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New CIOMS guidelines on research with pregnant & breastfeeding women

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Secretary Working Group Revision CIOMS guidelines

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What is CIOMS?

- Council of International Organizations of Medical Sciences
- An international, non-governmental, non-profit organization
- Established 1949 by WHO and UNESCO

Ethical guidelines research with humans

- Purpose: indicate how fundamental ethical principles and Declaration of Helsinki can be applied effectively in medical research world-wide in different:
 - cultures, religions, traditions, socioeconomic circumstances;
 - with special attention for low and middle income countries.
- 2002 version, start revision in 2012 to respond to challenges in research (ethics)



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The process of revision of ethics glns

- Working group of 10 people (many balances)/ Advisors (WMA, UNESCO, COHRED)
- Collaboration with WHO
- Public consultation Sept 2015 – March 2016: > 250 pages high quality feed back
- Aim: finalize in November 2016

Pregnant women and vulnerability

- Guideline 15 on vulnerability:
- “Pregnant women must not be considered vulnerable simply because they are pregnant. Specific circumstances, such as risks to the fetus, may require special protections.”

Interests of pregnant women: 3 groups

- Research with pregnant and lactating women (guideline 19)
- Research with women of childbearing potential (guideline 18)
- Research with women who become pregnant during the study (guideline 18)

Guideline 19

Research with pregnant and breastfeeding women

Promote research

Pregnant and breastfeeding women have distinctive physiologies and health needs. **Research designed to obtain knowledge relevant to the health needs of the pregnant and breastfeeding woman must be promoted.** Research in pregnant women must be initiated only after careful consideration of the best available relevant data.

- Promote research interventions for conditions:
 - resulting from pregnancy
 - that affect general population and are reasonably expected to be used without evidence during pregnancy
 - that affect the developing fetus

Informed consent

In no case must the permission of another person replace the requirement of individual **informed consent by the pregnant or breastfeeding woman.**

- Pregnant woman is the final decision maker, both if research that is targeted at the woman and the fetus
- Inform:
 - Risks
 - When evidence is unknown or conflicting
 - Difficult to determine causality in case of fetal or infant abnormalities

Risks and potential benefits

For research interventions or procedures that have the potential to **benefit** either pregnant or breastfeeding women or their fetus or infant, **risks must be minimized and outweighed by the prospect of potential individual benefit (...)**

For research interventions or procedures that have **no potential individual benefits** for pregnant and breastfeeding women:

- **the risks must be minimized and no more than minimal;**
- **the purpose of the research must be to obtain knowledge relevant to the particular health needs of pregnant or breastfeeding women or their fetuses or infants.**

Risks and potential benefits (cont'd)

When the **social value** of the research for pregnant or breastfeeding women or their fetus or infant is compelling, and the research **cannot be conducted in non-pregnant or non-breastfeeding women**, a research ethics committee may permit a **minor increase above minimal risk**.

- Similar for children and incompetents
- Clear threshold may promote research

Follow-up

Short-term and long-term follow-up of the fetus and the child may be required in research involving pregnant and breastfeeding women depending upon the study intervention and its potential risks.

- Adverse events not always immediately known
- Include plan in protocol for monitoring

Abortion

As a general rule, health-related research involving pregnant women that has the potential for harm to the fetus should be conducted **only in settings where women can be guaranteed access to a safe, timely and legal abortion** in the event that participation in the research makes the pregnancy unwanted.

- Are fetal impairment and mental health conditions recognised as legal grounds for abortion in that jurisdiction?
- Restrict potentially valuable research, Therefore, REC may permit:
 - Compelling social value
 - Inform women about existing restrictions on abortion and possible options abortion other countries

Guideline 18 Research with women

Women of childbearing potential

Women of childbearing potential

- Opportunity to participate
- Inform about risks
- Access to pregnancy test, effective contraceptive methods, safe legal abortion
- If unavailable: risk of unintended pregnancy, legal grounds for abortion, inform about reducing harms from unsafe abortion, and guarantee medical follow-up if not terminated



Guideline 18 Research with women

Women who become pregnant during research



Women who become pregnant during research

- Product known to cause mutagenic or teratogenic effect > remove, follow up, provide care
- Access to diagnostic tests to reveal anomalies, refer for abortion if woman wishes
- No evidence on basis of potential harm to fetus > not automatically remove
 - Stay in study for safety monitoring, remove from study drug
 - Offer adequate monitoring if woman prefers to stay



Conclusion

- Research in pregnant and lactating women must be promoted
- 3 groups of women important (pregnant, pregnant during, childbearing potential)
- Improved guidelines provides clearer guidance for RECs and researchers > improve inclusion



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