

# 1<sup>ST</sup> CLASS DELIVERY

Newsletter Issue 2, September 2020

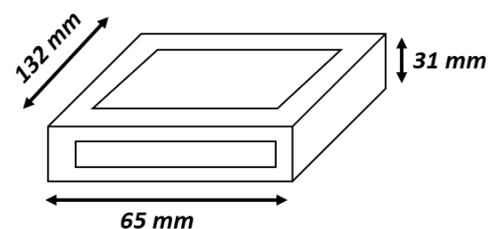


## COPE Kits update - ready early November 2020

- Bespoke carboprost placebos are currently being manufactured following a successful test run using custom-made machinery.
- Kits will be ready for delivery to sites early November. Greenlights can be issued and recruitment can begin immediately once the kits are ready. Please do provide outstanding documents required for greenlight to [cope@liverpool.ac.uk](mailto:cope@liverpool.ac.uk)



Kit dimensions



## Training Resources

- [www.copestudy.uk](http://www.copestudy.uk) > Site Staff > Login > Training
- Downloadable links to:
  - Training presentations (Inc. embedded training videos)
  - Training documentation
  - Pharmacy documentation
  - Recruitment tips
- Training material should be used for dissemination to the wider team following the training visit conducted by the central COPE team



Please contact your PI or  
[cope@liverpool.ac.uk](mailto:cope@liverpool.ac.uk)  
to obtain login details



## Investigators Meeting

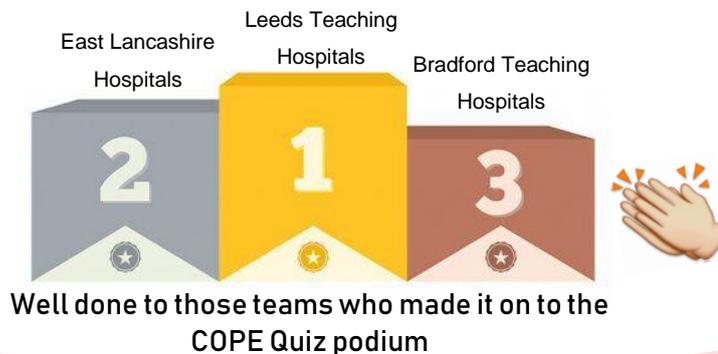
Thank you to all the smiling faces that attended our first virtual investigators meeting in July. We were so happy to have such good representation with 80+ attendees from across 25+ sites. We hope you found it as informative as we did - thank you for sharing your knowledge with us!

**COPE INVESTIGATORS MEETING**  
FRI 10<sup>TH</sup> JULY 2020 14:00 – 17:00  
ZOOM VIDEOCONFERENCE

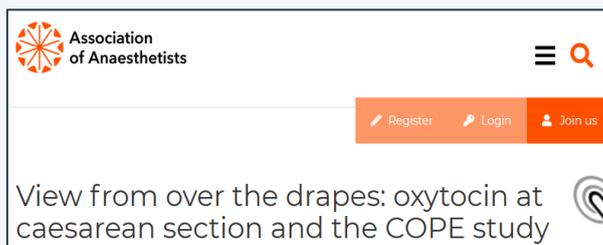
Including:

- Site refresher training
- Recruitment efficiency
- Consent difficulties
- Site greenlight

Request details via:  
[cope@liverpool.ac.uk](mailto:cope@liverpool.ac.uk)



- The COPE Team discusses the differences in the use of oxytocin during usual practice between anaesthetists and obstetricians in the below article, also due to be published in the November Issue of *Anaesthesia News*.



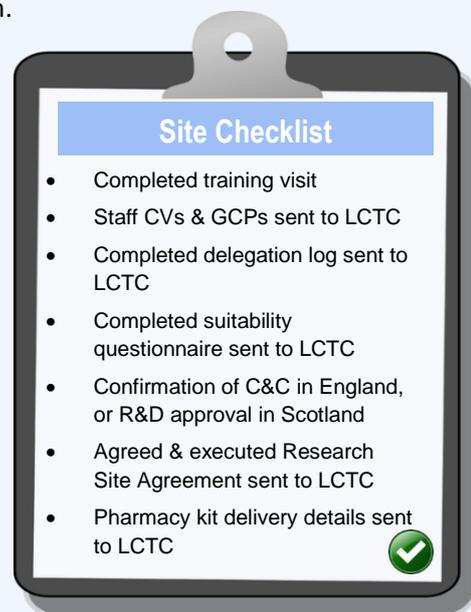
Click to read

- As a result of the differences, the COPE protocol has now been amended from “10 IU oxytocin by slow intravenous injection over 2 minutes” to:

**“Oxytocin (5 IU for caesarean section or 10 IU for vaginal delivery) by slow intravenous injection over 2 mins”**

## Site information & FAQs

- What is the recruitment target set by the average site?**
  - Average sized sites are aiming to recruit between 4 and 6 women per month.
- What happens if we cannot approach a woman recruited via the emergency pathway to seek postnatal consent within 24 hours?**
  - Women (recruited via emergency pathway) should be approached to provide postnatal consent approx. 24 hours after randomisation. If this is not possible, measures should be taken to ensure that women are approached prior to discharge. There is the option to post home consent paperwork, however this will be very time consuming for sites and only reserved as a last resort.
- At randomisation, the next sequentially numbered kit for the particular mode of birth should be selected. How will we achieve this if multiple fridges are used?**
  - Upon randomisation, within the nearest fridge, the next sequentially numbered COPE kit for the particular mode of birth should be selected, i.e. within the nearest fridge, the lowest kit number for the particular mode of birth should be selected regardless of the kit numbers in other fridges.
- Do support staff need to go on the delegation log?**
  - No, support staff do not need to go on the delegation log, their training should be recorded on the COPE training log, only. Support staff are those completing one/more of the following tasks: Assessment of eligibility form completion (confirmation of eligibility sign-off is to only be completed by a doctor delegated to do so), collection of COPE kit, IMP accountability.



**Please send the following ASAP to LCTC so that site greenlight can be issued:**  
CV/GCP certificates, completed delegation log (min. roles required: PI, co-I, research midwife & pharmacy representative) & signed site agreement.