

# A multicentre randomised controlled trial of amnioinfusion

<b>Submission date</b> 16/11/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 16/11/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 15/11/2013	<b>Condition category</b> Neonatal Diseases	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
MCT-15221

# Study information

## Scientific Title

A multicentre randomised controlled trial of amnioinfusion for thickly meconium stained amniotic fluid to reduce the risk of moderate to severe meconium aspiration syndrome or perinatal death

## Study objectives

1. To assess when compared to standard care, a policy of amnioinfusion for thickly meconium stained amniotic fluid reduces the risk of either moderate to severe meconium aspiration syndrome or perinatal death
2. To assess the effects of amnioinfusion on the risk of occurrence of other indicators of neonatal morbidity, cesarean section and indicators of severe maternal morbidity
3. Will evaluate the acceptability of amnioinfusion to women and determine the cost-effectiveness of the procedure

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

University Hospital of Québec Research Ethics Committee approved on the 26th June 2002.

## Study design

Randomised controlled trial

## 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

Meconium aspiration syndrome

## Interventions

Experimental: Intrapartum transcervical infusion of 800 ml of sterile normal saline over a period of 40 minutes at 20 ml/min followed by continuous infusion up to total volume of 1500 ml

Control: usual care

## Intervention Type

Other

**Phase**

Not Applicable

**Primary outcome measure**

Occurrence of perinatal death or moderate/severe meconium aspiration syndrome.

**Secondary outcome measures**

Maternal:

1. Haemorrhage requiring blood transfusion
2. Hysterectomy
3. Uterine rupture
4. Febrile morbidity
5. Caesarean section
6. Acceptability of amnioinfusion to women
7. Determine the cost-effectiveness of the procedure

Foetal:

1. Foetal heart rate tracing abnormalities
2. Positive blood or cerebrospinal fluid culture
3. Convulsions
4. Need for tube feeding
5. Fractures and palsies
6. Duration of oxygen supplementation
7. Duration of ventilation
8. Abnormal chest x-ray

**Overall study start date**

01/04/1999

**Completion date**

30/04/2002

**Eligibility****Key inclusion criteria**

1. Pregnant women of childbearing age, with a single baby in cephalic presentation
2. Ruptured membranes (spontaneous or artificial)
3. Gestational age greater than or equal to 36 weeks
4. Established labour defined as the presence of regular contractions occurring at 5 minute intervals
5. Cervical dilation between 2 and 7 cm inclusively at randomisation
6. Thick meconium
7. Foetal status considered as acceptable after a 30-minute period of electronic foetal heart rate monitoring

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Female

**Target number of participants**

1998

**Key exclusion criteria**

1. Cord prolapse
2. Known or suspected major foetal anomaly
3. Suspicion of chorioamnionitis on the basis of maternal fever or abnormal vaginal discharge
4. Known placenta praevia or vaginal bleeding due to other causes
5. Known intravenous drug user
6. Patient known or suspected to be at high risk of human immunodeficiency virus (HIV)
7. Hepatitis B or C
8. Active genital herpetic lesions
9. Uterine over distension
10. Previous uterine incision other than low transverse
11. Recurrent late decelerations
12. Prolonged decelerations
13. Scalp blood pH less than 7.15
14. Any contradictions to labour
15. Unable to comprehend the consent form
16. Use of narcotic analgesics prior to consent

**Date of first enrolment**

01/04/1999

**Date of final enrolment**

30/04/2002

**Locations****Countries of recruitment**

Argentina

Belgium

Brazil

Canada

France

Mexico

Portugal

South Africa

Switzerland

Tunisia

United Kingdom

United States of America

Uruguay

**Study participating centre**

**Hôpital Sainte-Justine**

Montréal

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## **Sponsor information**

**Organisation**

Hospital Sainte-Justine, Montréal (Canada)

**Sponsor details**

3175 Chemin Côte Ste-Catherine

Room 4986-B

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**Sponsor type**

Not defined

**ROR**

<https://ror.org/01gv74p78>

## **Funder(s)**

**Funder type**

Research organisation

**Funder Name**

Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MCT-15221)

# 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?
<a href="#">Results article</a>	results	01/09/2005		Yes	No