

Contact the WILL Team

Any queries please con-tact one of the team:

Professor Laura A. Magee Chief Investigator Laura.A.Magee@kcl.ac.uk

Sue Tohill (North) Lead Research Midwife Sue.Tohill@kcl.ac.uk Tel: 0207 836554 EXT: 89548 Mob: 07773970879

Julie Wade (South) Lead Research Midwife Julie.Wade@kcl.ac.uk Tel: 0207 836554 EXT: 89548 Mob: 07970338451

Kiran Sunner Senior Trial Manager WILL@trials.bham.ac.uk Tel: 0121 4145 9109

Ruth Evans Data Manager WILL@trials.bham.ac.uk Tel: 0121 415 9111

Mary Nulty **Senior Data Manager** WILL@trials.bham.ac.uk Tel: 0121 415 9112

Clive Stubbs Team Leader WILL@trials.bham.ac.uk Tel: 0121 415 9117

Birmingham Clinical Trials Unit (BCTU) Institute of Applied Health Research Public Health Building University of Birmingham Edgbaston, Birmingham

> B15 2TT Tel: 0121 415 9109



WILL Trial



JULY

ISSUE 4

aood work!

Welcome to the 4th edition of the WILL Trial Newsletter

Summer may have been a bit rainy so far, but the WILL team are still feeling sunny and positive as we open more sites to the study!

Race on for first recruit! We look forward to sending out a **PRIZE** to the site that recruits the first WILL participant. We have seen a lot of screening activity on the database so far, so keep up the



2019

New sites open to WILL We now have 7 sites open

to recruitment! In addition to Leeds and St Thomas', we also have West Middlesex, Birmingham Women's, Liverpool Women's Hospitals, Bradford Royal Infirmary, and Princess Anne Southampton as the latest sites to be given the green light.

The following sites are also close to opening: Croydon University Hospital, Leicester Royal Infirmary, Nottingham University Hospitals and St Mary's Poole.

In preparation for opening, it would really help the WILL team at BCTU if each site team could designate a 'point-person' who will deal with the local paperwork. Please let Mary know who this is. Thank you!

Launch ideas & Famous 'Wills'



Jess from **St Thomas' Hospital** (left) designed some WILL laminated pocket guides for her team, highlighting inclusion/exclusion criteria, gestations for consent and randomisation and reminders of the trial arms.

Great way to remind everyone about WILL!

Please share with us any handy tools or ideas that you have at your sites too, and with your permission,

we will make these available to the other sites.

Leeds Hospitals (right) celebrated the launch of WILL with some famous 'Wills' visiting clinical staff around the unit. Prince William and Will Smith were only too happy to let everyone know all about the trial!



Remember to share your pictures on our Twitter page too (@WillTrial).

Screening

Please record all of the hard work you're doing. Also, this will enable us to see how women are recruited and describe the general isability of the trial results.

- Don't forget to add onto the database all of the women who you screen, even if they decline.
- This includes women to whom you give a WILL Introductory Pamphlet even though they are not yet at an eligible gestational age — you can update their screening page when they are eligible.







Sophie Dann, Research Midwife/PI Birmingham Women's Hospital



We need your ideas for red themed treats to send to sites throughout WILL



Please don't hesitate to contact us if you need anything.



WILL Trial Newsletter

Website: www.birmingham.ac.uk/WILL

Our First Research Midwife as Pl

It is fantastic that ${\bf Sophie}$ is our first PI who is a Research Midwife. We asked Sophie a few questions:

What has motivated you to be a PI?

I was really keen to take on more responsibility and my manager has encouraged all research midwives to consider becoming PIs. I have not done this role before, but I am now a PI on 2 studies (WILL and Napes).

How have you prepared yourself to be the PI for WILL?

All of the research midwives in my team attended a CRN PI Masterclass. This has since been replaced by a couple of NIHR courses for local trusts and organisations: "PI Essentials" for new PIs and "PI Masterclass" for experienced PIs. Courses are 3 hours long and really practical. The PI Essentials provides an overview of the role and responsibilities, and what support and resources are available.

Why do you think that it is important for RMs/RNs to be PIs?

It is important that we have confidence in our abilities and remember that PIs don't automatically have to be doctors. RMs/RNs are often more familiar with trials and have more patient contact on some studies, so it seems a natural role for us to take on (when appropriate).

What advice can you give to others who would like to be a PI for WILL?

Good support is invaluable. My manager is mentoring me in this role and one of our consultants is happy to support me as PI of WILL.

WILL teleconference

We held our first WILL teleconference on the 12th June. Thank you to all of you who were able to join us. It was great that so many of you rang in.

It was a great opportunity to discuss WILL and for our first 2 open sites (Guys & St Thomas' Hospital and Leeds Teaching Hospitals) to chat about how WILL was going. We had lots of discussion about screening, eligibility, recruitment and when is the best time to introduce WILL to women with hypertension.

Top Tips for 'approaching women to introduce WILL':

- As early as possible in their pregnancy (easier for women with chronic hypertension)
- During the antenatal appointment when the birth plan is discussed
- To give women the Introductory Pamphlet as soon as possible before 36^{+0} weeks' gestation

Next teleconference will be **23rd July 2019 09.00-10.00am.** We will circulate an invitation with the dial-in details. Please join us.

Site Initiation Visits

Having recently been welcomed by James Cook Hospital and St Mary's Hospital Manchester for SIVs, we have more planned over the next few weeks:

Norfolk & Norwich University Hospitals NHS Foundation Trust-3rd July

York Teaching Hospital NHS Foundation Trust-11th July

Royal United Hospitals Bath NHS Foundation Trust-9th July

North West Anglia Foundation Trust—16th July

FAQs

Q. Is a woman still eligible if a plan for birth has been documented in her medical notes (e.g. 39 weeks)?

A. Yes, but only if her obstetrician is willing to book her C/S or IOL at 40^{+0} weeks or beyond if she is randomised to the expectant management arm or at $38^{+0} - 38^{+3}$ weeks if in the early term delivery arm.





