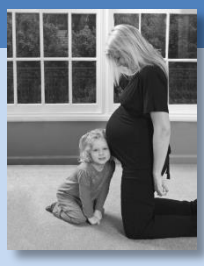
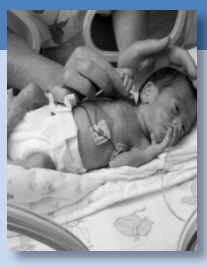
The ON TRACK Network

November 2017 | Edition 16



ON TRACK NETWORK
BETTER HEALTH FOR MOTHERS AND BABIES

Upcoming Events in 2018

ON TRACK Trial Development Workshop 19-20th February
Liggins Institute, Auckland. Registration open:
https://uoaevents.eventsair.com/ont18/on-track

PSANZ 2018 Congress 24-28th March.

- ON TRACK/IMPACT Meeting 'Embedding Research into Clinical Practice' 24-25th March
- ON TRACK Update Session -26th March lunchtime
- On TRACK Networking lounge- 27th March

http://psanz2018.com.au/

For more details for all upcoming events, see attached flyer

Welcome to the November edition of the ON TRACK Network newsletter

ON TRACK News

- Congratulations to the TARGET Trial (optimising glycaemic control for women with GDM) recruitment is complete!
- This is our last newsletter for 2017. **Happy Holidays to you all. Enjoy the festive season.** We will back with our first newsletter for 2018 in January.

Update your Practice

Delayed cord clamping (60 secs) for preterm births

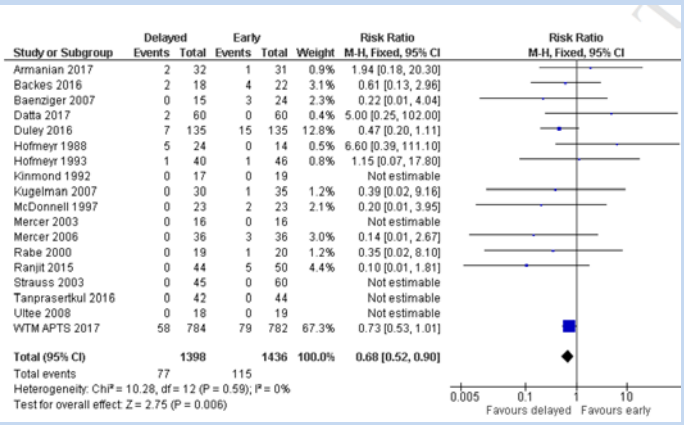
Immediate cord clamping (ICC) after preterm birth has allowed a quick transfer of baby to allow commencement of resuscitation. However, delayed cord clamping (DCC) may have several benefits to the preterm newborn infant. It's also a very cheap intervention if effective! Several trials in the past have assessed this but APTS is by far the largest and has helped to conclusively answer the question **'should we use DCC for preterm births?'**

The Australian Placental Transfusion Study (APTS) recruited mothers of 1634 fetuses (1566 delivered <30 weeks) to this study. Fetuses were assigned to immediate cord clamping (within 10 seconds of birth) or delayed cord clamping (≥60 seconds of birth) with the baby held as low as possible below the introitus or placenta with no palpation of the cord. Clinicians used their discretion if baby was non-vigorous and could chose to clamp the cord sooner. The primary outcome was death or major morbidity by 36 weeks postmenstrual age. Five recruiting sites in New Zealand contributed to this trial (Auckland City, Christchurch Women's, Dunedin, Waikato and Wellington).

Results: There was no difference in the incidence of the death or major morbidity by 36 weeks between infants assigned to DCC (37.0%) and those assigned to ICC (37.2%) (RR 1.0, 95% CI, 0.88 to 1.13). However mortality was reduced DCC 6.4% vs ICC 9.0% (unadjusted p=0.03, adjusted p= 0.39).

60 seconds APTS Australian Placental Transfusion Study

Tarnow-Mordi et al *New Enaland Journal of Medicine* October 2017; DOI: 10.1056/NEJMoa1711281



This publication has been quickly followed by a systematic review and meta-analysis of all trials comparing ICC and DCC for preterm infants. 18 trials including 2834 infants born <37 weeks were included. These analyses conclusively demonstrate that **DCC reduces hospital mortality for births <37 weeks (RR 0.68, 95% CI 0.52 – 0.90)** and this effect remains significant when only reviewing trials including data for infants ≤28 weeks (n=996); hospital mortality RR 0.70, 95% CI 0.51-0.95.

Fogarty et al *AJOG* October 2017; DOI: 10.1016/j.ajog.2017.10.231

What does this mean: This systematic review provides high quality evidence that delayed cord clamping reduces hospital mortality and so unless there is a clear contraindication to a delay of 60 seconds we should all be doing this. Time to review the hospital guidelines!

ontracknetwork@auckland.ac.nz

The ON TRACK Network

Introducing Karien Mannering, Site Network Coordinator, Waitemata DHB

Can you tell us a bit about your background I have a background in maternal and infant health. Initially I completed nursing training at Waikato Hospital, before completing my qualification in midwifery in the United Kingdom. I have had positions as Charge Midwife at Middlemore Obstetric Unit, Nursing tutor, and Midwife Consultant at National Womens' Hospital. In the last decade I have worked in Starship NICU as a neonatal nurse and Family Liaison Nurse Specialist. During this time, I have been an active member of the Neonatal Nurses College Aotearoa with commitment to the development of the Neonatal nursing P.O.I.N.T.S of care education in Samoa. I also have a strong interest in literature and the arts with a Bachelor and Masters of Arts from Auckland University.

What interested you in taking an active role for the ON TRACK Network as Site Network Coordinator? I have always supported the implementation of research into practice. Furthermore, I attended the ON TRACK Network Trial Development Workshop earlier this year. It proved to be the motivational step to taking up the role of Site Network Coordinator for the WDHB. This role is nicely juxtaposed between my professional roles as DIAMOND Study Research nurse at the Liggins Institute, and clinically practising nurse team at North Shore Hospital SCBU. Engagement with multidisciplinary teams is a big attraction for me.

What research is currently going on in your DHB? We have just started recruiting for the DIAMOND Study in both WDHB SCBUs and we continue to recruit to the hPOD Study at North Shore Hospital. Other include-PEN (Prenatal environment and Neurodevelopmental pilot study) and FEM study (Facilitating Evidence Based Practice in Midwifery).

What challenges do you think you may face in taking this role and any great ideas how to overcome them? Transition to something new provides challenges for some people. However I have found all key personnel at WDHB have been both approachable and accessible. The obstetric and neonatal teams are keen to be involved in research. The ON TRACK Network can support us through informative regular newsletters; liaison between obstetrics, midwifery and neonatology; collaboration with local, regional and national networks; and regular ON TRACK workshops and meetings.

Multicentre Trials currently recruiting in NZ

GEMS | hPOD | HINT2 | MAGENTA | MAGNUM | MBM | OBLIGE | PROVIDE | PAEAN

The PAEAN study is a double-blind, placebo controlled, randomised, phase III multicentre clinical trial of **erythropoietin (EPO) for infants with moderate to severe neonatal hypoxic ischaemic encephalopathy (HIE)**. The primary research question is 'Will EPO treatment on days 1, 2, 3, 5 and 7 of life (with hypothermia) reduce death or moderate to severe disability at 2 years of age?' 300 babies will be recruited at centres across Australia and New Zealand.

Inclusion criteria: Infants born ≥35 weeks and able to be randomised <23 hours after birth with -

- ≥One indication of perinatal depression (Apgar ≤5 at 10 minutes, ongoing resus with PPV/ CPAP or chest compressions at 10 mins, pH<7.0, BE≥12 within 60 minutes of birth)
- Moderate to severe encephalopathy defined using modified Sarnat criteria
- Hypothermia initiated by 6 hours of age

New Zealand sites: Auckland, Christchurch, Middlemore, Waikato, Wellington

Recruitment to date: 72 babies, including 15 from New Zealand

Lead Investigator: A/Prof Helen Liley, Helen.Liley@mater.org.au

Coordinating Centre Contact: paean@ctc.usyd.edu.au, +61 2 9562 5000

In August 2017, Brisbane hosted a PAEAN Plus symposium. Speakers from Australia and New Zealand attracted audience attention. The study investigators were especially grateful to Jenn Hopper from New Zealand who gave two very compelling talks from the perspective of parents whose baby has been affected by HIE (and its consequences).