

# The ON TRACK Network

Oct 2016

Newsletter  
Edition 4



## What's In This Issue?

- **ON TRACK Workshop**
- **Feature Site:**  
Nelson Hospital
- **Feature Trial:**  
STRIDER NZAus
- **Update Your Practice:**  
Antenatal Corticosteroids  
Australia & New Zealand  
National Guidelines

Welcome to the October edition of the ON TRACK Network Newsletter. With the evenings now longer and the diary starting to fill with summer activities, we hope you can find a moment to read about the research happenings near you and check your calendar for the 20<sup>th</sup> & 21<sup>st</sup> Feb, 2017 - read on to find out why!

### **SAVE THE DATE: 20<sup>th</sup> & 21st February 2017** **ON TRACK Network Trial Development Workshop**

A two day workshop will be held at the Liggins Institute, Auckland on 20-21st Feb 2017. Active & emerging researchers from all disciplines, potential collaborators & consumers who are interested in clinical research in maternal and perinatal health are welcome.

The aim of the workshop is to develop some promising concepts for collaborative, multicentre, investigator-driven research projects to a level suitable for competitive grant applications (e.g. HRC grants). The workshop will provide information, advice & guidance on how to develop a concept outline from an initial idea into a funding application or a full study protocol.

Facilitators for the workshop will include experts in clinical trial methodology & leading investigators in maternal & perinatal health. This will be a great opportunity for keen researchers to learn from their clinical trial expertise & become potential collaborators for large multicentre trials that lead to better health for mothers & babies. **A call for trial concept submission is as attached.**

*We catch up with Site  
Leader Flora Gastrell...*

## ON TRACK WITH Nelson & Marlborough

### **Can you tell us a bit about the obstetric and perinatal services offered at your hospital?**

Nelson & Blenheim (Marlborough) are separated by a large hill & a 1 ¾ hour drive when the road is open. We have about 1000 births per year in Nelson & 600 in Blenheim. Both hospitals have obstetrician cover & neonatal units which care for babies from 32 weeks in Nelson & 34 weeks in Blenheim. 10% of births in Nelson occur at home or in primary units.

**Are there any large multicentre observational or randomised clinical trials currently running at your DHB?** Nelson is part of the TARGET study & Nelson & Marlborough have both been part of a randomised controlled trial in gynaecology recently.

### **What are your research interests? Where do you think the gaps in our knowledge lie?**

I am enthusiastic about learning whether our high rates of caesarean section could be due to our relatively low use of Syntocinon augmentation compared to European centres with lower rates of caesarean. We have started using Robson Categorisation to further explore this. Perhaps this could be an idea for a future RCT?

*Thanks Flora, it's great to have Nelson & Marlborough part of ON TRACK*



Site Leader Flora Gastrell



Tasman Bay, Nelson

[ontracknetwork@auckland.ac.nz](mailto:ontracknetwork@auckland.ac.nz)

# The ON TRACK Network



Meet one of the first STRIDER babies- now almost 2 ½ & thriving!

## Inclusion Criteria:

- 1a. Singleton pregnancy
- 2a. At >21+6 weeks and ≤ 27+6 weeks: AC measures ≤3percentile for gestational age OR
- 2b. At 28<sup>o</sup>- 30<sup>o</sup> weeks: an ultrasound estimate of fetal weight <700g.

Featuring...

## STRIDER NZAus

A multicentre randomised placebo controlled trial of Sildenafil in severe early onset intrauterine growth restriction (IUGR).

Currently there is no treatment for IUGR-management involves very close maternal & fetal surveillance with timing of delivery when the risks of continuing the pregnancy are high. The majority of cases of IUGR are due to uteroplacental insufficiency. Sildenafil potentiates the effects of nitric oxide causing selective vasodilation & we anticipate that **sildenafil may have the potential to increase utero-placental perfusion.**

This randomised controlled trial compares sildenafil versus placebo to determine whether sildenafil demonstrates an increase in fetal growth velocity measured by a change in abdominal circumference over time.

STRIDER NZAus is part of an international STRIDER IPD collaboration including five other trials across the world. The collaboration will be able to assess any effect of sildenafil on neonatal outcomes to the time of hospital discharge and through early childhood.

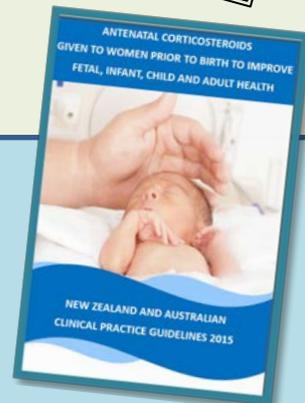
Any eligible women who would like to consider participation can be referred to your local MFM unit.

**For more info contact: [stridernzaus@auckland.ac.nz](mailto:stridernzaus@auckland.ac.nz)**

Thank you to the 8 sites recruiting in Australia

Auckland, Wellington & Christchurch MFM units are recruiting in NZ

Congratulations STRIDER NZAus on your recent 100<sup>th</sup> recruit!



## UPDATE YOUR PRACTICE:

### Antenatal Corticosteroids given to women prior to birth to improve fetal, infant, child & adult health.

New Zealand & Australian Clinical Practice Guidelines 2015

- ❓ Should you give corticosteroids to all women at risk of preterm birth?
- ❓ When should you give a repeat dose?
- ❓ What are the recommendations for women with multiple pregnancies? Or diabetes?
- ❓ What does the evidence say about corticosteroids for women having a term elective caesarean?

The Australian & New Zealand Antenatal Corticosteroids Guideline, pictured above, is a valuable resource for answering these and other important questions & informing our clinical decision-making.

The guidelines were synthesised by a multidisciplinary team led by staff at the Liggins Institute in 2015 & although the full document is large (almost 500 pages), it features four summary pages (pgs. 5-8) which condense the guidelines in a user-friendly way & demonstrate clear applications for clinical practice.

For those interested, the evidence behind the recommendations is also included, as are a number of 'research gaps' identified during the process. These lend themselves to further investigation & may form a platform for the generation of new research studies- a great opportunity for those interested in conducting trials & an exciting possibility for improving the health of mothers & babies in New Zealand.

**Are the guidelines utilised in your hospital?** Is your practice informed by them? We encourage you to download the guidelines below so you too can update your practice around the administration of antenatal corticosteroids.

### Corticosteroids from a woman's point of view...

Download the Clinical Practice Guidelines here:

[http://www.ligginstrials.org/ANC\\_CPG/](http://www.ligginstrials.org/ANC_CPG/)

*"I am 28 weeks pregnant and have been in hospital now for three weeks; hopefully I'll be here for another few! I'm here with complications from placenta previa. I had steroids because the doctors said it would be beneficial for the baby to improve his lungs if he does come early. It was an easy decision to make when we realised they wouldn't harm the baby. I would encourage staff to continue to be involved and familiar with research as it is so reassuring as a patient to know that your care is based on good evidence. The more research the better really".*