**Stabilising premature babies before cutting the umbilical cord. Part 3: evaluation of effectiveness.**

## Participant details for participation in clinical trial.

**Official title:**

*Stabilising premature babies before cutting the umbilical cord: a randomised controlled trial at multiple hospitals. The Aeration, Breathing, Clamping (ABC) project, Part 3.*

Dear Sir, Madam,

We would like to ask you to take part in a clinical trial. Participation is on a voluntary basis. To take part, you will have to give us consent in writing. Before you decide whether or not to take part in the trial, we will explain what exactly the trial entails. Please read this information carefully, and if you have any questions, feel free to put them to the clinical researcher. Alternatively, you can ask the independent expert specified at the bottom of this letter for additional information. For further information about taking part in a clinical trial such as this one, please refer to the enclosed leaflet on clinical trials.

In this letter, we will inform you about one of the clinical trials that is currently being conducted at neonatal wards across the Netherlands. This particular trial focuses on premature births. Most babies are born full term, i.e. after around 40 weeks of pregnancy. When babies are born before 37 weeks of pregnancy, they are considered premature. We are approaching you about this trial because there is a chance that your baby will be born prematurely.

This trial is part of clinical research initiated by doctors and clinical researchers at Leiden University Medical Center (LUMC) and is backed by Neonatology departments across the Netherlands. Leiden University Medical Center’s accredited medical research ethics committee (METC) has reviewed this trial and issued a favourable opinion, thus approving the trial. Aside from that, your hospital’s Executive Board has also signed off on conducting this clinical trial at your hospital.

## What is the purpose of the trial?

The trial is intended to evaluate whether a new way of stabilising a premature baby produces better results than the method used so far. In the following, we will briefly outline the reason behind this clinical trial.

Prior to birth, a baby does not have to breathe for itself, as it receives the oxygen in its blood from the mother. The oxygen is taken from the mother’s blood by the placenta and transported to the fetus through the umbilical cord. After birth, the newborn has to start breathing for itself, so that the newborn’s blood is oxygenated in its lungs. After the baby is born, the umbilical cord is clamped and subsequently cut.

In the case of premature babies, the lungs may not yet have developed fully, which makes it harder for premature babies to start breathing for themselves immediately after birth. They often need help from the paediatrician to be able to start breathing properly. Premature babies are currently treated the same as full-term babies, meaning that the umbilical cord is clamped and cut immediately after birth. And the baby is subsequently handed over to the paediatrician for breathing support. Breathing support is generally given in a separate room next to the delivery room or operating room (in case of a caesarean section).

Over the past few years, research has been conducted into a new way of resuscitating premature babies immediately after birth. This new method sees the premature baby receive breathing support first, before the umbilical cord is cut, which seems potentially beneficial for premature babies.

Our current clinical trial focuses on this new approach to resuscitation (or stabilisation). This new approach consists in placing the baby on a resuscitation table very close to the mother, because the baby will still be attached to the umbilical cord. Next, the baby receives breathing support from the paediatrician. After that, the umbilical cord is clamped and cut. We want to evaluate whether this new approach is better for premature babies than the method used so far.

## What treatment are we evaluating?

Especially for this new resuscitation method, we have developed a new kind of resuscitation table, which is called the Concord. The Concord comes fitted with all the equipment needed to provide all the immediate care a baby needs after birth. The Concord can be placed right next to the mother. The part of the table that holds the baby can be swivelled and positioned over the mother’s abdominal area. This way, the paediatrician can help the premature baby without having to cut the umbilical cord. As soon as the premature baby’s lungs are working adequately, the umbilical cord is clamped and cut. This will be a few minutes after birth.

The Concord has been purpose-built for this specific approach to stabilising a premature baby. The table has been tested extensively during medical training for gynaecologists, paediatricians and nursing staff. Aside from that, there have also been previous trials with the Concord over the past few years. These trials have shown that resuscitation of premature babies on the Concord resuscitation table is very feasible. They have also shown that stabilising premature babies is equally effective with the Concord. Through this current clinical trial, we want to evaluate whether this new method truly benefits premature babies. The focus will primarily be on baby survival rates, the occurrence of brain damage, and the occurrence of intestinal infections.

## How will the trial be conducted?

The clinical trial with the Concord is the third part of a larger clinical research project. In the first part of the project, we looked primarily at the feasibility of the procedure, while the second focused on the efficacy and effectiveness of the stabilisation method. Both these studies have returned good results. With this current third part of the project, we want to evaluate whether this new method truly benefits premature babies.

Babies born after between 24 and 30 weeks of gestation are eligible for this trial. As part of this trial, half of the babies will be stabilised in the usual way, while the other half will be stabilised on the Concord. Babies will be divided into these groups by draw, whereby a special computer program will be used to assign lots. This can in no way be influenced by the clinical researchers. In total, approximately 660 babies will take part in the trial.

In the event that any kind of problem occurs during resuscitation of the baby, medical staff can switch to the conventional resuscitation method at any time. The umbilical cord could, for example, turn out to be too short to be able to use the new resuscitation table. If this is the case, resuscitation will immediately be handled in the usual way. This will not take up any extra time, because all the equipment needed for that will also be prepared and set up beforehand.

It is already standard practice for premature babies to be monitored by a paediatrician up to at least age 2. For the purposes of this clinical trial, data from each baby’s medical file will be collected to assess how babies develop. As a parent, you will be sent questionnaires over this 2-year period to get your assessment of how your child is doing. This is all part of the trial.

## What do we expect from you and your baby?

If you decide to enter the trial and your baby is drawn into the group that will receive resuscitation care on the Concord, the final part of the delivery will differ slightly from a normal delivery. The Concord will be set up in the delivery room where you will give birth. When your child is about to be born, the paediatrician and an extra nurse will also be present in the delivery room. Your labour and delivery will be managed by the gynaecologist as per the usual procedure. Immediately after birth, your baby will be placed on the new resuscitation table over the mother’s abdominal area. You personally will not have to do anything that you wouldn’t have to do in normal labour. Both parents can witness the procedure performed on the premature baby there and then. The mother will be in a position to touch and support the baby. The Concord can also be used after a caesarean section. The procedure is exactly the same. The only difference is that, due to the sterile environment, the mother will not immediately be able to touch the baby.

If you decide to enter the trial and your baby is drawn into the group that will receive conventional care, the umbilical cord will be cut 30 to 60 seconds after birth. The baby will subsequently be taken to a room next to the delivery or operating room, where the paediatrician and the nurse will perform the resuscitation procedure and the baby will be stabilised. The mother will not be able to witness this, but the partner will.

## What is additional to or different from the regular treatment you would otherwise receive?

Your premature baby will receive the exact same breathing support as it would in the conventional situation. The same equipment will be used for resuscitation and the same care guidelines for the baby will be adhered to. The two things that are different in this trial are the use of the Concord table for earlier resuscitation and the delayed cutting of the umbilical cord.

## What side-effects can you expect?

The Concord is fitted with all the state-of-the-art equipment that is needed to care for premature babies. Previous trials have shown that using the Concord is very feasible and safe. In the event that a problem occurs with the resuscitation table, we can switch back to conventional resuscitation at any time.

The first two parts of our research, as well as previous similar research, have not found any side effects for either mother or baby. We will, however, always stay alert to possible side effects. We will in particular monitor the amount of blood lost by the mother very closely,

given that cord clamping is delayed. Apart from that, we will specifically look at the baby’s body temperature during the procedure, because of the new approach.

## What are possible benefits and drawbacks of taking part in this trial?

There is currently no conclusive proof that use of the Concord table and the new way of stabilising premature babies will have benefits for your baby. This is precisely what we will be evaluating by running this trial. One possible benefit for the mother is that her baby will not be moved to a different room immediately after birth, but will instead stay close to her.

We do not expect the new resuscitation table and the new stabilisation method to have any detrimental effects for your premature baby. In fact, several large-scale clinical trials have already proven that delayed cord clamping is indeed beneficial for the baby. However, it is not yet fully clear by how long cord clamping should be delayed, as previous trials did not yet offer the possibility of delaying cord clamping until after the baby had been stabilised. In our trial, we will delay the clamping and cutting of the umbilical cord until the baby’s breathing is supported sufficiently. Besides that, a paediatrician will be on hand the whole time to evaluate your baby’s condition. The paediatrician will continuously assess the level of resuscitation your baby needs.

## What happens if you decide not to take part in this trial?

Whether or not you enter this trial is entirely your decision. Participation is voluntary. If you decide not to take part, there is nothing you need to do. Not taking part in this clinical trial will in no way adversely affect the treatment and care for you and your baby. If you do decide to enter the trial, please know that you can withdraw from the trial at any time, without having to state your reasons for doing so. Your attending physician can also withdraw your baby from the trial if he or she considers this in your baby’s best interest. Your doctor will always speak to you about this first. As and when new information emerges during the clinical trial, your attending physician will discuss it with you.

## Processing and retention of data

For the purposes of this trial, data concerning your pregnancy, labour, and your baby will be collected, processed, and saved. We need to collect, process, and retain these data to be able to answer the questions we are seeking to answer through this trial and to be able to publish the results. We hereby ask you for your permission to process these data.

If your baby takes part in the trial and is transferred to another hospital near you during the trial, your consent will automatically also include consent for retrieval of data on the development of your baby's condition over this period.

Data confidentiality

To protect your privacy, all trial and medical data will be treated confidentially and be encrypted (using trial numbers) and stored securely. Names and other information that enable direct identification will be omitted. Data can only be traced back to you using the encryption key. The encryption key will be stored securely at the local research institution. Only the research team and attending physicians can trace information back to participants.

Access to your data for verification purposes

Certain people may be granted access to trial data. Also to non-encrypted data. This is necessary to be able to verify whether or not the trial has been conducted adequately and reliably. People who will be granted such verification access to data are the members of the committee monitoring the safety of the trial, the inspector engaged by the clinical researcher, and national and international regulatory bodies such as the Dutch Inspectorate for Health and Youth Care. They will keep your data confidential. We kindly ask you to give your consent for this access.

Data retention period

We are required by law to keep trial data at the research location for a period of 15 years.

Withdrawing consent

You can withdraw your consent for the processing of your and your child’s personal data at any time. Trial data collected up to the moment you withdraw your consent will then still be used in the research.

More information about your rights with respect to the processing of your personal data

For general information about your rights with respect to the processing of your personal data, please visit the website of the Dutch Data Protection Authority. If you have any questions about your rights, please contact the data controller responsible for the processing of your personal data, which in the case of this trial is Leiden University Medical Center (see Enclosure B for contact details). You can contact either LUMC’s Data Protection Officer or the Dutch Data Protection Authority.

Registration of the clinical trial

The details of this clinical trial are also included in a register of clinical trials compiled by the Netherlands Trial Register ([www.trialregister.nl](http://www.trialregister.nl/)). These registered trial data do not include any details that can be traced back to you. After the trial has been completed, a summary of trial results may be published on the above website.

## The role of the patients’ organisation in this trial

This trial is endorsed by the Netherlands Society of Parents of Premature Babies (‘Vereniging van Ouders van Couveusekinderen’ (VOC)). This society was involved in the initiation of this clinical research and fulfils an advisory role, looking after the interests of both premature babies and their parents.

## Insurance for participants

Appropriate insurance will be taken out for everyone who decides to enter this trial. This insurance covers damage caused by the trial. It does not cover all damage. Please check Enclosure C for sums insured, exceptions, and the insurer's contact details.

## In closing

If you find that after reading the above, you still have questions about this trial, please get in touch with one of the members of the research team. You can also arrange a meeting with an independent doctor who is not involved in this trial in any way. All the contact details are listed in Enclosure B. For general information about taking part in clinical trials, please refer to the enclosed leaflet (in Dutch) entitled “Gevraagd voor medisch-wetenschappelijk onderzoek” [Asked to take part in a clinical trial].

Once you feel you have had sufficient time to reflect on it, we kindly ask you to make a decision on taking part in this trial. If you decide to take part and give consent, please confirm this in writing using the enclosed informed consent form. By giving written consent, you confirm that you have understood the information and agree to take part in the clinical trial. Both you and the clinical researcher will receive a signed copy of the informed consent form.

Thank you for taking the time to read this letter.

*Enclosures*

* 1. Informed consent form
  2. contact details

LUMC

* 1. Insurance details
  2. ‘Clinical trials. General information for participants.’ leaflet; please refer to: [https://www.rijksoverheid.nl/documenten/brochures/2014/09/01/medisch- wetenschappelijk-onderzoek-algemene-informatie-voor-de-proefpersoon](https://www.rijksoverheid.nl/documenten/brochures/2014/09/01/medisch-wetenschappelijk-onderzoek-algemene-informatie-voor-de-proefpersoon)

# Enclosure A: ABC 3 Trial Parent/guardian informed consent form

## Stabilising premature babies before cutting the umbilical cord.

**Part 3: evaluation of effectiveness.**

I have been asked to give consent for my child to take part in this clinical trial:

Child’s name………………………………. Date of birth:……………………

* I have been informed about this trial to my full satisfaction. I have read and understood the letter with information for participants. My questions have been answered satisfactorily. I had enough time to decide whether or not to enter my child in the trial.
* I am aware that participation is entirely voluntary. I am aware that I can decide at any time not to enter my child in the trial after all. I will not have to state my reasons and it will not adversely affect my relationship with the team treating my child.
* I am aware that certain people need access to my child’s and its mother’s data for trial verification purposes. The people in question are specified in this information letter. I give consent for such access by these persons.
* I give consent for the collecting and processing of my child’s and its mother’s data in the way and for the purposes specified in the information letter. I give consent for my general practitioner to be informed of my and my baby’s participation in this clinical trial.
* I give consent for the retrieval of information about the development of my child’s condition from a medical specialist if my child were to be transferred to another hospital during the trial.
* I give consent for the retention of my child’s trial data for up to 15 years after completion of this trial.

I agree to my child taking part in this clinical trial.

Mother’s name: ………………………………………………………

Signature:…………………………….. Date: / /

Email address:………………………………………………………………………...

Father’s/Guardian’s name: ………………………………………………………

Signature:…………………………….. Date: / /

Email address:………………………………………………………………………..

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I hereby declare that I have informed the above persons fully on the abovementioned clinical trial. If any information were to emerge during the trial that could affect the parent’s or guardian’s consent, I shall notify him/her in due time.

Clinical researcher’s name (or his/her representative):

Position:

Signature: Date: / /

Additional information has been provided by:

Name:

Position:

Signature: Date: / /

**Enclosure B: LUMC contact details**

R.J.M. Berkhout, clinical trial nurse

physician

Prof. Dr A.B. te Pas, paediatrician/neonatal

Dr E. Brouwer, neonatal physician-researcher

Dr R. Knol, paediatrician/neonatal physician

***Responsible clinical researchers at LUMC***

Tel: +31(0)71 5262909

2300 RC Leiden

Postbus 9600

J6-S-208

LUMC – Willem Alexander Kinderziekenhuis

Neonatology Department

Tel: +31(0)71 5262835

2300 RC Leiden

Postbus 9600

J6-S-208

LUMC – Willem Alexander Kinderziekenhuis

Department

cardiologist Paediatric Cardiology

Dr A.A.W. Roest, paediatric

***Independent physician at LUMC***

Email: [patientenservicebureau@lumc.nl](mailto:patientenservicebureau@lumc.nl)

Tel: +31(0)71 5262989

2300 RC Leiden

Postbus 9600

H2-11 (across from Leidseplein), route number 473

LUMC Patients Service Desk

***LUMC complaints committee***

Email: [infoavg@lumc.nl](mailto:infoavg@lumc.nl)

2333 ZA Leiden

Albinusdreef 2

Yvonne Zegers, contact person for the protection of your privacy

***LUMC Data Protection Officer:***

***Clinical Trial Coordinator for ABC3 Trial*** Dr R. Knol, paediatrician/neonatal physician Neonatology Department Erasmus University Medical Center – Sophia Children’s Hospital Room Sp- 4462

Postbus 2060

3000 CB Rotterdam

Tel: +31(0)10 7036077

# Enclosure C: Insurance details

Leiden University Medical Center (LUMC) has taken out insurance for everyone taking part in this clinical trial. This insurance policy covers damage caused by participation in the trial. Cover is provided for damage that occurs during the trial or within a period of four years after the end of your participation in the trial. Claims must be submitted to the insurer within this four-year period.

This insurance policy does not cover all damage. You will find a brief outline of the exceptions below. The full version of these provisions are included in the Compulsory Insurance for Medical Research Involving Human Subjects Decree, which can consulted on [www.ccmo.nl,](http://www.ccmo.nl/) the website of the Central Committee on Research Involving Human Subjects (go to ‘Bibliotheek’ and select ‘Wet- en regelgeving’).

In case of damage, submit your claim directly to the insurer. You can do so by post, email, or over the phone.

The insurer for this clinical trial is:

Name: Centramed B.A.

Address: Postbus 7374

2701 AJ Zoetermeer Visitor address: Maria Montessorilaan 9

2719 DB Zoetermeer

Telephone number: +31(0)70 3017070 Email: [info@centramed.nl](mailto:info@centramed.nl)

Policy number: 624.530.305

The insurance policy provides cover up to €650,000 per participant and €5,000,000 for the trial as whole, and €7,500,000 per annum for all trials by the same party.

The following damage is **not** covered by the insurance policy:

* damage caused by a risk of which you were informed in the written information. This does not apply if the materialisation of the risk is more severe than foreseen or if materialisation of the risk was highly unlikely.
* damage to your health that would also have materialised if you had not entered the clinical trial;
* damage as a result of failure to follow directions or instructions or failure to follow these in full;
* damage to your descendants caused by an adverse effect of the trial on you or your descendants;
* damage caused by an existing treatment method in a study of existing treatment methods