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REPLY



We thank Drs Feng and Chen for their letter and their interest in our study. In our meta-analysis of randomized trials,¹ including 4 trials with 1273 participants, we showed that after cervical ripening, with either Foley catheter or prostaglandins, routine amniotomy does not increase the risk of cesarean delivery, and reduces the interval from induction to delivery, compared to a policy of no amniotomy or late amniotomy at the time of active stage of labor. Drs Feng and Chen state that the nonsignificant difference in the primary outcome, that is, cesarean delivery, may be associated with a type I error, due to the small sample size. Although this is certainly possible, the sample size was 1273. Moreover, the relative risk of the pooled results for the primary outcome is very close to 1 (1.05 with 95% confidence interval of 0.71–1.56). Although we agree that trial sequential analysis is an important statistical tool, standard meta-analysis using the Mantel–Haenszel method is the gold standard for meta-analysis of randomized trials, also recommended by the Cochrane Collaboration.²

There are several Cochrane reviews on the use of amniotomy in labor or for induction (with or without other interventions), with some of these reviews including more than 5500 women. None of them reports an increase in cesarean delivery.^{3–7}

In addition, although early amniotomy interferes with the physiological timing of fetal membrane rupture, several interventions interfering with the physiological natural time of delivery, for example, induction of labor at full term,^{8,9} have been associated with a decrease, not an increase, in the incidence of cesarean delivery, and with improved maternal or perinatal outcome.¹⁰ We certainly wish for more research on amniotomy. ■

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The authors report no conflict of interest.

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