

A study on carbetocin (Pabal®) versus oxytocin (Syntocinon®)

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| Submission date 16/01/2012 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol |
| Registration date 07/03/2012 | Overall study status Completed | <input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results |
| Last Edited 07/08/2014 | Condition category Pregnancy and Childbirth | <input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year |

Plain English summary of protocol

Background and study aims

Oxytocin (Syntocinon®) is the first-choice drug for the prevention of postpartum bleeding after Caesarean section (CS). A disadvantage of oxytocin is its short duration of action. Carbetocin (Pabal®) is the first long-acting analogue of oxytocin. Its safety is comparable with that of oxytocin. Carbetocin is indicated for the prevention of uterus atony after CS under local anaesthesia. The aim of this study is to compare the effectiveness of carbetocin with that of oxytocin by assessing the need for additional uterotonic medication after elective CS in five leading Dutch centres.

Who can participate?

Women undergoing elective CS under epidural and/or spinal anaesthesia and treated with carbetocin or oxytocin.

What does the study involve?

Information will be gathered of 50 patients per centre after a single injection of carbetocin after elective CS prescribed by the gynaecologist. No other (invasive) study-related interventions or measurements are done, other than the procedures routinely performed during CS. No effort is expected from the study subjects. In addition, charts of patients treated with oxytocin for the prevention of postpartum bleeding after elective CS, will be retrieved.

What are the possible benefits and risks of participating?

Possible benefits for the study subjects could be the long-acting contraction of the uterus owing to carbetocin resulting in less blood loss. There are no possible risks of participating, since carbetocin and oxytocin are given on prescription to women eligible to receive it. No extra study procedures are needed.

Where is the study run from?

The study is initiated by the University Hospital Utrecht, the Netherlands.

When is the study starting and how long is it expected to run for?

The study ran from July 2009 until December 2011.

Who is funding the study?
Ferring B.V., the Netherlands.

Who is the main contact?
Prof. dr. H.W. Bruinse, University Hospital Utrecht, The Netherlands

Contact information

Type(s)
Scientific

Contact name
Prof Hein Bruinse

Contact details
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3584 EA

Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Study on the use of carbetocin (Pabal®) in comparison with oxytocin (Syntocinon®) for the prevention of postpartum haemorrhage (the need for additional uterotonic medication) after elective caesarean section

Study objectives
To compare retrospectively the efficacy of carbetocin with oxytocin by assessing the need for additional uterotonic interventions after elective Caesarean Section (CS) in five leading Dutch centres.

Ethics approval required
Old ethics approval format

Ethics approval(s)
According to the Dutch law (The Medical Research Involving Human Subjects Act) the study does not need to be seen by an ethics committee. The medication was given only within the label in women eligible to receive it. No other (invasive) study-related interventions or measurements are done, other than the procedures routinely performed during CS. No effort is expected from the study subjects.

Study design

Open-label multi-centre observational study

Primary study design

Observational

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Obstetrics / Caesarean section

Interventions

After treatment on prescription with carbetocin or oxytocin, information will be gathered from the patient's chart. The follow-up time is 24 hours after medication administration.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Need for additional uterotonic treatment during the first 24 hours after carbetocin or oxytocin administration.

Key secondary outcome(s))

1. Need for blood transfusion during the first 24 hours
2. Need for operative interventions other than the initial CS during the first 24 hours
3. Need for uterus massage during the first 24 hours
4. Change in haematocrit and haemoglobin post versus pre CS
5. Amount of intraoperative blood loss
6. Incidence of intraoperative blood loss > 500 ml
7. Incidence of intraoperative blood loss > 1000 ml
8. Position of fundus after wound closure (only in prospective part of the study)
9. Uterus tone after uterotonic treatment
10. Investigators subjective experience with oxytocin/carbetocin

Completion date

01/12/2011

Eligibility

Key inclusion criteria

Charts of women who have undergone elective CS under epidural and/or spinal anaesthesia and treated with carbetocin or oxytocin.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

Key exclusion criteria

Contraindications, warnings, precautions and interactions with other drugs mentioned in the summary of product characteristics of carbetocin and oxytocin.

Date of first enrolment

01/07/2009

Date of final enrolment

01/12/2011

Locations**Countries of recruitment**

Netherlands

Study participating centre

University Medical Center Utrecht (WKZ)

Utrecht

Netherlands

3584 EA

Sponsor information**Organisation**

Ferring B.V. (Netherlands)

ROR

<https://ror.org/03spzq317>

Funder(s)**Funder type**

Industry

Funder Name

Ferring B.V. (Netherlands)

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? |
|---|-------------------------------|--------------|------------|----------------|-----------------|
| Participant information sheet | Participant information sheet | 11/11/2025 | 11/11/2025 | No | Yes |