CASE STUDY

ETHICAL ISSUES ASSOCIATED WITH CONSENT FOR INTRAPARTUM CLINICAL TRIALS

Prof (Dr). Hema Dhumale MD.,FICOG.

Consultant Obstetrician & Gynaecologist

Chief of Clinical Services

Moon Maternity & Children Hospital

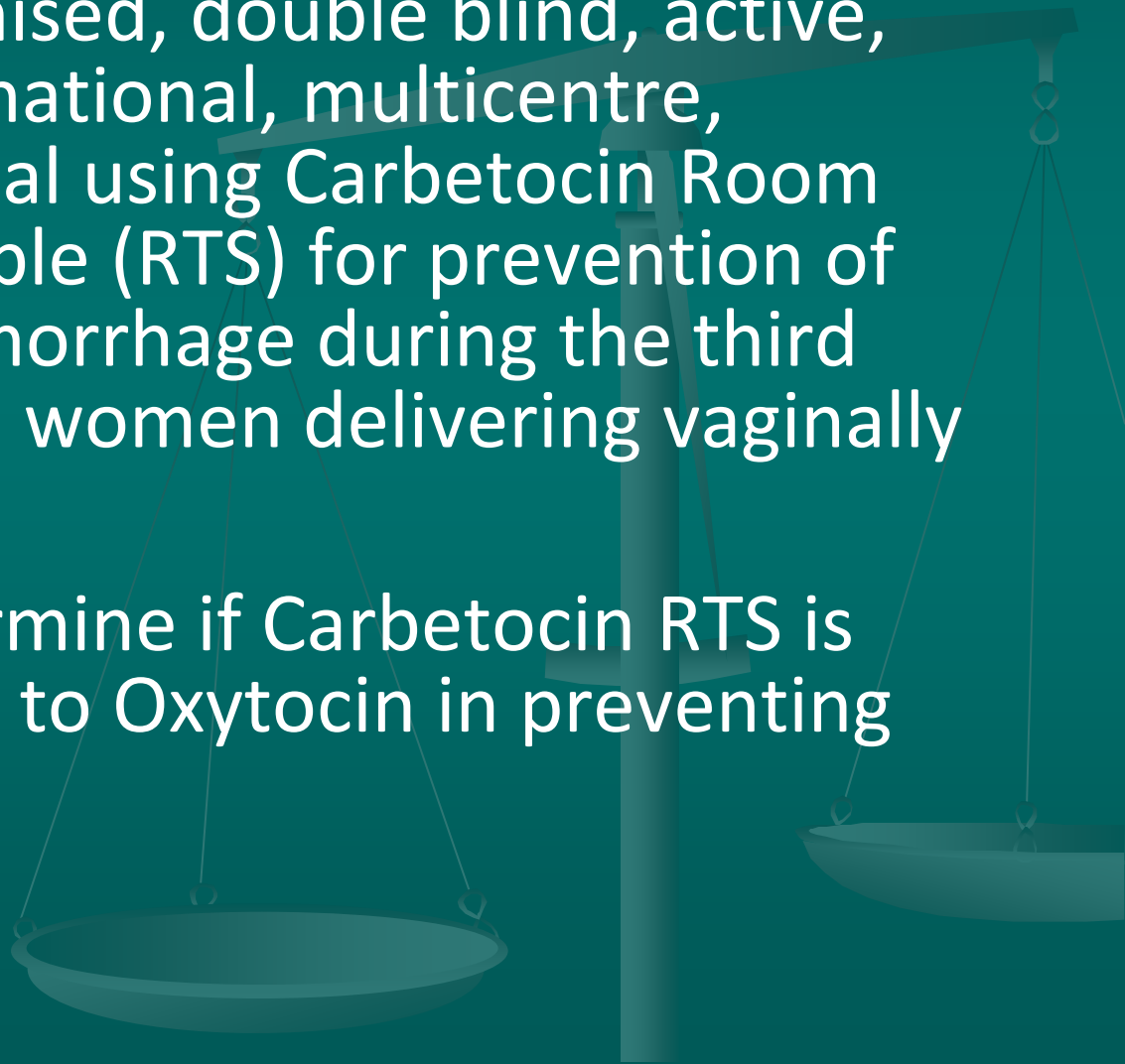
Belagavi, Karnataka State , INDIA

CHAMPION Trial

Cabetocin for Heamoerrhage Prevention

Phase III, randomised, double blind, active, controlled, multinational, multicentre, non-inferiority trial using Carbetocin Room Temperature Stable (RTS) for prevention of postpartum haemorrhage during the third stage of labour in women delivering vaginally

Objective - Determine if Carbetocin RTS is similar in efficacy to Oxytocin in preventing atonic PPH



Pre screening criteria for Informed written Consent

- Women with singleton pregnancy expected to deliver vaginally
- Early in labour (<= 6cms of cervical dilatation)
- Willing for Audio-visual recording of the consent process (only in India)
- All consented women screened for trial specific exclusion criteria

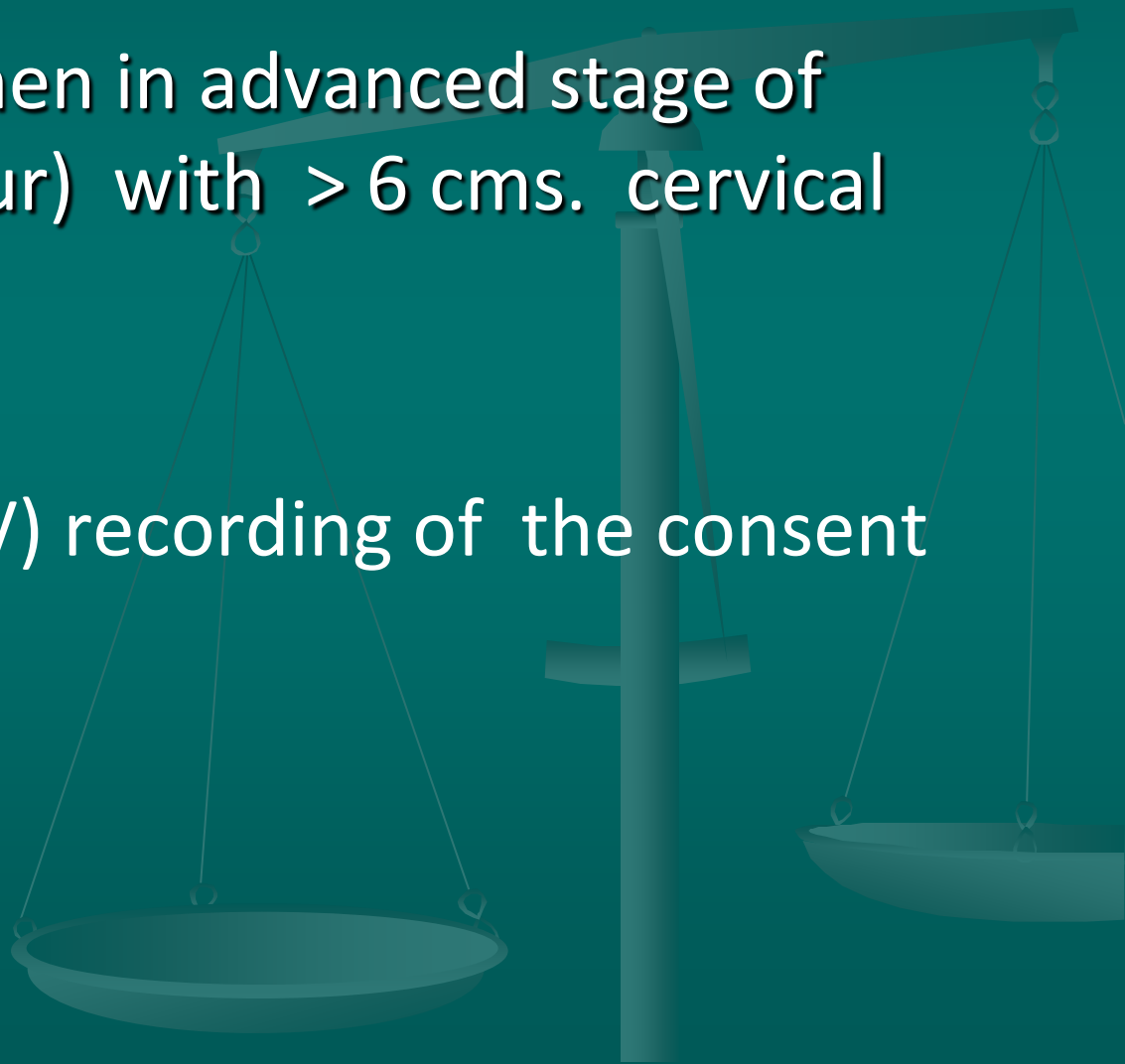
CHAMPION Trial - Intervention

- Randomized at II stage of labour when vaginal delivery is imminent to receive either a single dose of Inj. Oxytocin 10 U, IM or Inj. Carbetocin RTS 100 mcg, IM, immediately after the delivery of the baby
- Delivery of placenta by controlled cord traction
- Blood loss measured using BRASS-V Drape for 60 minutes after delivery of the baby

Ethical Issues - Consent Process CHAMPION Trial

- Exclusion of women in advanced stage of labour (late labour) with > 6 cms. cervical dilatation

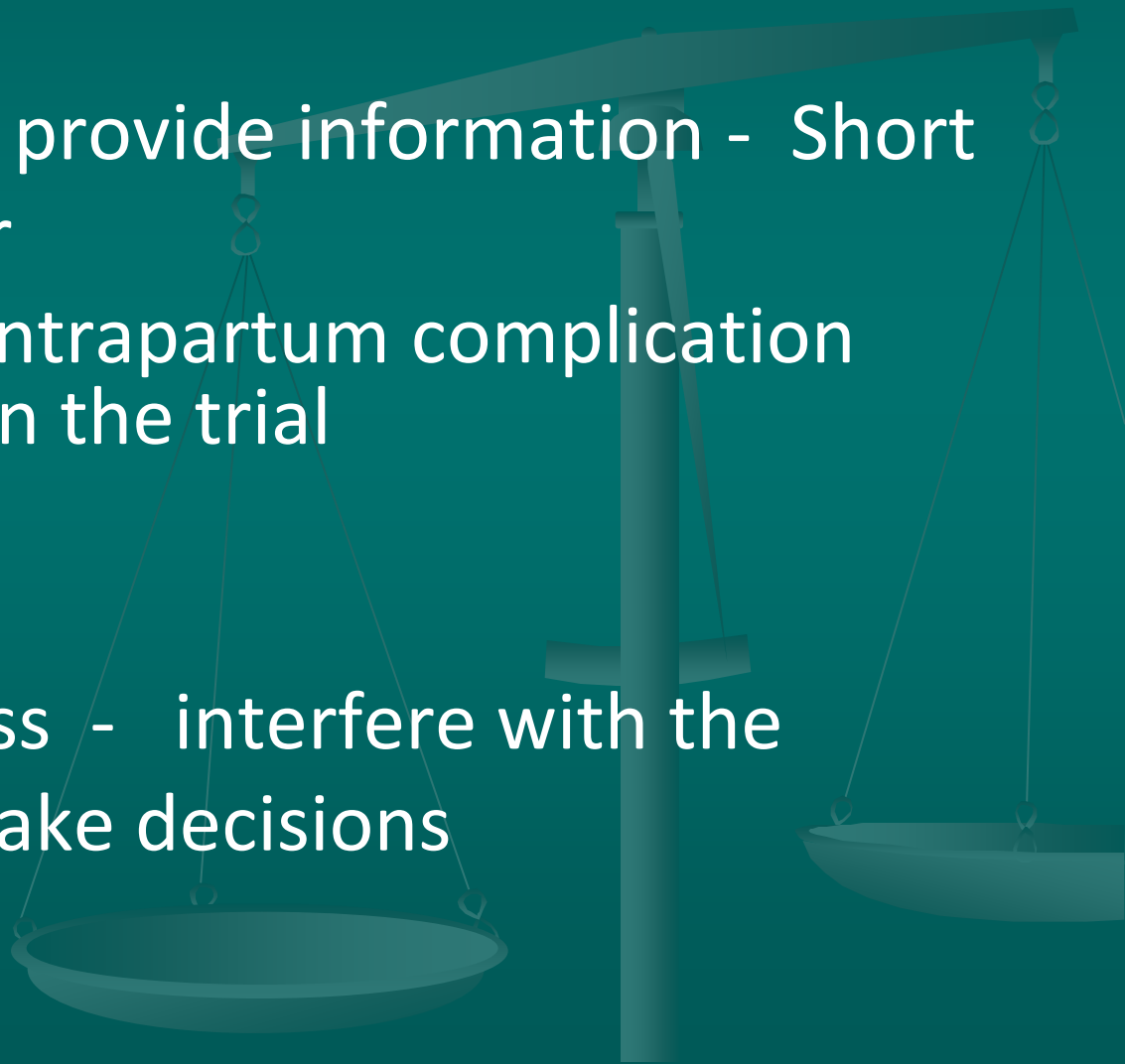
- Audio- visual (A-V) recording of the consent process



Consent for Intrapartum Clinical Trials Challenge

- Time available to provide information - Short
  - Stage of labour
  - Nature of the intrapartum complication being studied in the trial

- Anxiety & distress - interfere with the competency to take decisions



Competency for intrapartum consent Stage of labour

- Early in labour

  < = 4 - 6 cms. cervical dilatation

  "Competent to provide informed consent"

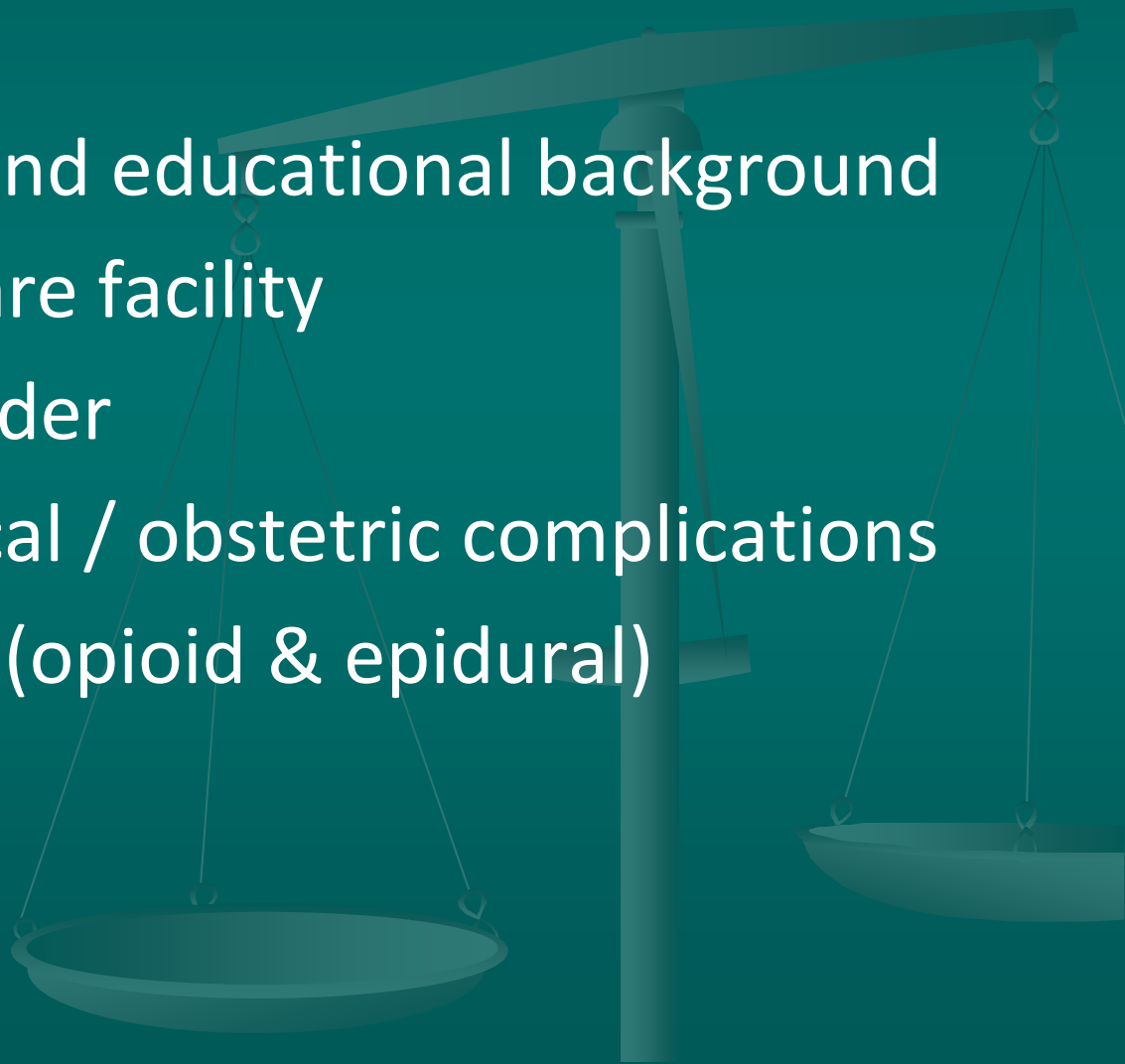
- Late in labour

  > 4 - 6 cms. cervical dilatation

  "too distressed to provide informed consent"

Factors influencing intrapartum anxiety / distress

- Parity
- Socio economic and educational background
- Level of health care facility
- Health care provider
- Associated medical / obstetric complications
- Labour analgesia (opioid & epidural)
- **Stage of labour**



Competency for intrapartum consent What is the Evidence ?

- Anticipated variables : labour pains, duration of labour, anxiety and opioid analgesics, **may not interfere** with the ability of women in labour to provide informed written consent

Jackson et al. Can J Anesth 2000;47:1068-73

- Many intrapartum women may still be competent to provide informed consent even late in labour

Is there an alternative approach to assess the competency for intrapartum consent ?

Obstetric care provider (doctor/ midwife) to act as the “gatekeeper” to assess the physical & emotional state of labouring women and to determine their competency to sign the informed consent and to inform the researchers

Vernon et al. Trials 2006;7:13

Competency for consent – conclusions

- Intrapartum period - unique and woman specific
- Anxiety & Distress - many independent variables
  NOT only on the stage of labour
- "GateKeeper" approach – scientific
- Many intrapartum women may still be competent to provide informed consent even late in labour

Audio - visual (A-V) recording of the informed consent process

- Applicable to **all clinical trials** being conducted in India since 2013 - Regulatory guidelines by Drug Controller General of India (DCGI)

- A-V recording of the consent mandatory only for trials involving **vulnerable population** and trials related to **new drugs** - 2015 amendment

- No Guidelines regarding whether pregnant women fall under the vulnerable category

Draft Guidelines for A-V recording of informed consent process in clinical trial ,CDSCO, Govt. of India, Jan 2014

Specific guidelines for A-V recording

- Prior written consent for A-V recording
- Specified A-V consent recording room close to the area of patient care and conducive for disturbance free A-V recording of good quality
- Videographer engaged as part of the study team / fixed mounted camera - confidentiality

Specific guidelines for A-V recording

- Identification of the subject / Legally Accepted Representative (LAR) / Impartial Wittness (IW) , if applicable as per the protocol with valid ID proofs
- Simultaneous capture of facial details of all the authorised persons present during the consent process
- A-V recording frame should not include any unrelated persons / patients

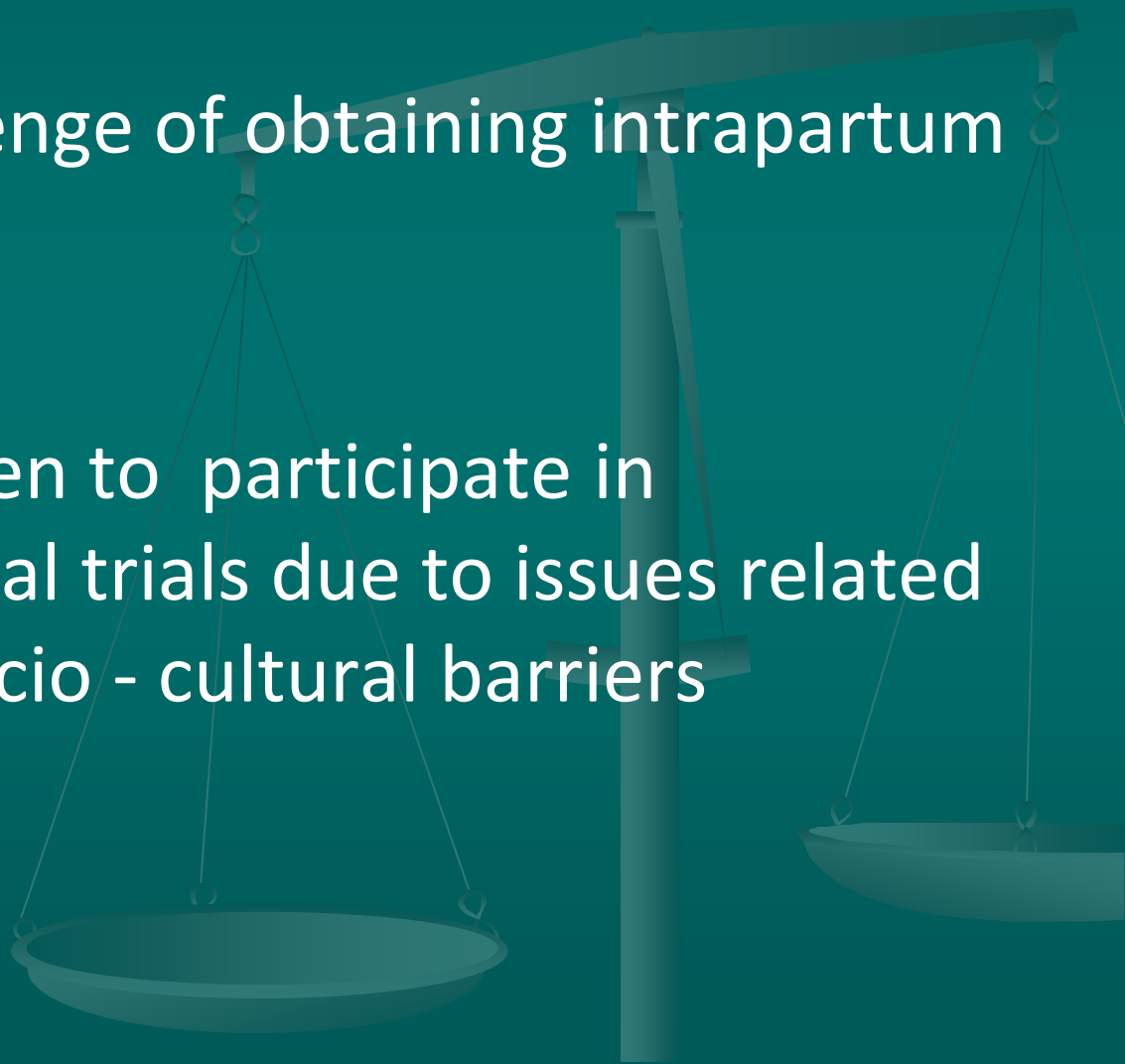
A-V recording of the consent process Concerns

- May add to the anxiety & distress of women in labour
- Women may feel vulnerable with respect to maintaining privacy & confidentiality
- Socio-cultural barriers for A-V recording

A-V recording of the consent process Implications

- Adds to the challenge of obtaining intrapartum consent

- Discourage women to participate in intrapartum clinical trials due to issues related to privacy and socio - cultural barriers



Recommendation - 1

Intrapartum women who have received relevant trial information and signed the informed consent antenatally, should be eligible to reconfirm the consent by signing or orally (only in acute conditions) during **any stage of labour** as long as they remain eligible to get enrolled in the trial as per the trial specific inclusion criteria and competent to provide consent

Association for Improvement in the Maternity Services , North West Clinical trial Network, RCOG Clinical Governance Advice No.6a, Feb 2016

Recommendation - 1

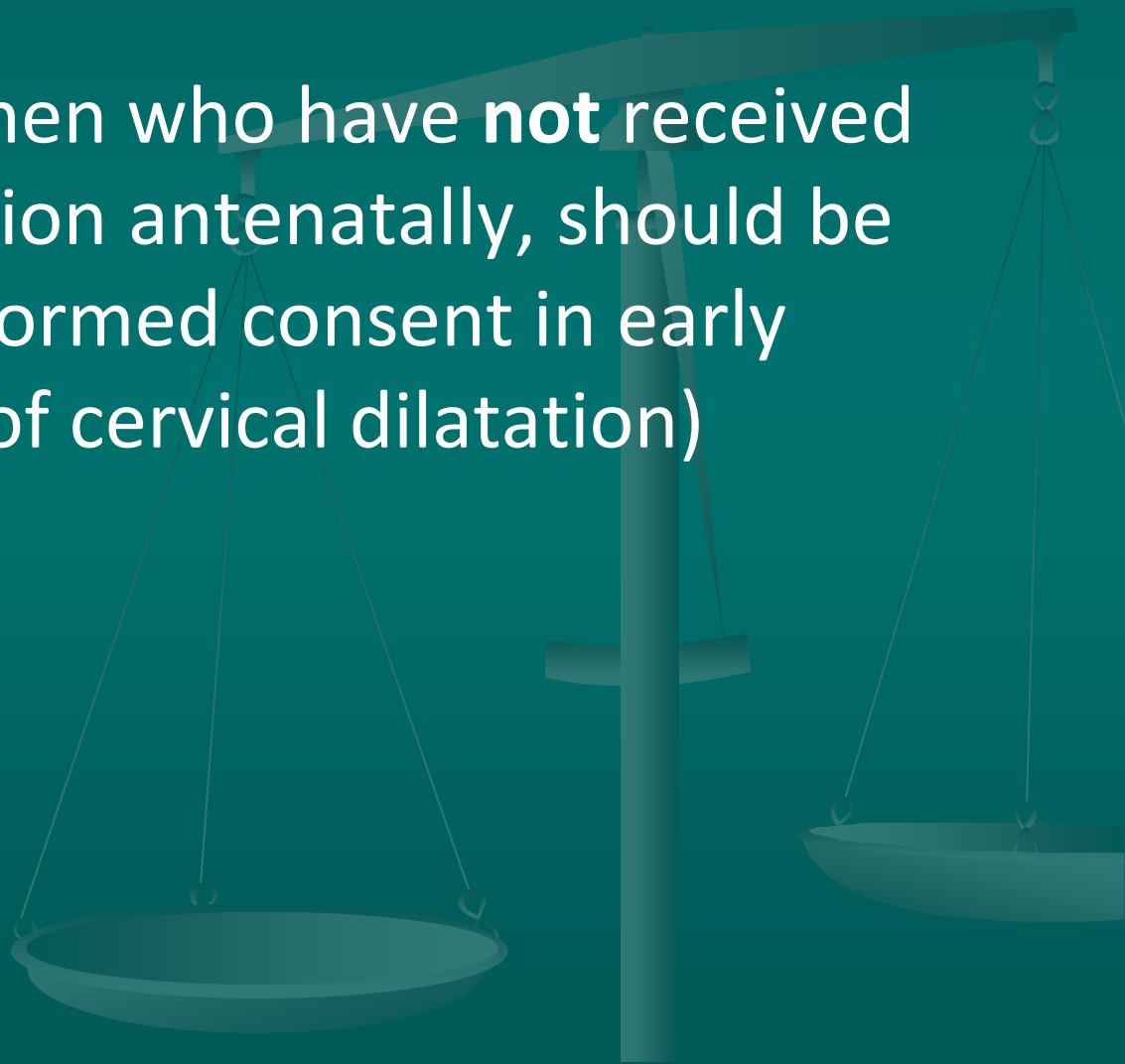
Limitation:

Exclusion of all intrapartum women without prior antenatal information about the trial – **Unethical**

- 100% antenatal coverage - not feasible
- Seek ANC - diverse healthcare delivery system
- 30 - 40% cases report directly for intrapartum care

Recommendation - 2

- Intrapartum women who have **not** received the trial information antenatally, should be eligible to sign informed consent in early labour (<= 6 cms of cervical dilatation)



Recommendation – 2

Limitation :

- Exclusion of Intrapartum women who have **not** received the trial information antenatally, if they report in late labour (> 6 cms cervical dilatation) - **scientifically & ethically unjustifiable**

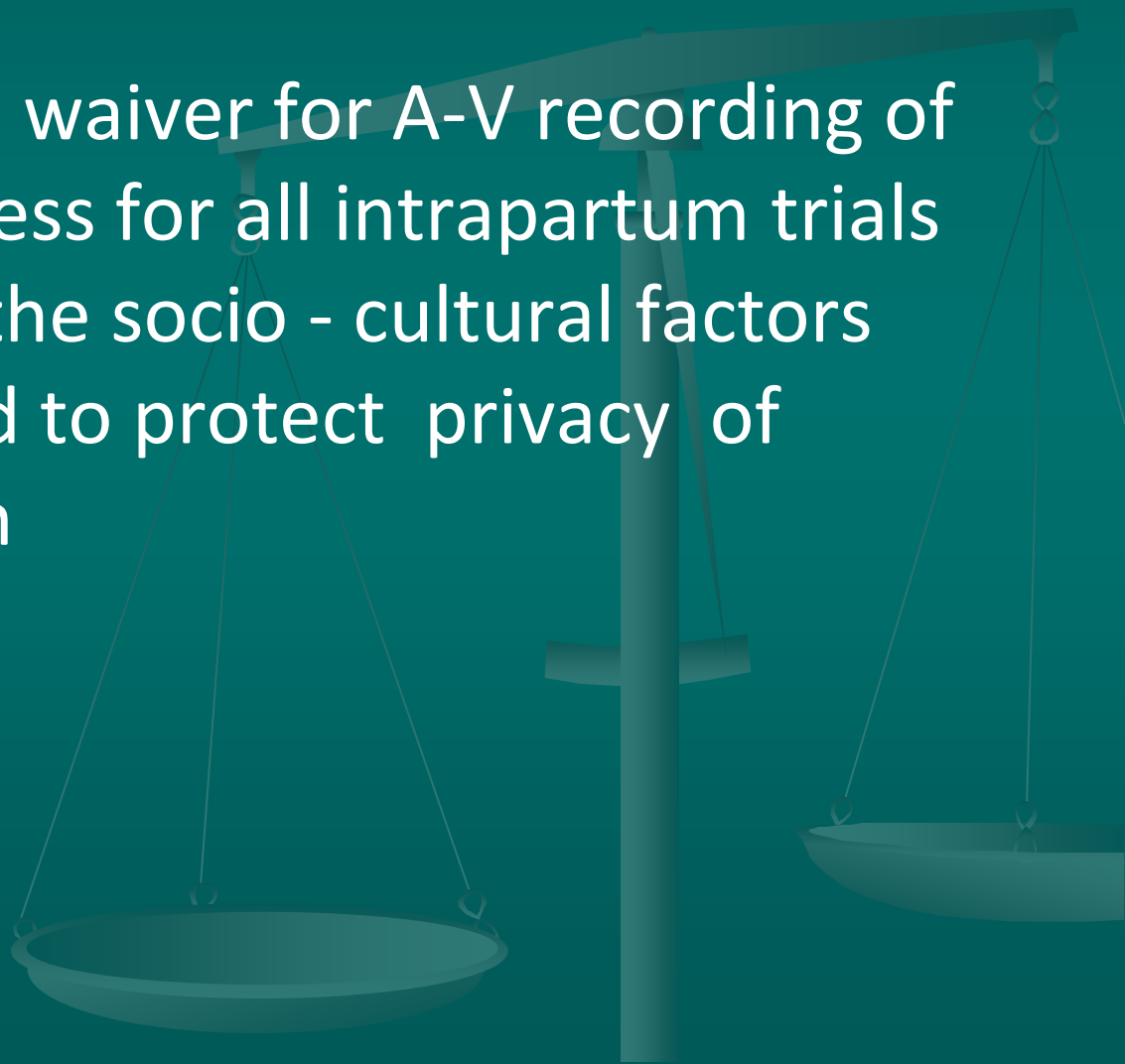
- Evidence regarding women being competent to provide consent even late in labour

Recommendation - 3

Intrapartum women who have **not** received the trial information antenatally, may still be eligible to sign informed consent late in labour (>=6 cms of cervical dilatation) only if, they are considered competent to sign informed consent by the obstetric care provider(doctor/ midwife) by assessing their physical & emotional status on an individual basis

Recommendation - 4

There should be a waiver for A-V recording of the consent process for all intrapartum trials keeping in mind the socio - cultural factors and also the need to protect privacy of labouring women



Conclusions

- A Single standard informed consent process for all women in intrapartum trials may not be appropriate
- There is a need to develop standard outline of the intrapartum consent process with optional elements that can to be adjusted depending upon the type of the trial and the women who are participating

Thank you