Evaluation of the effectivity of the electrohysterogram to monitor trial of labour: multicentre randomised controlled trial.

Published: 20-05-2011 Last updated: 28-04-2024

To evaluate the effectivity of the electrohysterogram (EHG) by means of a tocopatch electrode compared to tocodynamometry by means of an external tocodynamometer or intrauterine pressure catheter (IUPC) to monitor trial of labour (TOL) in patients...

Ethical review Approved WMO **Status** Will not start

Health condition type Pregnancy, labour, delivery and postpartum conditions

Study type Observational non invasive

Summary

ID

NL-OMON35744

Source

ToetsingOnline

Brief title

Tocopatch

Condition

• Pregnancy, labour, delivery and postpartum conditions

Synonym

trial of labour

Research involving

Human

Sponsors and support

Primary sponsor: Maxima Medisch Centrum

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Source(s) of monetary or material Support: Co-financiering Máxima Medisch Centrum en NEMO Healthcare BV toegekend; aanvraag Zon/Mw ingediend,NEMO Healthcare BV

Intervention

Keyword: electrohysterogram, tocodynamometry, trial of labour, vaginal birth after caesarean

Outcome measures

Primary outcome

Number of succesful trials of labour

Secondary outcome

Admittance to NICU

perinatal mortality

maternal morbidity

costs

Study description

Background summary

Avoiding the morbidity of repeat caesarean section through vaginal birth after caesarean (VBAC) is an attractive option in a majority of women. Moreover the costs of a vaginal birth are much less than the costs of a caesarean section. However, the success rate of TOL is low. Tocodynamometry is currently used as monitoring technique. The test properties of tocodynamometry are poor and the technique is invasive (IUPC). An innovative technique, electrohysterography (EHG), is developed and extensively evaluated in a collaboration between TU/e and MMC. The advantage of EHG is that it is non-invasive, accurate, and applicable on a continuous basis.

Study objective

To evaluate the effectivity of the electrohysterogram (EHG) by means of a tocopatch electrode compared to tocodynamometry by means of an external tocodynamometer or intrauterine pressure catheter (IUPC) to monitor trial of labour (TOL) in patients with one previous caesarean section (c.section) in

order to increase the VBAC rate without increasing the risk of uterine rupture.

Study design

Multicentre randomised clinical trial

Study burden and risks

The tocopatch is a non-invasive method, from which minimal risks are expected. The extent of the burden associated with participation is minimal. It is necessarry to use this population for this study, because of the objects of this study.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

Prior caesarean sectio Singleton pregnancy

Exclusion criteria

previous uterine rupture intrauterine fetal death breech presentation 2 or more prior caesarean sections multiple pregnancy

Study design

Design

Study type: Observational non invasive

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Will not start

Enrollment: 548

Type: Actual

Ethics review

Approved WMO

Date: 20-05-2011

Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL36116.015.11