DELAY IN LABOUR
Supporting information

This guideline has been prepared with reference to the following:

National Institute of Clinical Excellence – Intrapartum care 2007


Does early use of amniotomy and oxytocin result in improved outcome of delayed labour during the first stage?

A Cochrane review of 14 trials in 8,033 women (Wei, 2012) found that early intervention with amniotomy and oxytocin was associated with a modest reduction in the risk of caesarean section; however, the CI included the null effect (RR 0.89; 95% CI 0.79 to 1.01; 14 trials; 8033 women). In prevention trials, early augmentation was associated with a modest reduction in the number of caesarean births (RR 0.87; 95% CI 0.77 to 0.99; 11 trials; 7753). A policy of early amniotomy and early oxytocin was associated with a shortened duration of labour (average mean difference (MD) - 1.28 hours; 95% CI -1.97 to -0.59; eight trials; 4816 women). Sensitivity analyses excluding four trials with a full package of active management did not substantially affect the point estimate for risk of caesarean section (RR 0.87; 95% CI 0.73 to 1.05; 10 trials; 5165 women).

A RCT in 412 low-risk nulliparous women (Hinshaw, 2008) was published too late to be included in the Cochrane review. This found that early use of oxytocin did not reduce the risk of caesarean section, but did shorten labour considerably from 9 hours 8 minutes (5:06-13:16) to 5 hours 52 minutes (3:57-8:28) (P < 0.001) and also reduced the number of operative vaginal deliveries from 30.9% to 24.5% (OR 0.73, 95% CI 0.5-1.1).

A Cochrane review of 8 trials in 1338 women (Bugg, 2011) concluded that: “For women making slow progress in spontaneous labour, treatment with oxytocin as compared with no treatment or delayed oxytocin treatment did not result in any discernable difference in the number of caesarean sections performed. In addition there were no detectable adverse effects for mother or baby. The use of oxytocin was associated with a reduction in the time to delivery of approximately two hours which might be important to some women. However, if the primary goal of this treatment is to reduce caesarean section rates, then doctors and midwives may have to look for alternative options.”


Evidence Level: I

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