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Leaders in Obstetric Care Respond to the Published Results of the ARRIVE Trial

August 8, 2018, Washington, DC – The Society for Maternal-Fetal Medicine (SMFM) and the American College of Obstetricians and Gynecologists (ACOG) released the following statement in response to the results of “A Randomized Trial of Induction Versus Expectant Management,” more commonly referred to as the ARRIVE Trial, funded by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network and published in *The New England Journal of Medicine*.

“The ARRIVE Trial studied more than 6,100 first-time, healthy pregnant women across the country. Researchers randomly assigned half of the women to an expectant management group (waiting for labor to begin on its own and intervening only if problems occur) and the other half to a group that would undergo an elective induction (inducing labor without a medical reason) at 39 weeks of gestation.

The ARRIVE Trial found no statistical difference in the primary outcome, which was a composite of perinatal mortality and severe neonatal morbidity, among the two groups of women. However, notable findings of the ARRIVE Trial include:

- A lower rate of cesarean birth, the major secondary outcome, among the induction group (18.6%) as compared to expectant management group (22.2%).
- Lower rates of hypertensive disorders of pregnancy (e.g. preeclampsia and gestational hypertension) among the induction group (9.1%) as compared to the expectant management group (14.1%).
- A lower rate of respiratory support among newborns born to the induction group (3%) as compared to the expectant management group (4%).

ACOG and SMFM have reviewed the published results of the ARRIVE Trial and determined that it is reasonable for obstetric care providers to offer an induction of labor to low-risk women after discussing the options thoroughly, as shared decision making is a critical element. Women eligible for induction must meet the following criteria:

- Women who are planning their first delivery, are healthy and have no medical or obstetrical complications.
- Women who are 39 weeks pregnant and had an ultrasound performed early in the pregnancy to confirm dating.

It is important for all inductions of labor, as was done in this study, to adhere to clinical protocols that optimize the chances of a vaginal delivery. Elective induction of labor should not be offered to women under circumstances that are inconsistent with the study protocol unless performed as part of research or quality improvement. As induction of labor involves coordination between the health care provider and the infrastructure in which induction and delivery will occur, it is critical that personnel and facilities coordinate policies related to the offering of elective induction of labor.

For more detailed information, visit the [ACOG](#) and [SMFM](#) websites.”

About SMFM

The Society for Maternal-Fetal Medicine (SMFM) is a non-profit, membership organization based in Washington, DC. With more than 3,500 physicians, scientists and women's health professionals around the world, the Society supports the clinical practice of maternal-fetal medicine by providing education, promoting research and engaging in advocacy to optimize the health of high-risk pregnant women and their babies. SMFM hosts an annual scientific meeting in which new ideas and research related to high-risk pregnancies are unveiled and discussed. For more information, visit www.smfm.org.

About ACOG

The American College of Obstetricians and Gynecologists (ACOG) is the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of more than 58,000 members, ACOG strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. www.acog.org