

High or Low Dose Syntocinon (Oxytocin) for delay in labour

Submission date 29/10/2010	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 29/10/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 28/05/2020	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Study website
<http://www.holds.bham.ac.uk>

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
2009-012752-24

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

8896

Study information

Scientific Title

High or Low Dose Syntocinon (Oxytocin) for delay in labour

Acronym

HOLDS

Study objectives

Use of high dose oxytocin will achieve more effective uterine contractions resulting not only in shorter labours but in a higher chance of vaginal birth in women who are diagnosed as having delay in the first stage of labour.

Ethics approval required

Old ethics approval format

Ethics approval(s)

23/06/2010 (ref: 10/H0406/30)

Study design

Multicentre randomised interventional treatment trial with an observational qualitative element

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Topic: Reproductive Health and Childb; Subtopic: Reproductive Health and Childb (all Subtopics);
Disease: Reproductive Health & Childbirth

Interventions

Syntocinon, 10 IU versus 20 IU

Study entry: single randomisation only

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Syntocinon (Oxytocin)

Primary outcome measure

Birth and early postnatal period

Secondary outcome measures

Not provided at time of registration

Overall study start date

01/11/2010

Completion date

30/09/2011

Eligibility

Key inclusion criteria

1. Consenting nulliparous women with a singleton pregnancy at term (37 - 42 weeks) gestation
2. Confirmed delay in labour as defined by NICE Intrapartum Care Guideline and with ruptured membranes
3. Labour is established when there are regular painful contractions and progressive cervical dilation from 4 cm. Delay is suspected when cervical dilatation of less than 2 cm in 4 hours occurs once labour is established. Delay is confirmed when progress of less than 1 cm in 2 hours is found on repeat vaginal examination.

Participant type(s)

Patient

Age group

Adult

Sex

Female

Target number of participants

Planned sample size: 100; UK sample size: 100

Total final enrolment

94

Key exclusion criteria

1. Under 16 years old
2. Induction
3. Body mass index (BMI) greater than 40
4. Multiple pregnancy
5. Existing maternal or fetal disease or concern

6. Gestational diabetes
7. Previous uterine surgery
8. Vaginal bleeding in this pregnancy of clinical significance
9. Contra-indication to oxytocin therapy

Date of first enrolment

01/11/2010

Date of final enrolment

30/09/2011

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Department of Public Health and Epidemiology

Birmingham

United Kingdom

B15 2TT

Sponsor information

Organisation

University of Birmingham (UK)

Sponsor details

Department of Public Health and Epidemiology

Edgbaston

Birmingham

England

United Kingdom

B15 2TT

Sponsor type

University/education

Website

<http://www.staff.bham.ac.uk/>

ROR

<https://ror.org/03angcq70>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research (NIHR) (UK) - Research for Patient Benefit (RfPB) Programme

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 type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Basic results			28/05/2020	No	No
HRA research summary			28/06/2023	No	No