

Oxytocin augmentation vs conservative management for primary dysfunctional labour in nulliparous women: a randomised, controlled trial.

Submission date 23/01/2004	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 23/01/2004	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 03/12/2008	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<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

Protocol serial number
MCH 02-17

Study information

Scientific Title

Study objectives

The aim of the study is to find out whether oxytocin reduces Caesarean Section Rates to assess its effects on other labour and neonatal outcomes and in particular to assess its effects on maternal perception of pain etc and satisfaction with labour.

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)

Not Specified

Health condition(s) or problem(s) studied

Pregnancy and childbirth: Childbirth

Interventions

Not provided at time of registration

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

A scientific evaluation of a widely introduced but as yet unproven labour intervention. It will look at the health gain in terms of any subsequent psychological dysfunction. The effects of the different interventions on the Caesarean Section Rates is another primary outcome measure. Any reduction in the Caesarean Section Rate is likely to have economic benefit to the NHS in terms of cost reduction.

Key secondary outcome(s)

Not provided at time of registration

Completion date

01/02/2002

Eligibility

Key inclusion criteria

Women in spontaneous labour in their first pregnancy at term (37-42 weeks). There must be a singleton vertex presentation with no significant antenatal or intrapartum problems.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

01/08/1998

Date of final enrolment

01/02/2002

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Obstetrics and Gynaecology

Sunderland

United Kingdom

SR4 7TP

Sponsor information**Organisation**

Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

Funder(s)

Funder type

Government

Funder Name

NHS Mother and Child Health National Research and Development Programme (UK)

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	results	01/09/2008		Yes	No