

Noticias News

Nouvelles

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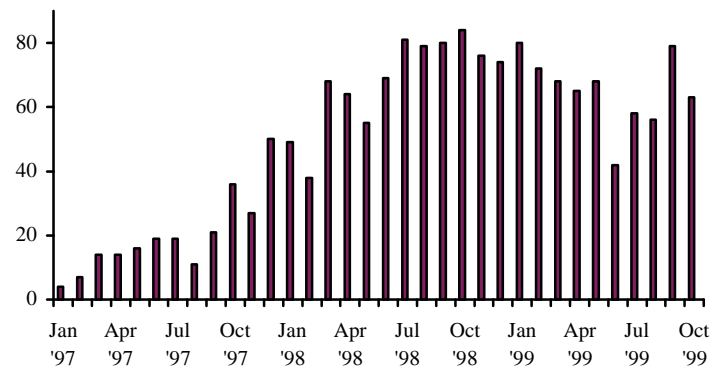
University of Toronto Maternal, Infant and Reproductive Health Research Unit
at The Centre for Research in Women's Health

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

1708 women enrolled. Total in October: 63

We have now recruited just over 60% of our total sample, and the TBT today is more than 5 times larger than the systematic review of RCTs comparing elective Caesarean section and planned vaginal birth for the term breech fetus.

We're getting there, but in order to achieve our goal of completing the trial by December 2000, we must enrol approximately 80 women a month. Please join in the push to finish the trial next year.



Successful Recruitment

Some centres have indicated that one of the main problems they have with recruitment is that women have made up their minds as to what type of delivery they would like by the time they are approached about the Term Breech Trial. If this is true for you, try to arrange a system of earlier referral – so that the Term Breech Trial can be presented positively, as an option that is as good (or better) than the others, before women make up their minds as to what they would prefer.

Mugs this month:

for centres reaching or passing their annual goal)



Atrium, Heerlen,
NETHERLANDS (#4); **Materno**
Infantil, Goiania, BRAZIL (#3);
Distrital, Faro, PORTUGAL (#3); Mona Vale, Mona Vale, AUSTRALIA (#3);
York County, Newmarket, CANADA; Prof A Posadas, Buenos Aires, ARGENTINA.

Centres recruiting their first patient:

Holy Family, Bethlehem, PALESTINE.

The Listserv is up! If you haven't received an email message welcoming you to this new venture, please send us your email address so that you can join your TBT colleagues for discussion. Look for a brief introduction, enclosed.

You have asked us about . . .



1. taking cord blood

When the baby is born a cord clamp is placed very near to the baby's umbilicus and a surgical clamp is placed next to the cord clamp. The cord is then cut and the baby is separated. (This is the normal procedure for all babies).

After the baby is separated, the placenta and the cord with the surgical clamp on it will still be attached to the mother. Take 2 more surgical clamps and place them very close to each other about 12 inches from the end of the cord, then cut the cord a second time between the 2 clamps. This will leave a 12 inch section of cord with a surgical clamp on each end. This section of cord can be taken to the side, and a heparinized syringe can be used to obtain blood from the artery in the cord (the smaller vessel). It is very important that the 2 clamps remain on the ends of the section of cord until the sample is drawn. If they are removed, the blood will drain out and the artery will not be visible. Some cords are quite thin and it may not be possible to get blood from the artery. In this situation it is usually possible to get it from the vein, which is much larger.

If the blood sample cannot be taken immediately after the section of cord is removed, the cord can be put on ice and the sample taken within 15 minutes or so. If the section of cord is not put on ice, the blood is likely to clot and it will not be possible to obtain the blood sample.

2. using nitroglycerin for a trapped head

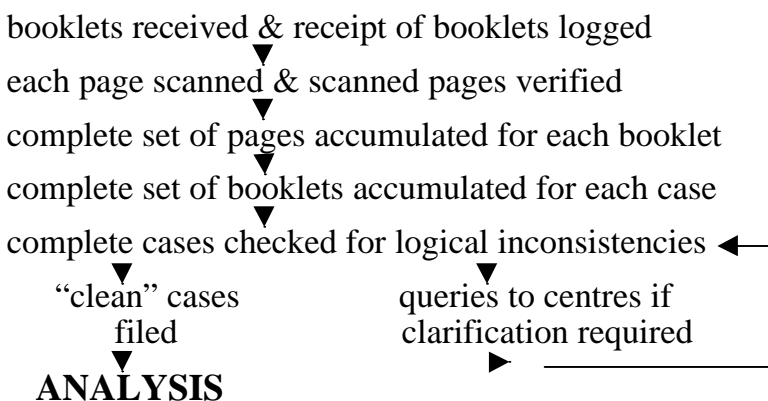
If the aftercoming head becomes stuck behind an incompletely dilated cervix, one option is to consider using, initially, a uterine relaxant such as nitroglycerine. The usual dose is 50-100 mcg, which can be given as 2 sprays sublingually, or by diluting a 10 cc vial containing 50 mg of nitroglycerine into a 500 cc bag of Normal Saline and then withdrawing 0.5 to 1.0 cc (which contains 50-100mcg).

Interim II – Planning for the second interim analysis



Since September 14, 1999 when the 1600th case was enrolled, we have begun the preparations for the second interim analysis. We anticipate that the last patient will have delivered by October 1, and that the last 6-week check of mother and baby will be finished by November 15. Therefore, we hope to have all data reach the Data Coordinating Centre by December 1.

During this period, this is what happens to the data:



Reminder: send in TBT data for arrival by December 1

We're counting on you to help us achieve this goal. Please send all data booklets and query responses as quickly as possible. If you can phone, fax or email the information, please do (and then mail the originals as usual). If you have a bulky package to send, please use some of your study funds to arrange for courier delivery. Thanks for your help with this.

Mode of Delivery Report

By now, all recruiting centres will have received the October 1st compliance figures. We are pleased to note that 55.4% of women allocated to planned vaginal birth actually delivered vaginally (expected rate for the trial >50%). In the group allocated to Caesarean section, 89.7% were delivered by Caesarean (expected rate for the