Randomised placebo controlled trial of outpatient cervical ripening with isosorbide mononitrate (IMN) prior to induction of labour - clinical trial with analyses of efficacy, cost effectiveness and acceptability

13/06/2005 No long Registration date Overall	Recruitment status No longer recruiting	Prospectively registered	
	Overall study status Completed	ProtocolStatistical analysis plan	
		[X] Results	
Last Edited 16/03/2020	Condition category Pregnancy and Childbirth	[] Individual participant data	

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number RN04OB007

Study information

Scientific Title

Randomised placebo controlled trial of outpatient cervical ripening with isosorbide mononitrate (IMN) prior to induction of labour - clinical trial with analyses of efficacy, cost effectiveness and acceptability

Acronym

IMOP

Study objectives

Outpatient isosorbide mononitrate will result in a shorter inpatient stay before delivery, decreased costs to the health service, and greater maternal satisfaction with induction of labour, compared with placebo treatment

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Cervical ripening prior to induction of labour

Interventions

Isosorbide mononitrate 40 mg (or placebo) given vaginally 48 hours, 32 hours and 16 hours prior to scheduled admission for induction of labour.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Isosorbide mononitrate (IMN)

Primary outcome(s)

i. Elapsed time interval from hospital admission to vaginal delivery (defined as the time from admission for inpatient induction or admission in labour to delivery)

- ii. Costs to the health service of induction of labour
- iii. Womens experience of induction of labour

Key secondary outcome(s))

iv. Operative delivery rates

v. Incidence of unscheduled admission for reasons other than labour commencing

vi. Duration and frequency of neonatal admissions to special care

vii. Incidence of adverse maternal and fetal outcomes such as uterine hypercontractility, postpartum haemorrhage (maternal outcomes) and meconium stained liquor, five minute Apgar of less than seven (fetal outcomes)

viii. Length of labour

ix. Oxytocin augmentation rates

x. Epidural usage

xi. Proportion with unfavourable cervix at 24 hours after admission

xii. Requirement for additional inpatient cervical ripening agent

Completion date

31/01/2007

Eligibility

Key inclusion criteria

- 1. Bishop score less than or equal to 6
- 2. Singleton pregnancy
- 3. Nulliparity
- 4. Gestation greater than or equal to 37 completed weeks
- 5. Willing to self administer vaginal tablets

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

Key exclusion criteria

Fetal compromise of sufficient severity such that daily fetal monitoring is scheduled

Date of first enrolment

01/02/2005

Date of final enrolment

31/01/2007

Locations

Countries of recruitment

United Kingdom

Scotland

Study participating centre
University of Glasgow Division of Developmental Medicine
Glasgow
United Kingdom
G31 2ER

Sponsor information

Organisation

Greater Glasgow Health Board (North Glasgow University Hospitals Division) and The University of Glasgow (UK)

ROR

https://ror.org/05kdz4d87

Funder(s)

Funder type

Charity

Funder Name

Wellbeing (Charity) Ref. CT 2004

Results and Publications

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?

Results article 25/07/2006 Yes No

Results article	results	01/08/2009	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025 No	Yes
Study website	Study website	11/11/2025	11/11/2025 No	Yes