Feasibility and design of a trial regarding the optimal mode of delivery for preterm birth: the CASSAVA multiple methods study

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Declared competing interests of authors: Jane E Norman has received grants from government and charitable bodies for research into understanding the mechanisms of term and preterm labour and understanding treatments, including research funding from the National Institute for Health Research (NIHR) (references 17/63/08 and 16/151/01). Within the last 3 years, Jane E Norman has acted on a Data Safety and Monitoring Board for a study involving a preterm birth therapeutic agent for GlaxoSmithKline plc (Brentford, UK) and has provided consultancy for a small pharma company on drugs to alter labour progress. In addition, Jane E Norman was a member of the Health Technology Assessment (HTA) Maternal Neonatal and Child Health Panel (2013–18) and was a member of the HTA and Efficacy and Mechanism Evaluation (EME) Editorial Board from 2012 to 2014. Julia Lawton was a member of HTA Obesity Themed Call Board (2010) and HTA General Committee (2018–19). Sarah J Stock reports grants from the NIHR HTA programme during the conduct of the study and declares being a member of the NIHR HTA General Committee (2016–21). In addition, Sarah J Stock received other research funding from the NIHR (reference 14/32/01), Wellcome Trust (London, UK) (reference 209560/Z/17/Z) and Chief Scientist Office (London, UK) during the course of the study. Dimitrios Siassakos reports grants from the NIHR HTA Research for Patient Benefit (reference PB-PG-0817-20046) and HTA programme (references 16/16/06, NIHR127818 and PR-PRU-1217-21202) during the conduct of the study. In addition, Dimitrios Siassakos reports grants from the NIHR Biomedical

Research Centre at University College London Hospitals (London, UK) and non-financial support from Wellcome Engineering and Physical Sciences Research Council Centre for Interventional and Surgical Sciences (London, UK) outside the submitted work. Last, Dimitrios Siassakos was a member of the HTA Maternal, Neonatal and Child Health Panel (2017–18), HTA Prioritisation Committee C (Mental Health, Women and Children's Health) (2017–20) and HTA Prioritisation Committee B (In Hospital) (2017–21). John Norrie reports grants from the University of Edinburgh (Edinburgh, UK) during the conduct of the study, and is a past and present member of the following: HTA Commissioning Sub-Board (Expressions of Interest) (2012–16), NIHR Clinical Trials Unit Standing Advisory Committee (2017–present), NIHR HTA and EME Editorial Boards (2014–19), Pre-Exposure Prophylaxis Impact Review Panel (2017–present), EME Strategy Advisory Committee (2019–present), EME – Funding Committee Members (2019–present), EME Funding Committee Sub-Group Remit and Competitiveness Check (2019–present), HTA General Committee (2016–19), HTA Funding Committee Policy Group (formerly Clinical Study Group) (2016–19) and HTA Commissioning Committee (2010–16). In addition, John Norrie acted as a NIHR Journals Library Editor between 2014 and 2019. Nina Hallowell is a member of the Wellcome Centre for Ethics and Humanities (Oxford, UK), which is supported by funding from the Wellcome Trust (grant number 203132).

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published November 2021
DOI: 10.3310/hta25610

Plain English summary

CASSAVA multiple methods study

Health Technology Assessment 2021; Vol. 25: No. 61
DOI: 10.3310/hta25610

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Plain English summary

Around 60,000 babies are born preterm each year in the UK. We do not know what the safest mode of birth is for these babies. Birth options include a vaginal birth or a caesarean section (which involves an operation for the mother). Normally, the ideal way to find out what clinical options are best is to carry out a 'randomised trial' in which participants are allocated to a particular treatment group (in this case, vaginal birth or caesarean section) by chance. It is not clear if women who have their babies preterm would want to take part in such a trial or that the clinicians looking after the women would be happy to ask them to, as previous trials have failed to recruit sufficient participants.

The purpose of the CASSAVA research project was to find out what people think is the best and safest method of delivering preterm babies, their views on doing a research trial and what sort of research trial could be carried out.

We conducted a survey asking clinicians and women their views. We gathered clinicians and women together to discuss and agree the key questions for a trial to answer. We then developed a protocol (plan) for a possible trial. Using this trial protocol, we conducted telephone interviews with clinicians, asking them if they would be willing to be involved and if they would be willing to ask pregnant women to participate. We also conducted focus groups with women, using a vignette (storyboard) about a possible trial.

We found that there is a lot of uncertainty about the best way for preterm babies to be born. Clinicians and women broadly agreed that it would be good to resolve this uncertainty through a trial. We were able to identify some areas of the greatest uncertainty where clinicians and women would consider participating in a study. We gained a lot of useful information about how we could best set up a trial and support clinicians and women to get involved.

Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.014

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics Science Citation Index.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 17/22/02. The contractual start date was in November 2018. The draft report began editorial review in January 2021 and was accepted for publication in June 2021. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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