Publication of ARRIVE trial linked to increase in 39-week induction

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An increase in 39-week induction rates and a decrease in cesarean

delivery (CD) rates were seen following publication of A Randomized Trial of Induction vs. Expectant Management (ARRIVE) in August 2018, according to a research letter published online Aug. 10 in *JAMA Network Open*.

Rachel Wood, M.D., from Brigham and Women's Hospital in Boston, and colleagues examined whether publication of the ARRIVE trial in August 2018, which revealed that low-risk nulliparous patients who were induced at 39 weeks of gestation had a reduced risk for CD, was associated with observable obstetric practice changes in the United States. Data were obtained for 2,860,942 births (66 and 34 percent from the pre-ARRIVE and post-ARRIVE periods, respectively).

The researchers observed an immediate increase in 39-week induction rates after the dissemination period, with a 39-week induction rate of 15.0 percent compared with an expected 13.8 percent based on trends during the pre-ARRIVE period (adjusted incident rate ratio [aIRR], 1.10); CD rates were significantly lower than expected (24.7 versus 25.1 percent; aIRR, 0.988). Significant ongoing temporal changes included an increase of 0.009 39-week inductions and a decrease of 0.0014 CDs per month.

"These findings suggest that the publication of the ARRIVE trial was associated with an increase in 39-week induction rates and a reduction in CD rates for low-risk nulliparous patients across the United States," the authors write.

Several authors disclosed ties to the biomedical and medical technology industries.

More information: Rachel Wood et al, Rates of Induction of Labor at 39 Weeks and Cesarean Delivery Following Publication of the ARRIVE Trial, *JAMA Network Open* (2023). DOI:

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