

**PEARLS** Practical Evidence About Real Life Situations

## Early amniotomy and early oxytocin reduce caesarean section rate

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

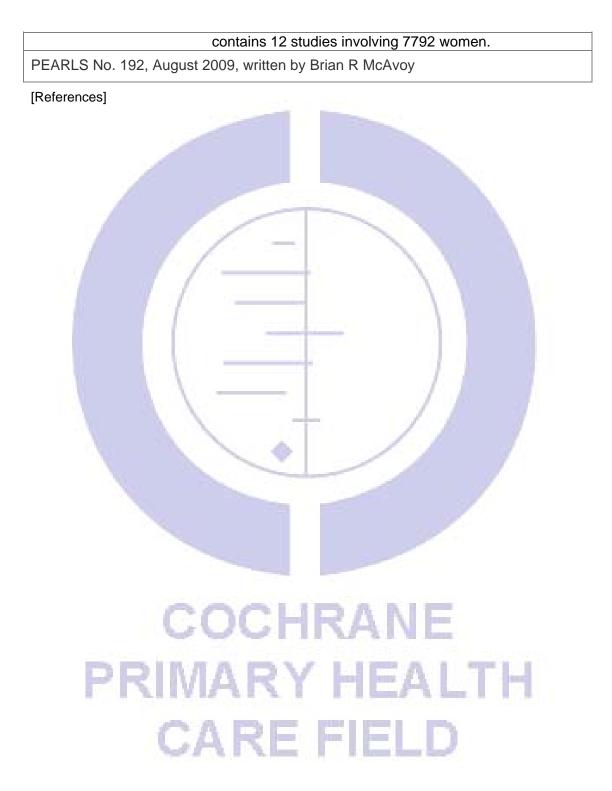
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