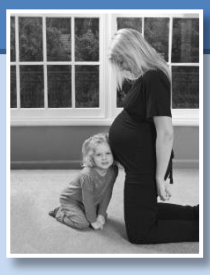
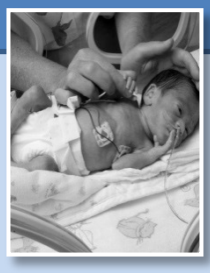
The ON TRACK Network

August 2017

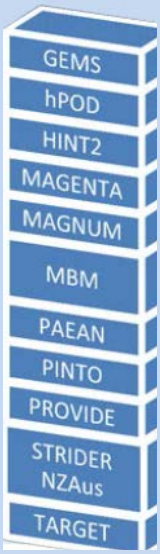
Newsletter Edition 13



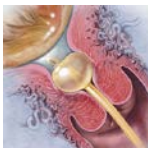
What's in this issue?

Welcome to the August edition of the ON TRACK Network newsletter



ON TRACK News

- Edition 13, unlucky for some! But the ON TRACK team are delighted to be in our second year of circulating research news
- The MAGENTA Trial needs less than 150 babies to complete recruitment. 8 NZ sites are involved, keep up the great work!
- Congratulations to Hawkes Bay on your first recruit to MAGENTA. The first is always the hardest!
- STRIDER NZAus is now fully funded for 2-3 year Childhood Outcome Study and assessments are underway



The OBLIGE study (Outpatient BaLloon vs Inpatient GEl)

Earlier this year we told you a little bit about this trial after the research team presented and developed their idea at the ON TRACK Trial Development Workshop. Congratulations to Michelle Wise and her team for successfully securing funding from the Health Research Council and A+ Trust to get this trial underway. We asked Michelle a little bit about the trial.

Why are you doing this trial? Most women have induction of labour (IOL) initiated with prostaglandin (PG) gel. This may take several days and women remain in hospital throughout. Past trials have shown fewer complications, such as emergency caesarean and postpartum haemorrhage, when IOL is initiated by balloon instead of PG; and others show the feasibility and acceptability of initiating IOL out of hospital. In my hospital despite one in three women having an IOL, low-risk women are not yet offered the option of an outpatient balloon IOL. We believe that outpatient balloon IOL compared with inpatient PG will safely increase a women's chance of normal labour and birth, and will save valuable staff time and hospital resources.

Which hospitals are involved? We will start recruiting women at ADHB in the next few months. Capital and Coast, Hawkes Bay, Waikato and Southern DHBs will follow soon after.

Are you looking for more recruiting sites? We would love to have other DHBs on-board! This trial will provide certainty for the future on the safety and efficacy of outpatient balloon IOL but we believe that DHBs will see some benefits even during the recruitment phase – I would be very happy to chat to anyone keen for their hospital to be involved. m.wise@auckland.ac.nz

Inclusion Criteria: Pregnant women with live singleton cephalic presentation planning IOL ≥ 37 weeks

Exclusion Criteria: Previous caesarean delivery; major congenital anomaly; ruptured membranes; fetal growth restriction; clinical need for inpatient care

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The ON TRACK Network

Katie has kindly shared some of her family's experience being exposed to research whilst preparing for birth and as a new Mum in NICU. Her full recount will be available on the brand new ON TRACK website that is coming very soon but here is a little taster for you…..

After one very early baby and 102 days in NICU, we want to help any other family that may go through a similar journey and right from the get go, despite all the stress, we were completely open to being involved in research that could both help our baby as well as future babies going through this rollercoaster of extreme prematurity and NICU.

We were in the delivery suite, my waters broken at 23^{+1} weeks with discussions around labour becoming stressful due to the extreme prematurity of our baby and her breech position. The first research I was asked about seemed like a 'no brainer'' – the APTS trial. The treatment had been done on a large number of full term babies and now they were looking at preterm babies. We were approached gently, without pressure and with clear, black and white information - we would be randomised to delayed cord clamping at the birth or not. If our baby was struggling it would be abandoned and clamped so she could be taken to resus. We were informed quickly we'd been randomised to the delayed clamping and in an extremely tense theatre situation just over 24 hours later, our tiny barely viable baby received delayed clamping (in what seemed like the longest minute of our lives!) and I often wonder if this has helped her survive and do so damn well! …..

Katie, Neil, Daisy and big sister Isla – thanks so much for sharing your story

Katie goes on to tell us about other trials and studies they chose to participate in and some that were not for them. She concludes '**Any part mothers or parents of babies can play in helping research that aims to improve health of mothers and babies across New Zealand is vital; we should be proud as such a small country we are making such exciting progress in this field.'**

Upcoming Events

Following the success of this year's **ON TRACK Trial Development Workshop** we have another planned. Dates for your diary 19-20th Feb 2018, Liggins Institute, Auckland.

Embedding Research into Clinical Practice. The ON TRACK Network will be co-hosting a two day meeting with the PSANZ IMPACT Network in Auckland 24-25th March 2018. Guest speakers: Professors Anna David and Sara Kenyon. Followed by PSANZ Congress March 25-28th **Registration opens 14th August** http://www.psanz2018.com.au/

Update Your Practice

World Maternal Anti-fibrinolytic trial:
an international, randomised, double-blind,placebo-controlled trial

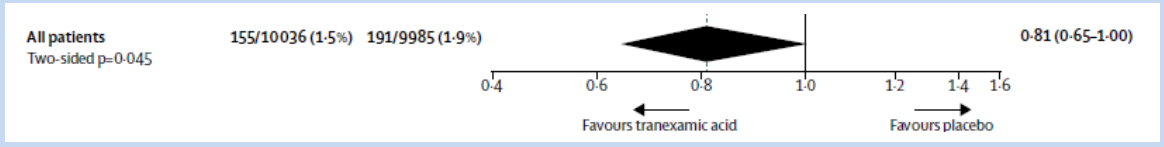
Postpartum haemorrhage (PPH) remains the leading cause of maternal mortality worldwide & continues to kill about 100 000 women each year. The majority of these deaths occur in Africa & Asia. Although rare, mortality may still occur in the first world setting & there is no doubt that New Zealand women continue to be exposed to significant morbidity associated with PPH & its complications.

20 060 women were randomised in 193 hospitals in 21 diverse geographical settings, including countries with high rates of maternal death, in this double-blind, placebo-controlled trial.

WOMAN Trial Collaborators
Lancet, 2017
doi.org/10.1016/S0140-6736(17)30638-4

Women who had a clinical diagnosis of PPH (>500ml after vaginal birth, >1000ml after CS or any blood loss sufficient to compromise haemodynamic stability) were randomly assigned to receive 1 g of intravenous tranexamic acid or matching placebo, in addition to usual care**.** The primary outcome was maternal death due to bleeding.

Results: The risk of death due to bleeding was significantly reduced in patients who received tranexamic acid (1·5%) vs placebo (1.9%); adjusted RR 0·78 (95% CI 0·6–0·98; p=0·03), a ***19% reduction in death from bleeding.*** This was only significant if ***treatment was given within 3 hours*** of birth. Analysing this subgroup, tranexamic acid reduced maternal mortality by 31%. Tranexamic acid also reduced the need for additional interventions such as laparotomy and brace sutures.



What does this mean? The conclusion of the WOMAN Trial Collaborators: "Tranexamic acid reduces death due to bleeding in women with PPH with no adverse effects. When used as a treatment for PPH, tranexamic acid should be given as soon as possible after bleeding onset". **Is it time to review your local guidelines and incorporate tranexamic acid use as standard?**

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