Research at the Rosie

The Rosie hospital works closely with the medical school of the University of Cambridge. We are often involved in research. If you are approached to be involved in collection of data etc, we hope that you will give it your full consideration, and your written permission will always be sought. If you decline to be included, it will in no way affect your care or treatment. At all stages you will be able to discuss your care with your midwife. Please do not hesitate to ask questions, if you do not fully understand what is being discussed.

The Rosie Hospital undertakes research related to women’s reproductive health, pregnancy, labour and newborn babies’ health and wellbeing. Research is important because it helps to improve your healthcare by finding out which treatment work best and why, so that there are ever better outcomes for mothers and babies. We all benefit at some stage in our lives from care or treatment that has in some way been developed and improved thanks to research. For up to date information on research being done at The Rosie please check the noticeboard situated in the corridor leading to the Ultrasound Department.

How can you find out more

Patients are very important in designing and improving future research. Your midwife, doctor or nurse might talk to you about taking part in a clinical research study as part of your care, but you can also ask them about clinical studies that might be suitable for you. Some studies currently being done at The Rosie are listed below but more are always starting, so do contact us if you would like to find out more, by emailing our Research Midwife Amy Sutton-Cole on 01223 274228 or at amy.sutton-cole@addenbrookes.nhs.uk

DiGest

Participate in a research study about nutrition in gestational diabetes. We are running a research study to assess the best diet for women with gestational diabetes. This study will test two diets with different total calorie intake to identify which is healthiest for mums and babies.

Contact details: add-tr.digeststudy@nhs.net

GEM3

To assess the effectiveness of a combination of methotrexate and gefitinib against
methotrexate alone in terms of the need for surgical intervention for ectopic pregnancy.

**Gut Hormones in Pregnancy (GHIP)**

The GHIP study Team are looking for women with a viable pregnancy on scan dating them between 7+0 and 11+0 weeks to donate a one off blood sample. The samples will be used to compare the gut hormones of women with Hyperemesis to samples from pregnant women with little or no nausea.

**Inhaled Oxytocin**

In the UK and many other countries a medication called oxytocin is available to prevent heavy bleeding after a baby is born. This can be a lifesaving drug, but as it needs to be refrigerated it is often unavailable in low income countries.

The Rosie Hospital is working with GSK (a pharmaceutical company) on a not-for-profit project to develop an inhaled form of oxytocin. Unlike oxytocin which is currently available, it would not need to be refrigerated, and could be given using an inhaler (similar to the ones used for asthma). Therefore, it could be used to save the lives of women who give birth in the developing world.

We are looking for healthy pregnant woman to help us with this important trial.

**Support**

Researchers supported by Tommy’s are comparing three ways of treating a short cervix during pregnancy to help stop babies being born too early.

**OPTISurf**

Optimising surfactant delivery for preterm babies born below 37 weeks gestation in the UK, using national data from the National Neonatal Research Database.

**Cleft Collective**

The Cleft Collective cohort studies will investigate the biological and environmental causes of cleft, the best treatments for cleft and the psychological impact of cleft on those affected and their families.

**TOPSY**

Pelvic organ prolapse (or prolapse) is a common condition in women where the pelvic organs (bladder, bowel or womb) descend into the vagina and cause distressing symptoms
that adversely affect quality of life. Two thirds of women initially choose a vaginal support pessary to treat their prolapse symptoms. It is usually fitted at a gynaecological clinic and the woman returns every 6 months to have it removed and changed.

However, it is possible that women could remove, clean and reinsert their pessary themselves at home (self-management), thus offering them more confidence in their ability to maintain and improve their own health.

Multi-centre randomised control trial, with nested process evaluation, to test the clinical and cost-effectiveness of self-management of vaginal pessaries to treat pelvic organ prolapse, compared to standard care to improve women's quality of life

**ALIFE-2**

ALIFE 2 is a multi-centre randomised clinical trial to compare Low Molecular Weight Heparin (LMWH) with standard pregnancy surveillance in women with inherited thrombophilia (a blood clotting problem) and a history of recurrent miscarriage (RM).

Women with a history of RM (2 or more not necessarily consecutive miscarriages or intra-uterine foetal deaths), confirmed inherited thrombophilia and who are attempting to conceive or are less than 7 weeks pregnant (based on first day of last menstruation) will be registered onto the study. Participants will be randomised to one of two groups.

Participants in group 1 will inject LMWH once daily, starting immediately after randomisation. LMWH will be discontinued at the beginning of labour.

To find out more about participating in the trials above or to ask what other trials are available to women and babies at the Rosie please contact the research team directly using the details below.

**Telephone:** 01223 274228