Abnormal uterine activity (uterine inertia and discoordination) were diagnosed in 21% of women in the first group, in the second group these pathologies were not observed (p = 0.04).

**Conclusions.** There are significantly more frequent anomalies of labor activity, the need for oxytocin delivery and emergency delivery by caesarean section when doctors use programmed labor in full-term pregnancy in primipara women.