

The ON TRACK Network

February 2018



Edition 18



Welcome to the February edition of the ON TRACK Network newsletter

ON TRACK News

- ❖ This month saw a very successful ON TRACK Trial Development Workshop – trial summaries to follow next month
- ❖ Recruitment to MAGENTA is now complete –congratulations everyone!
- ❖ PSANZ in Auckland in March – the biggest perinatal meeting in NZ for 8 years – lots of ON TRACK events see below for details
- ❖ The ON TRACK website will be launched in March <http://ontrack.perinatal.org.nz>

Upcoming ON TRACK Events



The ON TRACK and the PSANZ IMPACT Networks co-host
Embedding Research into Clinical Practice
24-25th March ANZ Viaduct Events Centre, Auckland

This two day meeting will explore how we can further integrate research into our everyday practice including presentations about the NIHR Network from UK guest speakers, Professors Anna David and Sara Kenyon, the concept of embedding research into practice from Professor Nik Zeps and cultural considerations to embedding research into routine care from Dr Sarah-Jane Paine. Several New Zealand investigators will provide updates on multicentre trials across NZ and future trial ideas. The full programme and registration details are available at <http://psanz2018.com.au/>

PSANZ 2018 Whenua ki Whānau

25-28th March 2018, ANZ Viaduct Events Centre, Auckland

The annual PSANZ Congress will be in New Zealand for the first time since 2010. The very best of NZ maternal and perinatal health research will be showcased alongside leading international and Australasian experts providing the most up-to-date evidence to guide best practice care.

For more details about this meeting and registration:

<http://psanz2018.com.au/>

ON TRACK events within the Congress

- ON TRACK Update – **Monday 26th March Rakino Room 12.45-13.15**
- ON TRACK Networking lounge in the exhibition hall throughout congress – come and meet the team



Whenua ki Whānau
Nurturing the people of our land





The ON TRACK Network



MAGENTA

MAGNESIUM SULPHATE AT 30 TO 34 WEEKS'
GESTATIONAL AGE: NEUROPROTECTION TRIAL

A message from the MAGENTA team

GREAT NEWS everyone! We have now reached the sample size for the MAGENTA Trial with 1438 women and their 1691 babies enrolled. Recruitment is complete!

Many congratulations to everyone who has contributed to reaching this amazing goal. This is an awesome milestone that has only been possible due to the hard work of everyone at the collaborating sites around Australia and New Zealand. We would particularly like to thank the dedicated research coordinators at all of the 25 hospitals. **A very sincere THANK YOU to you all.**

Two Year Follow Up On-going

The MAGENTA Trial's focus now turns to completing the follow-up of the mother and their babies which will continue until early 2020. The two year assessments are progressing well thanks to the superb commitment from the follow-up teams around Australia and New Zealand. To date 794 families have been seen, only 646 to go! We are very grateful for the funding from the NHMRC that enabled the initial follow up and from the Cerebral Palsy Alliance Research Foundation that is supporting follow up of the remaining families.



We will be celebrating the end of the MAGENTA Trial recruitment at the coordinating centres in Adelaide and Auckland. We hope that you will celebrate this achievement with your colleagues too.

Once again sincere thanks to you all for completing the enrolment milestone for the MAGENTA Trial – an amazing, collaborative achievement.

Multicentre Trials

currently recruiting in NZ

GEMS

hPOD

HINT2

MAGENTA

MAGNUM

MBM

OBLIGE

PROVIDE

PAEAN

Update Your Practice

Here are a couple of reminders from 'update your practice' over the last few months. Have you looked at your practice and considered a change?



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

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

Tranexamic Acid 1g IV within 3 hours of birth in women with PPH reduced the risk of death from bleeding by 19% (1.5%) vs placebo (1.9%); adjusted RR 0.78 (95% CI 0.6–0.98; p=0.03).

Now recommended by WHO *Lancet Glob Health* 2017 [http://dx.doi.org/10.1016/S2214-109X\(17\)30428-X](http://dx.doi.org/10.1016/S2214-109X(17)30428-X)

Australian Placental Transfusion Study (APTS) *New Eng J of Med* Oct 2017; DOI: 10.1056/NEJMoa1711281
Systematic review /meta-analysis of DCC for preterm births *AJOG* Oct 2017; DOI: 10.1016/j.ajog.2017.10.231
Delayed cord clamping (DCC) by 60 seconds after birth with infant held below the level of the placenta for all births <37 weeks reduces hospital mortality (RR 0.68, 95% CI 0.52 – 0.90) and this finding holds true at ≤28 weeks (n=996); hospital mortality RR 0.70, 95% CI 0.51-0.95.



NIHR Signal Delayed umbilical cord clamping reduce hospital mortality for preterm infants

Highlighted as NIHR Signal

<https://discover.dc.nihr.ac.uk/portal/article/4000922/delayed-umbilical-cord->

Immediate Delivery Compared With Expectant Management in Late Preterm Prelabor Rupture of Membranes

An Individual Participant Data Meta-analysis

Obstet Gynecol 2018; 131:269–79;

DOI: 10.1097/AOG.0000000000002447

This individual patient data (IPD) meta-analysis pooled patient data from 3 trials comparing immediate vs expectant management for women with PPROM at 34-37 weeks. There were no differences in rates of adverse neonatal outcome or neonatal sepsis but expectant management reduced NICU admission, CS delivery and RDS (although rates of APH were higher). Expectant management is best unless there is a clear indication for delivery or the pregnancy has reached 37 weeks.