Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
The 'Big Baby Trial'

1. Is your project research?

(●) Yes ( ) No

2. Select one category from the list below:

( ) Clinical trial of an investigational medicinal product

( ) Clinical investigation or other study of a medical device

( ) Combined trial of an investigational medicinal product and an investigational medical device

(●) Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

( ) Basic science study involving procedures with human participants

( ) Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

( ) Study involving qualitative methods only

( ) Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

( ) Study limited to working with data (specific project only)

( ) Research tissue bank

( ) Research database

If your work does not fit any of these categories, select the option below:

( ) Other study

2a. Will the study involve the use of any medical device without a CE Mark, or a CE marked device which has been modified or will be used outside its intended purposes?

( ) Yes (●) No

2b. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation? ( ) Yes (●) No

b) Will you be taking new human tissue samples (or other human biological samples)? ( ) Yes (●) No

c) Will you be using existing human tissue samples (or other human biological samples)? ( ) Yes (●) No

3. In which countries of the UK will the research sites be located? *(Tick all that apply)*

- [x] England
- [x] Scotland
- [x] Wales
- [x] Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- (•) England
- ( ) Scotland
- ( ) Wales
- ( ) Northern Ireland
- ( ) This study does not involve the NHS

4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

- [x] IRAS Form
- [ ] Confidentiality Advisory Group (CAG)
- [ ] Her Majesty's Prison and Probation Service (HMPPS)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

5. Will any research sites in this study be NHS organisations?

(•) Yes ( ) No

5a. Are all the research costs and infrastructure costs (funding for the support and facilities needed to carry out research e.g. NHS Support costs) for this study provided by a NIHR Biomedical Research Centre, NIHR Biomedical Research Unit, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC), NIHR Patient Safety Translational Research Centre or a Diagnostic Evidence Co-operative in all study sites?

Please see information button for further details.

( ) Yes (•) No

Please see information button for further details.

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) Support and inclusion in the NIHR Clinical Research Network Portfolio?

Please see information button for further details.

(•) Yes ( ) No

The NIHR Clinical Research Network provides researchers with the practical support they need to make clinical studies happen in the NHS e.g. by providing access to the people and facilities needed to carry out research "on the ground".

If you select yes to this question, you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form (PAF) immediately after completing this project filter question and before submitting other applications. Failing to complete the PAF ahead of other applications e.g. HRA Approval, may mean that you will be unable to access NIHR CRN Support for your study.

6. Do you plan to include any participants who are children?

◉ Yes ○ No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes ◉ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes ◉ No

9. Is the study or any part of it being undertaken as an educational project?

○ Yes ◉ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes ◉ No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

○ Yes ◉ No

NOTICE OF SUBSTANTIAL AMENDMENT

Please use this form to notify the main REC of substantial amendments to all research other than clinical trials of investigational medicinal products (CTIMPs).
The form should be completed by the Chief Investigator using language comprehensible to a lay person.

Details of Chief Investigator:

	Title	Forename/Initials	Surname
	Professor	Siobhan	Quenby
Work Address	Clifford Bridge Road, Coventry		
PostCode	CV2 2DX		
Email	s.quenby@warwick.ac.uk		
Telephone	07873416716		
Fax			

For guidance on this section of the form refer to the guidance

Full title of study:	Induction of labour for predicted macrosomia
Lead sponsor:	University Hospitals Coventry and Warwickshire NHS Trust
Name of REC:	South West-Exeter Research Ethics Committee
REC reference number:	18/SW/0039

International Standard Randomised Controlled Trial Number (ISRCTN):	ISRCTN18229892
ClinicalTrials.gov Identifier (NCT number):	

Additional reference number(s):

Ref.Number Description	Reference Number

Name of lead R&D office:	University Hospitals Coventry & Warwickshire
Date study commenced:	1st Janaury 2018
Protocol reference (if applicable), current version and date:	V4.0 30th October 2018 unapproved version
Amendment number and date:	AM03 1st November 2018

Type of amendment

(a) Amendment to information previously given in IRAS

○ Yes ◉ No

If yes, please refer to relevant sections of IRAS in the "summary of changes" below.

(b) Amendment to the protocol

◉ Yes ○ No

If yes, please submit either the revised protocol with a new version number and date, highlighting changes in bold, or a document listing the changes and giving both the previous and revised text.

(c) Amendment to the information sheet(s) and consent form(s) for participants, or to any other supporting documentation for the study

◉ Yes ○ No

If yes, please submit all revised documents with new version numbers and dates, highlighting new text in bold.

Is this a modified version of an amendment previously notified and not approved?

○ Yes ◉ No

Summary of changes

Briefly summarise the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study.
If this is a modified amendment, please explain how the modifications address the concerns raised previously by the ethics committee.
If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained.

Urgent Safety measure – Implemented 30/10/2018, REC notified by email on 31/10/2018.

An error has been identified in the Big Baby participant information sheet in which the risk of shoulder dystocia is underestimated in women with big babies. The incidence of shoulder dystocia is reported as 1 in 150 (0.06%) which is based on the Royal College of Gynaecologists evidence of risk for all vaginal deliveries. However, the risk for women having big babies, defined as >90th centile of their personalised growth chart, is estimated to be 1 in 25 (representing a 4% risk).
Shoulder dystocia is a common cause of NHS litigation, with the Montgomery v Lanarkshire Health Board case (2015) highlighting the importance of providing adequate information about any maternal risk to make autonomous decisions about how to give birth. As women have been misinformed of the risks we need to make women aware of this and provide an opportunity for women to decide whether they wish to continue in the trial or not.
The Sponsor and Chief Investigator considered this high priority and a patient safety issue necessitating implementation of an urgent safety measure. This approach was agreed with Jen Harrison and Dr Janet Messer at the HRA. An urgent safety measure was implemented on 30/10/208 as follows:
• Updated protocol (v4.0 30/10/2018) and patient information sheet (v4.0 30/10/2018) with corrected risk of shoulder dystocia
• Re-consenting of patients who have consented but have yet to give birth
Notification of this urgent safety measure was circulated to all sites on 30/10/2018 requesting immediate confirmation of receipt and implementation.
A risk-based approach has been adopted in re-consenting patients on the trial, depending on their current status in the study. Sites have been provided with the following guidance:
o Women who have yet to be approached/provided the PIS – are to be provided with the new PIS (v4.0 30/10/2018) outlining the appropriate risks with immediate effect.

o Women who have been consented or randomised and are awaiting delivery – Women must be contacted by telephone to advise of the error in the PIS and the revised risk of shoulder dystocia fully explained. Women must be verbally re-consented and evidence of this discussion and agreement to continue in the trial must be documented in

full in the women's medical record. All reasonable efforts must be made to contact the women immediately; and no later than 24 hours of receipt of the email. Repeated attempts to contact the women should be made and documented in the medical records, with unsuccessful contacts noted.

Women who wish to discuss this further should be given the opportunity to do so. If women wish to withdraw from the study the site will need to take prompt action in arranging an obstetric (doctor) review of the delivery options and making any necessary arrangements.

o Women who have already delivered – Sites are requested to review the CRFs for all patients who have delivered to date and where shoulder dystocia has been documented to notify the Trial Managers at Warwick CTU (via Bigbaby@warwick.ac.uk)

We are considering approaches for informing women who have already delivered their baby and will review this with our study medical ethicists and the ethics committee. Further guidance will be provided on this in due course.

o Parallel cohort study - Women who have declined participation in the RCT but agreed to participate in the parallel cohort study do not need to be provided with the revised PIS and they are not required to re-consent as this element of the study is observational.

Any other relevant information

Applicants may indicate any specific issues relating to the amendment, on which the opinion of a reviewing body is sought.

The Chief Investigator and Sponsor would like the ethics committee opinion on the approach to be adopted in informing women who have already delivered their baby. It is felt that this group of women should be informed of the error in shoulder dystocia risk presented in the Participant Information Sheet. We are particularly mindful that this is handled sensitively to minimise any distress to women who have recently given birth.
We have not been able to seek all necessary advice and guidance to inform the approach taken ahead of the 3 day notification deadline for submission of this substantial amendment following implementation of this urgent safety measure. We will provide further clarification of this in a subsequent amendment.
There are two distinct groups of women who have already delivered their baby:
1. Women who have delivered without shoulder dystocia:
a. We propose to contact women to make them aware that the risk of shoulder dystocia presented in the information sheet was incorrect. Contact will be made via their 2 or 6 month postal questionnaire (depending on progress in the trial). A cover letter will provide an apology and explain the change to the risk. A corrected version of the participant information sheet will be provided. Contact details for the site study team and Principle Investigator will be provided should they wish to discuss this further via telephone or face to face.

We will consult our experience team of obstetric clinicians, medical ethicists and also our PPI representatives in the preparation of this letter to ensure this is handled sensitively and appropriately. The cover letter will be submitted as a substantial amendment for ethics/HRA approval prior to implementation

2. Women who have delivered and shoulder dystocia has been documented:
a. We propose a review of all cases where shoulder dystocia has been observed. The Chief Investigator will discuss each case with the Principle Investigator and/or obstetrician responsible for their care and arrangements made to contact the women to provide a verbal apology and explain that the risk had been underestimated. Subsequent to this discussion a personalised letter will be sent to the woman and an updated version of the participant information sheet provided.

We will consult our experienced team of obstetric clinicians, medical ethicists, PPI and also NHS legal representatives to provide appropriate guidance and advice on this and will provide full detail of this approach in our submission of the substantial amendment.

List of enclosed documents

Document	*Version*	*Date*
Protocol-Tracked	4.0	30/10/2018
Participant Information Sheet-Tracked	4.0	30/10/2018
Cover Letter		01/11/2018

Declaration by Chief Investigator

1. *I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for it.*
2. *I consider that it would be reasonable for the proposed amendment to be implemented.*

This section was signed electronically by Professor Siobhan Quenby on 01/11/2018 13:09.

Job Title/Post:	Prof of Obstetrics
Organisation:	University of Warwick
Email:	s.quenby

Declaration by the sponsor's representative

I confirm the sponsor's support for this substantial amendment.

This section was signed electronically by Ceri Jones on 01/11/2018 13:35.

Job Title/Post:	Head of R&D
Organisation:	UHCW NHS Trust
Email:	ceri.jones@uhcw.nhs.uk