



## Contact the WILL Team

Any queries?

Please contact us:

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

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 9112

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

ISSUE 6

SEPTEMBER 2019



## Recruitment update for August!

We are very excited to report that as of 31st August 2019, we had **10** WILL recruits from 5 sites! **Seven of these recruits were in August.**



Our top recruiter was St Mary's, Manchester, with an incredible 3 women. Followed closely by St Mary's Maternity Unit, Poole, where 2 women were recruited in 2 days!!

Congratulations also to West Middlesex Hospital and Leeds Teaching Hospitals, each of which recruited 1 woman in August.

This is fantastic, keep up the great work.

**On page 3, please see the recruitment table that lists all open/nearly-open sites for the pilot phase.**

## WILL database - Screening page

Please remember to record all of the hard work you are doing and enter women that you screen onto the database.

### For which women should you complete a screening page?

All women with a diagnosis of a hypertensive disorder of pregnancy who you evaluate for the trial. In this way, we will have a record of all ineligible and eligible women, and whether the latter group of women consent.

- If women with chronic or gestational hypertension are <36+0 weeks, please enter them into the database, but arrange follow-up with them at 36+0 to 37+6 weeks. We are working on a database revision to assist with this task.

### For which women should you NOT complete a screening page?

Women who do not have a diagnosis of a hypertensive disorder of pregnancy.

### Tips when completing screening page:

- If 'Care-provider does not want them to participate' is chosen as the reason for declining consent, please could you check with the clinician if the reason could be classified as 'Contraindication to either one of the trial arms'. (Please contact the WILL team if you need any help in clarifying the reason.)
- **CRF notes box:** please use this box at the bottom of the screening page to make any notes that may be helpful to you, such as when you will be seeing the woman next. Also, please record here any other information that you feel would be helpful to the WILL team.

## Textlocal: 6-week postpartum questionnaire

The Textlocal system has now sent out the link to the online questionnaire to our first few participants who are now 6 weeks postpartum.

Please can you check that a current telephone number for all women is recorded on the *Baseline* form. Please remember that if your participant indicates that she would like the research staff at her site to complete the questionnaire with her (over the phone or in person), you will receive an email notification asking you to contact her.



## Childbirth Experience Questionnaire (CEQ)

Things to consider:

- Ideally the CEQ should be completed before discharge home.
- If this is not possible and women take home the questionnaire, provide them with an envelope to use to increase the chance that they will return the questionnaire.
- You can use an interpreter, partner, or other family member to help to complete the CEQ.
- 'Labour & birth' applies to childbirth, which also includes Caesareans. There are 2 questions (2.10 and 2.11) about birth positions which will be relevant to women having C/S only if they first laboured. If women have no labour, then please leave the question about birth positions blank. We are working on a database revision to add 'not applicable' beside these questions.
- Give women the CEQ prior to delivery if this is likely to be on a weekend, bank holiday, or a day when research staff are not around, so that she is not missed. You could consider doing this for all women, as their knowledge of the questions in advance may not be a bad thing.

### Collection of the CEQ out of hours/weekends—suggestions:

- Leave a box on the ward so women can place their completed questionnaires in it.
- Ask women to give their completed questionnaire (in an envelope) to ward staff.
- Ask women to post the questionnaire to you if they need more time to complete it.

### If the CEQ is not given to/completed by women prior to discharge:

- Telephone the woman after discharge to see if she would like to complete the CEQ with you over the phone.
- Telephone/text the woman after discharge to remind her to return the CEQ and see if she has any questions or she needs you to send her another copy (NB: we are not providing freepost envelopes for return back to you).

## WILL teleconference

We held our third WILL teleconference via Zoom conferencing on the 28th August. Thank you to everyone who was able to join us. We would like to apologise for the difficulties and thank you for your patience. We hope you saw the funny side! We always aim to make WILL fun to work on and we think we have succeeded!



We still had lots of discussion about where to screen for potential women and how to build a rapport for clinical areas to promote WILL.

### Top Tips for 'promoting WILL in clinical areas':

- Screen daily for potential women in all clinical settings where women with hypertension may be seen.
- Be as visible as possible to help build a rapport with clinical areas.
- Leave contact details so that staff can call you if they see any eligible women.
- Use the WILL 'Certificates of Recognition' to thank staff for helping to identify women.
- Leave WILL pens/posters in clinical/staff areas.
- Promote WILL at medical/midwifery meetings, study days, mandatory days.

**Please ask the WILL trial office for any promotional material/posters that would help or if you would like us to come and talk at one of your sessions.**

Next Zoom teleconference will be **30th September 2019 09.30-10.30am**. We will circulate an invitation with the log in details. Hope you can join us.

## FAQs

**Q. Would a woman planning to have an elective C/S be eligible for WILL?**

**A: Yes. A woman who is having an elective C/S (or VBAC) is eligible for WILL. However, the decision would be made on an individual basis and her obstetrician (and the woman) would need to be happy for her to be in either trial arm, which could mean that she would have to wait until 40+0 weeks if she were randomised to the planned expectant care at term arm.**



### Emails and links:

Nhs.net email:  
gst-tr.willtrial@nhs.net

WILL team at BCTU:  
will@trials.bham.ac.uk

Website:  
www.birmingham.ac.uk/  
WILL

Database:  
Trials.bham.ac.uk/WILL

Test database:  
Trials.bham.ac.uk/WILLTest



Please keep providing feedback about what is going well and any comments that you have



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



## The WILL Team — Who to contact

### WILL at BCTU

Randomisation challenges  
or telephone randomisa-  
tion

Supplies/merchandise

SAE reporting

Database administrative  
issues, e.g. passwords

Payments for recruits

### WILL Lead Research

#### Midwives (Sue & Julie)

Recruitment questions  
(eligibility, screening,  
etc.)

Clinical questions/protocol  
questions

Data form completion  
(including adjudication of  
maternal outcome page)

Data queries

Help with talking to clini-  
cal staff

**10 Recruits**



## WILL monthly recruitment table

**Total recruitment as of 31st August 2019**  
(shaded area is prior to site opening)

|   | Jun-19   | Jul-19   | Aug-19   | Total     |
|---|----------|----------|----------|-----------|
| Leeds Teaching Hospitals                | 0        | 1        | 1        | 2         |
| St. Thomas' Hospital                    | 0        | 0        | 0        | 0         |
| West Middlesex Hospital                 | 0        | 0        | 1        | 1         |
| Birmingham Women's Hospital             | 0        | 0        | 0        | 0         |
| Liverpool Women's Hospital              | 0        | 2        | 0        | 2         |
| Bradford Royal Infirmary                | 0        | 0        | 0        | 0         |
| Princess Anne Southampton               |          | 0        | 0        | 0         |
| Croydon University Hospital             |          | 0        | 0        | 0         |
| Nottingham City Hospital                |          | 0        | 0        | 0         |
| Nottingham Queens Medical Centre        |          | 0        | 0        | 0         |
| Leicester Royal Infirmary               |          | 0        | 0        | 0         |
| St Mary's Manchester                    |          | 0        | 3        | 3         |
| St Mary's Maternity Unit Poole          |          |          | 2        | 2         |
| Norfolk and Norwich University Hospital |          |          | 0        | 0         |
| York Teaching Hospital                  |          |          | 0        | 0         |
| Singleton Hospital Swansea              |          |          | 0        | 0         |
| Royal United Hospital Bath              |          |          |          |           |
| North West Anglia NHS Foundation Trust  |          |          |          |           |
| James Cook University Hospital          |          |          |          |           |
| Sunderland Royal Hospital               |          |          |          |           |
| <b>Total recruitment</b>                | <b>0</b> | <b>3</b> | <b>7</b> | <b>10</b> |

**Thanks to all the sites that have recruited so far. It's been a great start to the trial. Let's see if we can aim higher for the end of September!**

