

Early amniotomy and early oxytocin reduce caesarean section rate

Clinical question	How effective are early amniotomy and early oxytocin for prevention or therapy for delay in labour progress, with respect to the caesarean birth rate and indicators of maternal and neonatal morbidity?
Bottom line	This review showed that a policy of early routine augmentation for mild delays in labour progress resulted in a modest reduction in the caesarean section rate compared with routine care. The caesarean section rate was reduced in the 10 trials looking at prevention of abnormal progression. The difference in caesarean risk was 1.47%. NNT* 68 (34 to 3099) to prevent one caesarean section. In these women, the time from admission to giving birth was also reduced (mean difference 1.1 hour). There was no reduction in caesarean rate in the 2 trials using amniotomy and oxytocin as treatment for non-progressing labour. *NNT = number needed to treat to benefit one individual (95% confidence interval)
Caveat	The trials did not provide sufficient evidence on indicators of maternal or neonatal health, including women's satisfaction and views on the experience. Documentation of other aspects of care, such as continuous professional support, mobility and positions during labour, was limited. Women in the control group also received oxytocin but often later than in the intervention group. The severity of delay which was sufficient to justify interventions remains to be defined.
Context	Caesarean section rates are over 20% in many developed countries. The main diagnosis contributing to the high rate in nulliparous women is dystocia or prolonged labour. The present review assesses the effects of a policy of early amniotomy with early oxytocin administration for the prevention or therapy for delay in labour progress.
Cochrane Systematic Review	Wei S et al. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care. Cochrane Reviews 2009, Issue 2. Article No. CD006794. DOI: 10.1002/14651858.CD006794.pub2. This review

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

- www.cochraneprimarycare.org

contains 12 studies involving 7792 women.
PEARLS No. 192, August 2009, written by Brian R McAvoy

[References]



COCHRANE
PRIMARY HEALTH
CARE FIELD

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

- www.cochraneprimarycare.org