# Fetal scalp blood pH or lactate determination in the management of intrapartum fetal distress: A randomised controlled multi-centre trial

Submission date	Recruitment status	<ul><li>Prospectively registered</li></ul>
23/09/2007	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
02/10/2007	Completed	[X] Results
Last Edited	Condition category	[] Individual participant data
03/06/2008	Pregnancy and Childbirth	

## Plain English summary of protocol

Not provided at time of registration

## Contact information

## Type(s)

Scientific

#### Contact name

Dr Lennart Nordstrom

#### Contact details

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## Additional identifiers

**EudraCT/CTIS** number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

## Study information

#### Scientific Title

#### **Study objectives**

The analysis of fetal scalp blood pH has been the gold standard in intrapartum management of suspected or known pathological fetal heart rate traces. However, this method has a reported sampling failure rate of 11-21%. Lactate analysis has simplified sampling, mainly due to the minimal amount of blood needed. Lactate is also an end product after anaerobic metabolism, which is of interest to analysis. Our hypothesis is that analysis of lactate in fetal scalp blood is at least as good as pH determination in the prevention of severe acidemia at birth with less sampling failure.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Karolinska Institute Regional Ethics Committee. Approved in 2002 (ref: 109/02).

#### Study design

Randomised controlled trial.

#### Primary study design

Interventional

## Secondary study design

Randomised controlled trial

#### Study setting(s)

Other

#### Study type(s)

Prevention

#### Participant information sheet

## Health condition(s) or problem(s) studied

Intrapartum fetal monitoring

#### Interventions

Of the 3,007 participants recruited and randomised, 15 participants were excluded due to multiple pregnancies or gestational age <34 weeks. Final analysis was carried out on 2,992 cases, 1,496 in each arm.

Oral and written information about the trial was given to possible participants at the antenatal clinic in late pregnancy. Oral consent was obtained from the participants at antenatal follow up visits or in early labour. Randomisation of participants to the two arms was performed at the time a clinician decided to perform a fetal scalp blood analysis.

Interventions: Fetal scalp blood analysis for pH or lactate as basis for decision to intervene (cesarean section or instrumental delivery) or not.

#### Intervention Type

Other

#### **Phase**

**Not Specified** 

#### Primary outcome measure

Prevalence of metabolic acidemia or pH less than 7.00

#### Secondary outcome measures

Secondary outcome measures:

- 1. Protocol violation (mainly due to failed sampling or analysis)
- 2. Rate of instrumental deliveries
- 3. Rate of cesarean section
- 4. Apgar score less than 7 at 5 min
- 5. Admissions to neonatal intensive care unit

### Tertiary outcome measures:

- 1. Prevalence of pH less than 7.10
- 2. Rate of intervention due to fetal distress
- 3. Rate of Hypoxic Ischemic Encephalopathy (HIE)

#### Overall study start date

13/12/2002

#### Completion date

31/12/2005

## **Eligibility**

#### Key inclusion criteria

- 1. Women in labour with a singleton pregnancy
- 2. Gestational age >34 weeks
- 3. Cephalic presentation
- 4. Clinical situation where a fetal scalp blood sampling was indicated
- 5. Those who had given consent

#### Participant type(s)

Patient

#### Age group

Adult

#### Sex

Female

#### Target number of participants

Initial target number: 3,000 (3,007 recruited)

### Key exclusion criteria

- 1. Gestational age <34 weeks
- 2. Breech or multiple pregnancies

#### Date of first enrolment

13/12/2002

#### Date of final enrolment

31/12/2005

## Locations

#### Countries of recruitment

Sweden

Study participating centre
Department of Obstetrics and Gynaecology

Stockholm Sweden 171 76

## Sponsor information

#### Organisation

Karolinska University Hospital (c/o Lennart Nordström)

#### Sponsor details

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#### Sponsor type

University/education

#### **ROR**

https://ror.org/00m8d6786

## Funder(s)

#### Funder type

Research organisation

#### **Funder Name**

Signhild Engqvists Research Foundation (Signhild Engqvists Stiftelse) (Sweden)

#### Funder Name

The Stockholm Public Labour Ward Department Memorial Research Foundation (Allmänna BB's minnesfond) (Sweden)

#### **Funder Name**

The Regional City Council Research and Development Foundations (Sweden)

#### **Funder Name**

The Health and Medical Committee of the Region Västra Götland (Sweden)

#### **Funder Name**

Medexa AB (Sweden)

#### **Funder Name**

Lomma (Sweden)

## **Results and Publications**

### Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

Not provided at time of registration

Study outputs

Output typeDetailsDate createdDate addedPeer reviewed?Patient-facing?Results articleResults07/06/2008YesNo