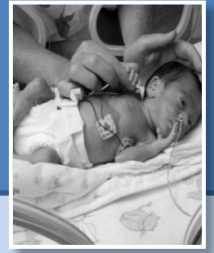
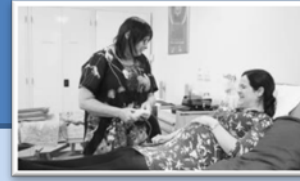


# The ON TRACK Network

Jan/Feb 2017



Newsletter  
Edition 7



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## ON TRACK NEWS

- We welcome two new Site Network Leaders this month- Dr. Thabani Sibanda (Obstetrician & Gynaecologist) in Whakatane & Dr. Roland Broadbent (Paediatrician), in Dunedin. A warm welcome to you both, great to have you on board.
- Midwife Rebekah Lambert has been appointed Waitemata's Site Network Coordinator. Welcome Rebekah, great to have you join us.
- Huge congratulations to the APTS trial for completing study recruitment this month!

Happy New Year & welcome to the Jan/Feb edition of the ON TRACK Network newsletter. We hope you have had an enjoyable summer break & feel ready to get started on another year working toward optimal health for women & babies in New Zealand. This month, on the **20<sup>th</sup> & 21<sup>st</sup> February**, the ON TRACK Network is hosting its inaugural Trial Development Workshop- a must attend event! See details below & register now!



The ON TRACK Network  
**TRIAL DEVELOPMENT WORKSHOP**  
**REGISTER NOW!**



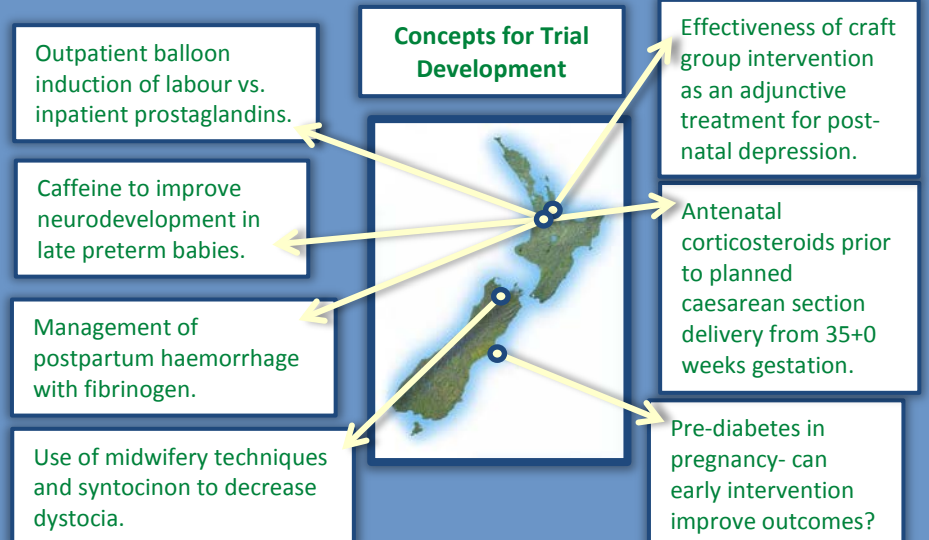
**The ON TRACK Network Trial Development Workshop is almost here- Last chance to register and secure your place now!**

**What?** This interactive workshop aims to develop promising clinical trial concepts for collaborative, multicentre, investigator-driven research projects in maternal & perinatal health to a level suitable for grant applications.

The concepts to be developed at this workshop span the maternal & perinatal health arenas & have been received from investigators across NZ. Almost all have the potential to be integrated into level 2 & 3 hospitals nationwide. We encourage all practitioners & researchers, regardless of prior experience, to attend & be part of these exciting trials from the start.

**When & Where?** Mon 20<sup>th</sup> & Tues 21<sup>st</sup> Feb 2017, Liggins Institute, Auckland.

**Registration:** This event is **FREE**. However, **registration is essential**. To register please visit <https://uoaevents.eventsair.com/on-track/on-track>



**Tell us about your background?** We both work as midwives at Auckland Hospital. Working in a level 3 hospital, we are particularly passionate about caring for women who are experiencing complications. We also work as research midwives part-time.

**What was it that interested you about research?** While we recruit to clinical trials in practice, we were attracted to more intensive involvement with research to extend our skill base & contribute to the pool of knowledge we are so reliant on in our practice. We are both curious people & enjoy the search for knowledge - the prospect of helping to engage patients in this process was appealing too.

**How important is research to your practice?** Research is inextricably linked to our clinical practice- it's too easy to forget that most of our knowledge has stemmed from the research endeavours of those before us. Having quality research to guide our everyday decision-making is critical in enabling us to provide quality care and achieve best possible outcomes for our patients.

**What are some of the barriers you have faced as a practitioner undertaking research?** As health professionals ourselves, we understand that in the clinical environment, the time available for engaging with research is scarce. A lot of our midwifery colleagues are interested in research, but time & resource constraints mean it is often seen as 'another task' rather than a key component of our clinical work. This is a shame because without such pressure, involvement in research can be an exciting & very rewarding pursuit.

**How do you think the ON TRACK Network could support health professionals wanting to get involved?** It's great to know the Network provides support for research and we can refer colleagues to ON TRACK if they are interested in getting more involved in trials or starting their own project. We are both attending the Trial Development Workshop & feel this is a good place to start.

**Other comments?** Both of us initially succumbed to the misconception that research involvement, beyond recruitment, was only relevant to certain disciplines or those wanting to undertake postgraduate study. We've realised there is huge scope & opportunities for midwives & all practitioners to play an active part in research collaborations & development. All health professionals bring valuable contributions so we encourage you to get involved in research endeavours this year- you might catch the bug like we have!

### UPDATE YOUR PRACTICE- The OP Baby

**Objective:** To evaluate the efficacy of the hands & knees position during the first stage of labour to facilitate rotation of the fetal head to the occiput anterior (OA) position.

**Design:** Randomised control trial (RCT). **Sample:** 439 women with a fetus in the occiput posterior (OP) position during the first stage of labour. **Setting:** Geneva University Hospitals Switzerland.

**Methods:** The women in the intervention group were asked to adopt a hands and knees position for at least ten minutes after randomisation. The control group could labour in any position except hands and knees. 15 minutes after randomisation, both groups completed a questionnaire to report their perceived pain & the comfort of their position.

**Main outcomes:** Rotation of the fetal head into an OA position confirmed by ultrasonography one hour after randomisation.

**Results:** 1 hr after randomisation 35/203 (17%) fetuses were diagnosed as being in an OA position in the intervention group, compared with 24/209 (12%) in the control group. This difference was not statistically significant (Relative risk 1.50; 95% CI 0.93-2.43;  $P=0.13$ ).

**Conclusion:** This study could not demonstrate a benefit of the hands & knees position to correct the OP position during the first stage of labour, but the women reported an increase in their level of comfort.

### Maternal positioning to correct occiput posterior fetal position during the first stage of labour: a randomised controlled trial

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#### WHAT DOES THIS MEAN?

The results of this study suggest counselling women to adopt a hands and knees position to facilitate the rotation of an OP baby in the first stage of labour is unlikely to increase the chances of this occurring.

Given the risks associated with persistent OP position in labour, further research is needed to investigate interventions which will promote rotation of these babies.

#### The POP- OUT STUDY

The Royal Prince Alfred Hospital, Sydney is coordinating the POP-OUT Study. This trial aims to determine the effectiveness of elective manual rotation in the management of OP & OT (occiput transverse) position early in the second stage of labour.

This multicentre double blinded RCT assesses women with bedside ultrasound at full dilatation to identify babies in an OP or OT position. Consenting women are then randomised to manual rotation (treatment) or a vaginal examination without manual rotation (control). Labour care resumes as usual thereafter. The primary outcome is rates of operative birth. Recruitment is almost complete for this exciting trial so we may have new evidence to guide us on best practice for OP position soon!



Full Article: <http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13855/epdf>