

Improving care at the primary/secondary interface: a trial of community-based support in early labour

Submission date 05/11/2004	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 31/03/2005	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 10/10/2014	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

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
SDO/40/2003

Study information

Scientific Title

Acronym

ELSA (Early Labour Support and Assessment)

Study objectives

In some parts of the UK, women having their first baby have a 40-50% chance of having a caesarean section or instrumental (forceps or ventouse) delivery. These increasing rates are of concern to childbearing women, their families, and to the health services as they are associated with more ill health in women and their babies.

Some existing studies (which are small, or not very rigorous) have suggested that women who attend hospital very early in their labour are more likely to have a range of interventions including artificial rupture of membranes, epidurals, and caesarean and instrumental births. Some 10-33% of women admitted to delivery suite are not in labour, and do not need to be in hospital. This study will test these observations using a large randomised controlled trial. The aim is to examine whether or not a home visit by a community midwife when a pregnant woman thinks she may be in labour will have any impact on the rates of caesarean and other instrumental births, and other outcomes such as use of pain relief, the woman's views, and the health service resources used, compared with normal care. Women expecting their first baby, and whose pregnancy is progressing normally, will be told about the study during their pregnancy, by their own community midwife. If they are interested in participating, and after giving formal consent at around 32 weeks, they will be randomly allocated to one of two groups. Women in the intervention group will be offered a home visit by a community midwife when they think they are in labour, while women in the control group will be asked to telephone the hospital for advice and to go into delivery suite if advised, as is normal practice across the UK. The midwife doing the home visit will offer support to the woman including breathing and relaxation techniques, carry out an assessment to see how labour is progressing, and offer advice about the appropriate time to go to hospital. Information about the two groups will be gathered directly from the women themselves, in pregnancy and 6 weeks after birth, from hospital notes, and from the midwives involved in the study. This information will be used to compare the outcomes for women in the two groups, to examine their views, to calculate the costs to the health services, and to the families. It is already known that caesarean section costs the health services more than twice the cost of a normal birth.

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)

Other

Health condition(s) or problem(s) studied

Pregnancy, labour

Interventions

1. Intervention: support and assessment for nulliparous women at home in early labour by community midwives
2. Control: standard care which usually comprises telephone advice to attend the hospital delivery suite to determine whether labour has established

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Labour

Key secondary outcome(s)

Not provided at time of registration

Completion date

31/12/2005

Eligibility**Key inclusion criteria**

Healthy nulliparous women

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

01/01/2005

Date of final enrolment

31/12/2005

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre
Mother and Infant Research Unit
Leeds
United Kingdom
LS2 9LN

Sponsor information

Organisation
NHS Service Delivery and Organisation Programme (SDO) (UK)

ROR
<https://ror.org/02wnqcb97>

Funder(s)

Funder type
Government

Funder Name
NHS Service Delivery and Organisation R&D Programme (UK), Ref: SDO/40/2003

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration