



Mater Research Support Centre Mater Misericordiae Health Services

MRSC Newsletter

December 2003, Issue 1

Welcome to the first edition of the MRSC newsletter. We intend that an edition will be produced quarterly and circulated electronically to those on our mailing list. If you wish to join our mailing list please email Anne-Maree Stout at [Anne-Maree Stout@mater.org.au](mailto:Anne-Maree_Stout@mater.org.au).

Each edition will have a focussed theme and will contain information regarding our research support activities such as research grants available, publications produced, upcoming conferences and workshops, as well as other information about the activities of the MRSC and other associates such as the Centre for Clinical Studies (CCS). This first edition is an introduction to the Centre and its staff. Feel free to contact us if there is any information you would like to include in this newsletter, have any comments or wish to contact any of our staff by emailing: Anne-Maree Stout at [Anne-Maree Stout@mater.org.au](mailto:Anne-Maree_Stout@mater.org.au).

About The Mater Research Support Centre

The Mater Research Support Centre has been set up to encourage and support staff to carry out quality research. We see research as "investigation or experimentation aimed at the discovery and interpretation of facts" or "the collecting of information about a particular subject". If you would like advice or assistance with research or audit activities, our team of experienced researchers are here to assist you. We offer assistance in the following areas:

- Design of Research Projects
- Database design, statistical analysis and interpretation
- Questionnaire design and analysis
- Advice on submission applications for funding
- Advice on manuscript preparation
- Advice on research methodology
- Provision of education activities of research methods and evidence based practice
- Provision of tools to assist in research eg statistical programs and helpful links
- Cochrane Systematic reviews – using and doing reviews
- Clinical Practice Guideline development

We are now on the Mater Intranet – Visit our Website via the Mater Intranet, clicking on “Departments” and then Mater Research Support Centre.

RESEARCH GRANTS SOON TO CLOSE

NHMRC Palliative Care Research Grants

The Palliative Care Research Grants aims to improve the quality of palliative care by undertaking a range of research capacity building initiatives. As part of this, applications are called for Palliative Care Research funding in four broad areas. Research grants will be for up to two years and up to \$150,000 indicatively.

CLOSING DATE 19 December 2003

Queensland Nursing Council

Each year, Council provides up to \$165,000 in research funding. There are three categories of research grants available: novice researcher, experienced researcher and the Florence Chatfield Grant. The specific value of each grant depends on the nature and the number of applications received.

CLOSING DATE 2 February 2004

Health Services Research Grants (previously referred to as Collaborative Health Systems Research Grants)

The Health Services Research Program has been specifically designed to support consortia, comprising researchers, clinicians and health service providers, with the capacity to engage policy makers. The first round of Health Services Research Grants will focus on the *Economics and Financing of Health*.

CLOSING DATE 6 February 2004



HOW WE CAN HELP YOU

Interest and Experience of the MRSC Staff

Allan Chang (Director) has a PhD in Fetal Blood Gas studies, and **Vicki Flenady** (Deputy Director) has a Masters in Clinical Epidemiology. **Richard Hockey** is a Statistician and has a Bachelor of Science. Between these three there is sufficient knowledge and experience in research design, data analysis, statistical procedures and manuscript preparation to help the beginners and solve common problems of research. **Sue Jenkins-Manning** has a BNursing and is an Endorsed Midwife and a Grad. Cert in Clinical Trials Management. She has successfully organised a number of multi-centred trials at the Mater Mothers' Hospital and therefore has an understanding of the problems and pitfalls of the clinical interface. She can advise and supervise the clinical interface, and help research assistants if they are inexperienced or unfamiliar with the Mater set-up. **Anne-Maree Stout** is the MRSC Executive Support Officer and can assist with any enquiries you may have. As Anne-Maree knows the experience, skills and interests of all the staff at the MRSC she should be your first contact if you are unaware or unsure of whom to contact for assistance and/or advice. Anne-Maree comes from a teaching and administration background and has extensive teaching experience at TAFE level in PowerPoint, Word and Excel.

Richard and Allan have some computing experience, and are able to help with some computing within the constraints of manpower and existing skills. Vicki and Sue are members of the Cochrane Collaboration, and are familiar with both the concepts and the procedures of systematic review and the development of evidence based clinical practice protocols.

All of the staff have some experience in developing small databases that are commonly used to manage research data. We are happy to share our experience and assist those requesting support with the setting up of simple databases.

To contact MRSC staff either phone 3840 1591, fax 3840 1588 or email our Executive Support Officer, Anne-Maree at Anne-Maree_Stout@mater.org.au.

For further information on the activities of the MRSC go to the MRSC website on the Mater Intranet, clicking on "Departments" and then Mater Research Support Centre.

Interest and Experience of the CCS Staff

Katie Welsh has a Bachelor of Business – Health Administration and is a qualified JP. (Katie is currently on leave until April 2004.) Her current role is Cochrane Project Officer for the Centre for Clinical Studies where she is involved in the coordination/support of a large number of clinicians undertaking Cochrane systematic reviews for the Cochrane Collaboration, and support with the collection and synthesis of evidence based health care information. Katie can offer assistance with developing search strategies, literature searching, database design, systematic review processes, and manuscript preparation for publications. **Karen New** is a Registered Nurse (RN) and Endorsed Midwife (EM) and is currently undertaking a Grad. Cert. Nursing Sciences (Neonatal Care). Karen's current project is co-ordinating the development of clinical guidelines for cessation of smoking in pregnancy. **Leigh Davis** (EM) has a PhD in Social Sciences. Leigh's current role in the CCS is as Research Officer undertaking a Cochrane Review on Family Centred Care in Paediatrics. **Katie Waters** has a BA (Midwifery) and will commence a Masters in Public Health in 2004. Katie works as a Research Assistant involved with the obstetric multi-centred trials and is assisting Vicki Flenady with the development of clinical practice guidelines on Perinatal Mortality Audit. **Renee Mounthey** (RN and EM) has a Grad Cert. in Neonatal Intensive Care. Renee works as a Research Assistant involved with the neonatal clinical studies. **Sue Curtin** (EM) is a Research Assistant on an observational paediatric study. **Camilla Bennett** is the Administration Officer for CCS.

To contact CCS staff either phone 3840 1591, fax 3840 1588 or email our Executive Support Officer Anne-Maree Stout at Anne-Maree_Stout@mater.org.au.

For further information on the activities of the Centre for Clinical Studies go to the CCS website on the Mater Intranet, clicking on "Departments" and then Centre for Clinical Studies – Women's and Children's Health.



RISK RATIO, ODDS RATIO AND RISK DIFFERENCE – WHAT IS THE DIFFERENCE

Probably no statistic is more often misused, misnamed or misunderstood than the Risk Ratio (RR) or as it is more commonly called, the Relative Risk. Frequently you find the terms Relative Risk and Odds Ratio (OR) being used interchangeably as if they are the same thing. The question is are RRs and ORs the same? The answer being, sometimes.

Firstly we need to look at what they are measuring and how they are calculated. Take the following 2x2 table:

	Diseased	Not Diseased	Total
Exposed (treatment) p1	a	b	a+b
Not Exposed (control) p0	c	d	c+d
Total	a+c	b+d	

The risk of the disease in the exposed group $p1 = a/(a+b)$ and in the unexposed $p0 = c/(c+d)$. Thus the Risk Ratio = $p1/p0 = (a/(a+b))/(c/(c+d)) = a(c+d)/c(a+b)$ while the Risk Difference is just the difference between $p1$ and $p0$. The interpretation of these two statistics is relatively straight forward. A RR of 1 indicates no association between the exposure and the disease while a RR <1 indicates that the exposure is protective and >1 indicates that exposure is associated with a greater risk. The further away from 1, the stronger the association. The Risk Difference on the other hand measures the difference in risk for the exposed and unexposed groups in absolute terms. For example, suppose we had a risk of a disease in an exposed and unexposed group of 20% and 10% while for another disease it was 50% and 25%. For the first disease the RR is 2 and the RD 0.1 while for the second the RR is also 2 but the RD 0.25.

Odds Ratio is defined as the ratio of the odds of the outcome event in the exposed group compared to the unexposed group. The odds is defined as:

$$\text{Odds}(D) = \frac{\text{prob}(D)}{\text{prob}(\text{not } D)} = \frac{\text{prob}(D)}{1 - \text{prob}(D)}$$

$$\begin{aligned} \text{For the exposed group the Odds} \\ &= \frac{p1}{1-p1} \\ &= \frac{a/(a+b)}{b/(a+b)} = a/b \end{aligned}$$

$$\text{Thus the OR} = \frac{a/b}{c/d} = \frac{a \times d}{b \times c}.$$

How do we interpret this figure? Suppose that the OR for smoking and heart disease in a case-control study is found to be 7. We can interpret this statistic as *seven people with heart disease smoke for every healthy person who smokes*.

Comparing this formula with that for the RR above we see they are not equivalent. However when the risk of disease is very small ie a is small relative to b then the $OR \approx RR$

For example, suppose the risk in the unexposed group is 0.001 and the RR 2, then the corresponding OR is 2.002, but if the unexposed risk increases to 0.1, then the OR is 2.25 and if it is 0.4, the OR is 11.0. Thus for rare outcomes the two measures are essentially equivalent.

An interesting property of the OR is that it is always further away from unity than the corresponding RR and the OR for the occurrence of a disease is the reciprocal of the OR for non-occurrence. Also the OR for exposure equals the OR for the disease. For common outcomes the OR is not constrained while the RR is for example, if the risk of an outcome is 0.5 then the RR is bounded by 0 and 2.

When should we use the OR? The OR is the measurement of choice in case-control studies, due to the fact that in case-control studies it is not usually possible to calculate the risk in the unexposed population. The Odds Ratio is also the basis of logistic regression, (the logit is the natural logarithm of the odds) the technique statisticians routinely use to determine the independent effects of factors where the outcome is binary (diseased/not diseased).

Generally we only use the RR in cohort studies and RCTs where we are able to determine the risk of the outcome in both the exposed and unexposed groups. However, when we need to examine the independent effects of the exposure controlling for other factors we would most likely use logistic regression which estimated Odds Ratios.

Confused? We can help! Go to the MRSC Website by clicking on "Departments", and then Mater Research Support Centre and then go to the Statistics pages.

Richard Hockey, Ph: 3840 1587
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COCHRANE NEWS

Did you know that access to the Cochrane Library is now free for all Australians?
– to access go to <http://www.cochrane.org.au/library/library.htm> and click “Log On” on the left panel and then click “Log On Anonymously”.

Cochrane Reviewing at the Mater

Currently the Mater Research Support Centre (MRSC) in collaboration with the Centre for Clinical Studies (CCS) provides support to reviewers on the Mater campus who are undertaking reviews across a total 8 different Cochrane Review Groups (CRG).

Cochrane Reviews Involving Mater Staff

The reviews currently being compiled are listed below.

Cochrane Reviews in Progress	Mater Reviewers
Family Centred Care for Children in Hospital	Leigh Davis, Vicki Flenady
Information about Postmortem Investigations for Parents following Infant/Childhood Bereavement	Vicki Flenady, Leigh Davis
Intramuscular Penicillin in Newborns for Early-Onset GBS Infections	Paul Woodgate, Vicki Flenady
Home-based post-discharge parental support to prevent morbidity in preterm infants	Heidi Webster, Paul Woodgate, Vicki Flenady
Interventions for Ketosis During Labour	Jocelyn Toohill, Barbara Soong, Vicki Flenady
Oxytocin Receptor Antagonists for Treating Preterm Labour	Vicki Flenady
Antenatal Nipple Care for Increasing the Duration of Breastfeeding	Vicki Flenady
Antenatal Administration of Progesterone to Prevent Preterm Labour	Rob Cincotta, Glenn Gardener, Greg Duncombe, Vicki Flenady
Behavioural Interventions for Children Under Five Years With Sleep Difficulties	Paul Woodgate, Vicki Flenady
Outpatient Induction of Labour for Improving Birth Outcomes	David Watson
Treatment of Mucocutaneous Candidiasis in Neonates and Infants	Peter Gray, Claire Nouse Alison Peeler
Audio Recordings of Consultations with Doctors for Parents of Critically Sick Babies	Paul Woodgate
Psychosocial Interventions for Dual Mental Health and Substance Abuse Disorders in Adolescents	Jean Dakin
Transfer of Preterm Infants from Incubator to Open Cot at Lower Versus Higher Body Weight	Karen New, Vicki Flenady
Albumin Infusion for Low Serum Albumin in Preterm Newborn Infants	Sue Jenkins-Manning

Help Is Now Available on the Mater Research Support Centre Intranet – go to Mater Intranet, clicking on “Departments”, Mater Research Support Centre, FAQ, Cochrane.

The MRSC webpage now includes *Frequently Asked Questions (FAQ)* on the Cochrane Collaboration and Cochrane reviews in the Cochrane subdirectory. The list is as yet small, but is growing daily.

The FAQ section is the first step in the development of the Cochrane subweb within the MRSC webpages. You can go there to find the answers to such questions as:

***How can I access full text versions of Cochrane reviews?
I would like to see what is involved in doing a review – where do I start?***

The Cochrane webpages are being developed by staff and associates of the MRSC & CCS with the aim of assisting Mater staff in **using** and **doing Cochrane reviews** and to get the most out of the Cochrane Library resources. If you have a question about Cochrane reviews - anything at all - please contact our Executive Support Officer Anne-Maree Stout on 3840 1591 to arrange a meeting or contact Vicki Flenady.

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THIS MONTH'S CENTRE FOR CLINICAL STUDIES COCHRANE REVIEWS IN FOCUS

Family Centred Care for Children in Hospital

Cochrane Review Group: Consumers and Communication

Reviewers: Leigh Davis, Vicki Flenady, Linda Shields, Jan Pratt

Main Purpose of the Review: Prior to 1959, hospitals worldwide were bleak places for children. It was believed that visits from parents would inhibit effective care and were detrimental to the child, who would become distressed when the parents left. In 1956, the British Government commissioned a report into the welfare of children in hospital. The resulting report, the Platt Report, recommended that visiting be unrestricted, that mothers stay in hospital with their child, and that training of medical and nursing staff should include an understanding of the emotional needs of children. The process of change has resulted in a humanisation of paediatrics although the movement away from traditional approaches to health service delivery to the involvement of families in all aspects of the planning, delivery, and evaluation of health care has been slow. This timely review will seek to identify studies which have reported outcomes related to the implementation of family centred models of care when a child is hospitalised.

Funding Sources: This review is funded through a grant from the Telstra Corporation and the Royal Children's Hospital Foundation.

Progress to Date: The Cochrane protocol has been submitted to the review group for peer review and editorial comment. It is anticipated that this review will be completed by June 2004.

Information about Postmortem Investigations for Parents Following Infant/Childhood Death

Cochrane Review Group: Consumers and Communication

Reviewers: Vicki Flenady, Leigh Davis, Dell Horey, Helen Chambers

Main Purpose of the Review: The loss of an infant or child is a painful and enduring grief for parents and their families. Some parents may want to know or better understand the cause of their infant's death and an autopsy could provide the information they need. In cases where parents have an autopsy or when an autopsy is mandatory, the way in which parents are given information about postmortem investigations varies widely and may not be sufficient for parents to make an informed decision. It has been recommended that health care providers should be trained in how to counsel and provide bereaved parents with accurate information about postmortem procedures so they can make an informed decision. It has also been recommended that comprehensive information (eg leaflets) be provided to assist parents with their decision-making. This review will aim to evaluate the most effective methods of providing information to parents about postmortem investigations.

Funding Sources: An application for funding has been submitted to the Bonnie Babes Foundation.

Progress to Date: The outcome of the application is expected in March 2004.

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THE DILEMMA OF UNEXPLAINED STILLBIRTH SYMPOSIUM

In October 2003 the CCS in conjunction with the PSANZ Perinatal Mortality Special Interest Group hosted The Dilemma of Unexplained Stillbirth: How Can We Contribute? Symposium with attendees across Australia and New Zealand. The keynote speaker, Dr Frederik Froen from Norway has a PhD based on epidemiological studies of unexplained stillbirths and is currently a researcher at the University of Oslo, Norway. This research has led to both national and international awards.

Sessions included the role of the perinatal pathologist, epidemiology of unexplained fetal death, the use of customised birth weight charts and an interesting presentation on the possibility of some fetal deaths being unexplained rather than unexplained. If anyone has an interest in this topic they are most welcomed to join the Perinatal Society of Australia and New Zealand Perinatal Mortality Special Interest Group by accessing the PSANZ website, Special Interest Group Perinatal Mortality Classification page, web address: <http://www.psanz.org> or contact Vicki Flenady for more information.



GROUP SEQUENTIAL TRIALS

Introduction

Randomised controlled trials (RCT) have assumed an increasingly important place in clinical practice with the adoption of Evidence Based clinical practice. The costs of conducting clinical RCT however are high. In addition to the resources required in the collection and analysis of data, there are changes to clinical practice to accommodate the study, and an additional layer of administration in recruiting and managing the research subjects.

The common approach to RCT design is to calculate a single fixed sample size in advance of the study. Such an approach is particularly appropriate in agriculture, where plants are subjected to different treatments, and the results are valued after the growth season.

This approach however has two disadvantages for the clinical situation. Firstly there is a strong ethical reason to stop the research as soon as a confident conclusion can be drawn, as clinical research consumes scarce resources, and imposes additional inconvenience and risk to human subjects. Secondly, recruitment to clinical trials occurs gradually over a period of time, and results from some cases are available for analysis even before recruitment is completed.

A sequential approach allows a continuous evaluation of outcome during data collection and the termination of the study as soon as a statistically confident conclusion can be drawn. It therefore has the advantage of economy and speed.

Historical Development

Sequential analysis was initially developed as a quality assurance procedure during the Second World War, where it was essential to test munitions before issuing them to troops at the front. As testing munition requires it to be fired and therefore destroyed, there was an advantage in having as small a sample size as possible. Early theoretical developments in sequential analysis arose from this background.

After the War, the technology was declassified and used in industries. One development was the use of the paired difference models in medical trials. These required obtaining paired differences, and the results were reviewed after each pair. More recent developments are related to group-sequential analysis, a more flexible approach as pairing is not required, and inspection can be carried out at flexible intervals. The development and availability of easy-to-use software more recently has overcome the difficult and cumbersome calculations required, and the use of this methodology now extends beyond the

specialised pharmaceutical field to the general research community.

Theoretical Considerations

The fixed sample size design requires the effect size of treatment to be defined, and the significance level and power to be specified. From these, the required sample size can be calculated. These design parameters are also necessary for the sequential design, but instead of the sample size, borders defining whether a trial can be concluded or should continue are defined, while the sample size becomes a dependent variable. Such a design often, but not always, requires a smaller sample size than the fixed sample size model. There are some difficulties and disadvantages of the sequential model that need to be taken into consideration.

The sequential methodology, because of its flexibility, is also more complex, requiring repeated statistical calculations and graphic representations throughout the study. Unless the researcher has considerable capability in statistical and numerical methods, the necessary computer software is required.

The complexity of the statistical theory also reduces flexibility in design, and it is difficult to adapt the method to multi-variate designs or difficult research situations. Sequential designs are best suited to the comparison of two treatments in an otherwise homogeneous population under stable or controlled environments.

The calculation of Type I Error probability in the sequential approach makes adjustments related to repeat evaluations of statistical significance, so in theory the sample size required should actually be greater. That it is usually smaller in practice is only because the effects size in reality is commonly very much larger or smaller than that defined during planning, so that a decision towards statistical significance or not significance can be arrived at earlier.

Finally, although a robust statistical conclusion can be drawn, the smaller sample size may cause the research sample to be less representative of the population, and this reduces the ability to generalise the interpretation of the results.

Implementation of Sequential Trials

The anticipated effect size, and the acceptable probability of Type I and II errors are defined. In the unpaired group sequential analysis, the anticipated inspection interval (the number of cases between evaluating the results) is also specified. From these, and using the appropriate software, the stopping borders are calculated, and the control chart graphic produced.



After obtaining the difference from each pair in the case of the paired model, or group differences at the defined inspection interval for the unpaired group model, the data is analysed by the appropriate software and coordinates for the data obtained to date are calculated and plotted. If the plot crosses the statistical significant or not significant border, a confident conclusion can be drawn and the trial then concludes. Otherwise, data collection and review continues.

Research Designs That Can Be Easily Adapted To The Sequential Design

The paired difference model requires the pairing of treatments. This can be two treatments given to the same individual on two occasions, or having pairs of comparable subjects, and each given one of the two treatments.

The paired preference model handles attributes, such as which of the treatment is better. The paired difference model handles measurements, and evaluates the scale of difference.

The Unpaired Group Model

There are a number of group sequential methods, but the Triangular Test is one that is easy to understand and use. This handles controlled trials with two groups, control, and treatment. Recruitment and randomised allocation are handled the same way as the fixed sample model, but at defined intervals, the differences between the two groups are evaluated. Currently, Triangular Test provides an algorithm to test differences in proportion, normalised measurements, non-parametric measurement, frequency of events, and survival time.

Textbooks and Software Packages

The book that described the paired sequential method is "Sequential Trials", 1960, by P. Armitage, published by Blackwell in Oxford. Unfortunately this is now out of print, but may still be available in the old collections of some libraries.

A book that is easy to read and understand, and provides the mathematical algorithm for unpaired group sequential analysis is "The Design and Analysis of Sequential Clinical Trials", Revised Second Edition 1997, by John Whitehead. John Wiley and Sons Ltd., ISBN 0 47197550 8. This book takes the reader through the intricacies of using the Triangular Test, as well as the other group sequential models.

Whitehead also developed the computer software, PEST 3 for DOS and PEST 4 for Windows (but requires the SAS software platform). These can be purchased through the Dept. of Applied Statistics, University of Reading, United Kingdom.

A reference book with description of the many sequential models that have been used is Handbook of Sequential Analysis, Edited by Ghosh BK and Sen PK; publisher Marcel Dekker Inc, New York, 1991 ISBN 0-8247-8408-1. This, however is written for the statistician, and requires some knowledge in statistics probability theories to understand.

Resources available at the Mater

The calculations involved in paired differences in preference and measurement, and the Triangular Tests for proportions, measurements, counts, and survival, have been assembled in an applet that is accessible on the Mater Intranet

The urls are

<http://intranet.mater.org.au/webdoc/CCS/www/htmls/RSCSite/SubWebs/StatPages/BPairedSeq.html>

for the paired and

<http://intranet.mater.org.au/webdoc/CCS/www/htmls/RSCSite/SubWebs/StatPages/BUnPairedSeq.html>

for the Triangular Tests.

For those interested but not experienced in these methodology, staff of MRSC would be happy to take you through the procedures. Requests for help can be via Anne-Maree Stout at ext 1591, or a request for help form can be forwarded. <http://intranet.mater.org.au/webdoc/ccs/www/htmls/RSCSite/Enquiryform.html>

For more details please contact:

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THIS MONTH'S CENTRE FOR CLINICAL STUDIES COCHRANE REVIEWS IN FOCUS

The Smoking Cessation in Pregnancy Guidelines project is currently being undertaken within the Centre for Clinical Studies and in collaboration with the Southern Zone Maternal, Neonatal and Gynaecology Clinical Services Network involving the development of smoking cessation in pregnancy guidelines. Both national and international guidelines have been reviewed and will be utilised for the development of the guidelines for Queensland.

The Aims of the Project are:

1. To develop guidelines to assist health care clinicians in antenatal clinics and general practices to more effectively identify pregnant women who smoke and assist them to stop smoking; and
2. To develop an implementation and evaluation model for the smoking cessation guidelines.

Background

Cigarette smoking during pregnancy is common. Smoking prevalence in developed countries has been reported to range between 13% to 38% (Commonwealth of Australia 2002). There are marked social differences between women who smoke in pregnancy and those who do not. Continued smoking and high daily consumption show a strong association with social disadvantage, high parity, being without a partner, and low income (National Advisory Committee on Health and Disability 2002). Smoking rates are particularly high among teenagers and Indigenous Australians at around 50% to 60% (Commonwealth of Australia 2002).

Data on pregnant women attending antenatal clinic at the Mater Mothers' Hospital, Brisbane show that 22% smoke. Of the 22%, 11% smoke between 1-10 cigarettes per day; the remaining 11% smoking greater than 11 cigarettes per day. Analysis of age groupings found that of the 22% who smoke, 41% are teenagers (less than 19 years of age).

Further analysis shows that those not having finished Grade 12, and those who were not married or living in a de facto relationship were also more likely to smoke more.

The effectiveness of smoking cessation interventions in reducing smoking rates in pregnant women, reducing preterm birth and low birth weight is supported by high level evidence (Lumley, Oliver et al. 2003).

Lumley and Oliver (2003) found between 1975 and 1998, a total of 44 randomised control trials, involving over 17,000 women, had been conducted to test the effectiveness of smoking cessation interventions during pregnancy. From the analysis of these trials, Lumley and Oliver (2003) conclude that multifaceted interventions based on a cognitive-behavioural model result in a reduction in smoking rates, in LBW and in preterm birth.

Working Party

A multidisciplinary working party has been formed and met to review draft guidelines in November. The working party consists of representatives from consumer groups, Queensland Cancer Council, health care providers and Queensland Health.

Time Frame

The working party anticipates that the guidelines will be finalised early in the New Year with a view to being implemented by mid-2004. The working party intends to pilot the implementation of the guidelines within the Southern Zone before being distributed on a wider scale. A monitoring and audit process will be incorporated as part of the roll-out of the guidelines.

For more details please contact:
Karen New
Smoking in Pregnancy Project Officer
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UPCOMING CONFERENCES, SEMINARS AND WORKSHOPS

First Asia-Pacific Regional Adolescent Health Congress

Towards Healthy Adolescence: Intersectoral Collaboration

Jockey Club Auditorium, The Hong Kong Polytechnic University, Hong Kong Special Administrative Region, China

For more information email:

hsahc@inet.polu.edu.hk

10-12 January 2004

International Primary Care Respiratory Group - 2nd World Conference

Respiratory Disease in Primary Care - the way forward

Melbourne, Victoria

www.ipcrg-melbourne.org

19-22 February 2004

Royal Women's Hospital Seminar

"Getting Back to Fundamentals"

Bancroft Centre, Royal Brisbane Hospital

21 February 2004

The 6th National Breast Care Nurses Conference

Research to Reality

Carlton Crest Hotel, Brisbane QLD

Conference Manager: OzAccom Conference

Services, tel: 07 3854 1611, fax: 07 3854 1507 or

email: breast2004@ozaccom.com.au

For further information or to download the Call for Abstracts form visit the website at:

<http://www.breastcarenurses2004.com>

4-5 March 2004

Australian Neonatal Nurses Association Annual Seminar

"Clinical Practice as a Foundation for Advancement"

Garvan Institute of Medical Research, Sydney

14 March, 2004

Perinatal Society of Australia and New Zealand 8th Annual Congress

Includes Satellite Meetings for the Interdisciplinary Maternal Perinatal Australasian Clinical Trials Network, PSANZ Perinatal Mortality Classification Group, ANZ Placental Research Association, ANZNN Advisory Committee, PSANZ Perinatal Drug Use SIG and others

"Integrating Science and Perinatal Practice: Controversies and Dilemmas"

Sydney Convention & Exhibition Centre Darling Harbour, Sydney -

15-18 March 2004

The 2004 International Nursing Research Conference

University of Cambridge, Faculty of Music, Cambridge England

For further information visit the Royal College of Nursing website at

<http://www.man.ac.uk/rcn/research2004>

21-24 March 2004

Eighth Nursing Practice Conference

HOT ISSUES

Adelaide Hilton International, Adelaide, South Australia

For further information visit the conference website:

<http://www.joannabriggs.edu.au/8NPC> or

email: lbutler@mail.rah.sa.gov.au

25-26 March 2004

The 18th World Conference on Health Promotion And Health Education

Valuing Diversity, Reshaping power: Exploring pathways for health and wellbeing

Melbourne, Australia

For more information visit:

<http://www.health2004.com.au/>

26-30 April 2004

Further conferences are on the MRSC/CCS website. Please email Anne-Maree_Stout@mater.org.au if you have any conferences, seminars and/or workshops you would like to include on our Website and/or in our Newsletter.



PROSPECTIVE CLINICAL STUDIES CURRENTLY SUPPORTED BY THE MRSC & CCS

STUDY DETAILS	Enrolment Site	Enrolled Mater	Target for Mater	Total Sample Size Required	Commenced	Expected Completion
1. ACTORDS (CI: (Local)Dr Rob Cincotta) A Multicentre RCT to determine benefits of repeat doses of corticosteroids.	Delivery/ Antenatal Ward	77	150	980	Nov 98	Mid 2004
2. ACTS (CI: (Local) Vicki Flenady) A multicentred RCT to assess whether vitamin C and E supplementation in nulliparous women affects the development of pre-eclampsia.	ANC	118		1780	June 2002	Mid 2004
3. PCR Pap Smear Project (CI: (Local)Prof Fung Yee Chan) A multicentred observational study to test a method of determining fetal abn. by using cells shed from the fetus	MFM	0	266	531	2003	2006
4. OPIO (CI: (Local) Prof David Tudehope) Multicentred RCT I aims to compare current NHMRC screening of newborn programme with a preterm clinical pathway programme	ICN/SCN	68	80	200	Jan 2003	Jan 2004
4. FOREMOST (CI: (Local). Prof Fung Yee Chan) This multicentred RCT seeks to address the issue of the effectiveness of fetal pulse oximetry in clinical practice.	Delivery Suite	126	200	600	June 01	Feb 2004
5. Mannose Binding Lectin and Dextric Cell Study (CI: Dr Helen Liley) Prospective, observational study to determine whether deficiency in MBL is associated with risk of hospital acquired sepsis	ICN/SCN	70	206	206	Jun 02	June 2004
6. Induction of Labour Trial (Trial A) (CI: Dr Paul Devenish-Meares) Local RCT to compare three methods of induction of labour at term.	ANC / LW	11	366	366	Oct 2003	Oct 2004
7. Induction of Labour Trial (Trial B) (CI: Jocelyn Toohill) Local RCT to determine if nipple stimulation reduces the need for induction of labour at term	ANC	10	711	711	Oct 2003	Oct 2005
8. BORN Trial (CI: (Local). Dr Greg Duncombe) Multicentred RCT comparing Rofecoxib and Nifedipine with Nifedipine alone for women in preterm labour.	LW/ ANW				Currently under consideration for MMH participation	
9. Twin Birth Study (CI: (Local)Prof Fung Yee Chan) Multicentred RCT comparing planned C/S to planned vaginal birth for twins 32-38 weeks gestation.	ANC7				Currently under consideration for MMH participation	
10. ADHD-IMET trial (CI: (Local)Dr Michael O'Callaghan) Multicentred n=1 trial to determine the effectiveness of medication for children diagnosed with ADHD.	Mater Children's Hospital	20	200		Sept 2002	

For further information please contact Sue Jenkins-Manning 3840 1867 or visit the MRSC/CCS website on the Mater Intranet by clicking on "Departments" and then Centre for Clinical Studies – Women's and Children's Health or Mater Research Support Centre.



RETROSPECTIVE STUDIES CURRENTLY SUPPORTED BY THE MRSC & CCS

STUDY NAME	STUDY DETAILS
1. Ingestion Study (CI: Dr Julie Beak)	Case control study looking at risk factors for identification of possible child abuse.
2. Smoking Project (Contact: Karen New)	To develop guidelines for a smoking cessation in pregnancy programme for use in Queensland
3. Guidelines for Perinatal Mortality (Co-ordinator: Vicki Flenady)	To develop guidelines for perinatal mortality audit for use in Australia and New Zealand in conjunction with the Perinatal Society of Australia and New Zealand Perinatal Mortality Special Interest Group
4. Infant Mortality project (CI: Richard Hockey)	Descriptive epidemiological linkage study looking at perinatal factors in relation to infant deaths and to obtain accurate Indigenous mortality rates for Queensland.
5. GBS Audit of Outcomes Study (CI: Sue Jenkins-Manning)	To obtain accurate Early Onset Group B Streptococcal Disease of the Newborn rates for Queensland. To assess compliance with and effectiveness of existing prevention strategies.
6. Unexplained Fetal Death Project (CI: Vicki Flenady)	Epidemiological study to determine risk factors for unexplained fetal death

For further information please contact Sue Jenkins-Manning 3840 1867 or visit the MRSC/CCS website on the Mater Intranet, by clicking on "Departments" and then Centre for Clinical Studies – Women's and Children's Health or Mater Research Support Centre.

MATER LIBRARY TRAINING

Cochrane Library - This session will enable you to:

- *Gain an understanding of evidence based practice.*
- *Identify what the Cochrane Library is and when to use it.*
- *Formulate effective search strategies*
- *Print Results*

WHEN: Tuesday 16 December 2003 12.00-1.00 pm
Mater Library Training Room, Ground Floor, Aubigny Place
Telephone: (07) 3840 1689
Email: k.hibberd@library.uq.edu.au

Searching the Databases with Webspirs - This session will enable you to:

- *Access Webspirs databases (ie Medline, Cinahl, PsycInfo, Drugs and Pharmacology etc) from Library, work and home*
- *Formulate effective search strategies using the PICO model; textword and thesaurus options, Boolean operators and limiting*
- *Connect to full-text electronic resources*
- *Print, download and email results*
- *Save your search history and re-run for updated information*

WHEN: Thursday 18 December 2003, 10.00 am-11.30 am
Mater Library Training Room, Ground Floor, Aubigny Place
Telephone: (07) 3840 1689
Email: k.hibberd@library.uq.edu.au



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The MRSC and CCS are on the move – as we are due to
move up to Aubigny Place in the near future please contact us
to see where we are.

Feedback regarding this newsletter is very welcome. If
you have any comments, or would like something
included in the next issue, please contact one of the
editorial staff: Sue Jenkins-Manning or Anne-Maree
Stout on 3840 1591



**As Christmas is just around the corner, the staff of the MRSC
and CCS would like to wish you all a very Merry Christmas and
a safe and Happy New Year.**

Editor Sue Jenkins-Manning

