Noticias News Nouvelles

Volume 6 Issue 1 **January 31, 2000**

University of Toronto Maternal, Infant and Reproductive Health Research Unit
at The Centre for Research in Women's Health

Suite 751 790 Bay Street Toronto ON CANADA M5G 1N8 tel: 1 416 351 3776
fax: 1 416 351 8131 email: sheila.hewson@utoronto.ca website: www.utoronto.ca/breech

Women recruited in January: 77
Total to date: 1906
What a great start to the new year!

If you recruited a patient during January, our thanks, and keep up the good work.
If you didn't, please take your turn in February!

Number still needed: 894

Plans are now being finalised for the TBT Collaborator's meeting to be held in conjunction with the FIGO meeting in Washington in the fall. Please join us if you are attending FIGO. An agenda will be sent out shortly.

Sunday, September 3, 2000
Hotel Washington
515 - 15th Street NW
Washington DC 20004
The Federal Room, 1200 – 1630h

Mugs this month:

(for centres reaching or passing their annual goal)

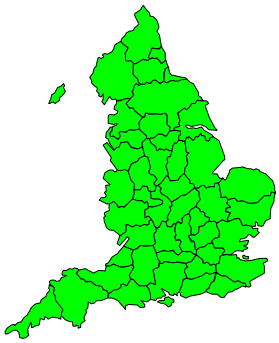
Jundiaí, *São Paulo*, BRAZIL **(#9); Atrium,** *Heerlen*, NETHERLANDS **(#5); Princess Badeea,** *Irbid*, JORDAN **(#4); Nowrosjee Wadia Maternity,** *Mumbai*, INDIA **(#3); Eva Peron,** *Rosario*, ARGENTINA **(#3); King George V Memorial,** *Sydney*, AUSTRALIA **(#2); Islamic,** *Amman*, JORDAN **(#2); NRI of Mother & Child,** *Warsaw*, POLAND **(#2); Assiut University,** *Assiut*, EGYPT **(#2); Hôpitaux Universitaires de Genève,** *Geneva*, SWITZERLAND **(#2); Liaquat,** *Karachi*, PAKISTAN **(#2).**

Centres recruiting their first patient:

Ottawa Civic, *Ottawa*, CANADA; **Royal**, *Chesterfield*, UK.

RECRUITMENT ISSUES IN THE UK… Notes from Treliske

prepared by Pat Rusden



As the TBT Coordinator, my duties to the Trial include 1) developing and implementing the recruitment process and 2) providing education and professional development for the staff.

1) **The recruitment process**:
Each woman receives a TBT information leaflet in her booking pack and each antenatal clinic has its own personally tailored TBT package (with laminated exclusion criteria, complete TBT information, consent forms and baseline data sheets).

If a woman is found to be breech at the 36 week check:
The registrar tells her that Treliske is dedicated to the TBT and that a midwife is available to discuss the Trial with her and her family on a one to one basis. The registrar arranges a scan to confirm her eligibility and lets me know about the client. I telephone her and briefly discuss the trial, telling her that she is lucky in that she has three options. This gives the mother time to adjust to the fact that her baby is breech, with the knowledge that someone is particularly interested in her and her baby. I make an appointment to give her further information and to view the video. (This can be done at her scan appointment or at a home visit once we have the relevant clinical details for randomisation.) I then state clearly again that the mother has three options: the TBT (to which the hospital is dedicated) or the option of Caesarean or vaginal delivery. Risks and benefits are fairly presented. If women tell me that they themselves were breech or that a family member has had a breech delivery, they will often consider entering the Trial for altruistic reasons. At the home visit, I stress safety, sharing and helping others. If necessary, I will make a second visit to obtain consent, and I also ask that another family member is present when the consent is signed. I then tell them the date and time at which I will inform them of their randomisation group. If the allocation is to Caesarean Section, I make the booking and give the woman her date of admission as well. Everything is documented in the client notes and the Community Midwife and General Practitioner are informed. For most women, the opinion of their midwife and physician is very important and therefore it is vital that we all say the same thing and gain their trust. “We must all sing from the same hymn book.”

2) **Professional development and education**:
Initially a presentation was made to all medical staff and hospital and community midwives and this is repeated to new staff members on their first day. Each person receives a TBT package and I ensure that they watch and inwardly digest the video. The main purpose is to make the TBT a part of their culture. Among all colleagues, the approach needs to be continuous, like a dripping tap. Part of this continuous professional development may require a change in attitude, the promotion of evidence-based practice and the sharing of ideas with others. If the midwives feel, as many do, that client choice is inhibited by the process of randomisation, because all eligible TBT clients must be highly suitable vaginal delivery candidates, I encourage them to add to the evidence for their evidence-based practices and to develop a balanced way of describing the three care options. Each month the TBT achievement figures are published for everyone’s attention. I have slowly made progress, gaining the support of Team Leaders and Registrars, Community Midwives and General Practitioners by using the hospital computer system, local antenatal classes and the radio hospital newsletter. The most important message is that our hospital is dedicated to the TBT.

Interim II – Planning for the second interim analysis

Only 24 cases recruited on or before September 14, 1999 still have outstanding booklets.

If one of these cases is from your centre, you will have been notified about it. **Please send the data to us by fax, courier or email right away.**