

## Active management of labour is associated with a small reduction in caesarean section rate

<b>Clinical question</b>	How effective is active management of labour in reducing caesarean section (CS) rates in low-risk women?
<b>Bottom line</b>	Compared to routine care, active management of labour was associated with a small reduction in the CS rate. More women in the active management group had labours lasting less than 12 hours, but there was a wide variation in the length of labour within and between trials. There were no differences between groups in use of analgesia, rates of assisted vaginal deliveries or maternal or neonatal complications.
<b>Caveat</b>	The quality of trials was mixed. The disadvantages of active management are that it can possibly lead to more invasive monitoring, more interventions and a more medicalised birth, in which women have less control and less satisfaction. Only 1 study examined maternal satisfaction; the majority of women (over 75%) in both groups were very satisfied with care. Low-risk women were defined as having a singleton pregnancy, cephalic presentation, no known medical or obstetric complications, and no foetal abnormalities or foetal distress.
<b>Context</b>	Approximately 15% of women have a CS and, while the rate varies, the number is increasing in many countries. This is of concern because high CS rates do not confer additional health gain but may adversely affect maternal health and have implications for future pregnancies. Active management of labour has been proposed as a means of reducing CS rates. Active management of labour refers to a package of care including strict rules for diagnosing slow progress of labour, routine amniotomy, use of intravenous oxytocin and one-to-one care.
<b>Cochrane Systematic Review</b>	Brown HC et al. Package of care for active management in labour for reducing caesarean section rates in low-risk women. Cochrane Reviews 2008, Issue 4. Article No. CD004907. DOI: 10.1002/14651858.CD004907.pub2. This review contains 7 studies involving 5390 participants.
<b>PEARLS 145, March 2009, written by Brian R McAvoy</b>	

[References]

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