The Latte Dosage Trial

Parent/Caregiver Information Sheet

Caffeine prophylaxis to improve intermittent hypoxaemia in babies born late preterm: a randomised controlled dosage trial

Your baby/pepi was born late preterm (4-6 weeks early). All babies have brief drops in the amount of oxygen in their blood for the first month after birth as they learn how to breathe. Preterm babies have more drops in their oxygen levels than babies born on time (term). You and your baby/pepi are invited to take part in a study to determine if caffeine will reduce the number of times preterm babies drop their oxygen levels.

Whether or not you take part is your choice. If you do not want to take part, you don't have to give a reason, and it won’t affect the care you or your baby/pepi receive. If you do want to take part now, but change your mind later, you can withdraw your baby from the study at any time without giving a reason. This will not affect your baby’s future healthcare.

This Information Sheet will help you decide if you would like to take part. You do not have to decide now, but you will need to decide about taking part in the study before your baby is three days old. Before you decide you may want to talk with other people, such as family/whānau, friends, or healthcare providers.

If you agree for your baby to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep. Information from this study will contribute to a PhD qualification.

This document is 5 pages long, including the Consent Form. Please make sure you have read and understood all the pages.

The Northern A Health and Disability Ethics Committee has given ethical approval for this study (18/NTA/129 5 September 2018).

What is the purpose of the study?

Most babies born late preterm (4-6 weeks early) will have good outcomes. However, compared with term babies, they have increased risk of problems such as cerebral palsy and delayed development. We do not know exactly why late preterm babies have this increased risk but it may relate to more frequent drops in oxygen level compared to term babies. Studies in very preterm babies (more than 8 weeks early) have shown that frequent drops in oxygen levels are associated with impaired brain development.

Caffeine is a medicine that is widely used in very preterm babies to regulate breathing and prevent drops in oxygen levels. Caffeine treatment is very safe and has been shown to reduce developmental problems in very preterm babies, especially cerebral palsy and movement difficulties.

Caffeine treatment may also help to prevent drops in oxygen and developmental problems in late preterm babies, but this has not yet been widely studied. Because these babies are more mature...
they may need a larger dose of caffeine. The purpose of this study is to find out the best dose of caffeine to reduce drops in oxygen levels in babies born 4-6 weeks early.

**What will the study involve?**

If you agree to your baby taking part in the study, s/he will be assigned to one of four different doses of caffeine (5 mg/kg, 10 mg/kg, 15 mg/kg or 20 mg/kg) or water, starting on day three. The groups will be randomly chosen by a computer so that each baby has the same chance of being in the different study groups.

Your baby will receive the study medicine (caffeine or water) every morning until the date they were expected to be born (4 to 6 weeks). Neither the study team nor you will know if your baby is receiving caffeine or water. We will ask you to fill in a daily diary about the study medicine your baby has been given.

Your baby will have the following tests to determine the effects of the study medicine:

**Pulse oximetry.** Your baby will have several overnight pulse oximetry tests. An overnight pulse oximetry is a pain-free test which involves a sensor being wrapped around your baby's foot overnight. The sensor detects the level of oxygen in the baby's blood. The sensor is attached to a machine which stores the information. For this study the machine will not display the oxygen level, and it will not alarm if the baby's oxygen level drops below normal. The sensor is kept on the baby overnight, but they can be cared for normally. If the baby needs a bath, the sensor would need to be removed and reattached after the bath. Your baby will have an overnight pulse oximetry 2-3 days after birth, two weeks later and at the date when the baby was expected to be born.

**Saliva.** We would like to collect saliva samples to measure your baby's caffeine levels by wiping a cotton swab around the inside of baby's mouth when they are 2 weeks old. These samples will not be used for genetic testing.

**Growth.** We will monitor and measure how fast your baby is growing (weight, length and head circumference) at 2 weeks and when the baby was expected to be born.

**Feeding and sleeping.** We will ask you to complete some short questionnaires about how baby is sleeping and feeding at two weeks of age and at the date when the baby was expected to be born.

If you have been discharged, a member of the research team will come to your home to perform the tests.

For mothers, we will ask you to fill in a short questionnaire about you (contact details, age, height and weight, smoking history and the ethnicity of yourself and your baby), how you are feeling and how many caffeine containing drinks you have. We would also like to collect saliva from mothers at two weeks to measure caffeine levels. This will involve spitting into a collection tube.

We will collect general health information about your pregnancy and birth from your health records. All information is confidential and will be stored in a locked filing cabinet or on a password protected database until 10 years after your baby reaches maturity (a total of 26 years).

Research staff may contact you again when your baby is older to assess your baby's brain development.

**What are the possible benefits and risks of this study?**

As caffeine is a standard treatment for all very preterm babies (more than 8 weeks' early) throughout New Zealand, and has been shown to be safe, we do not expect any significant risks for your baby. Occasionally babies on caffeine may develop reflux (spitting up milk) irritability, poor sleeping, slower
weight gain or a faster heart rate. This study may benefit your baby if caffeine treatment in late preterm babies turns out to reduce brain damage, but this is not yet known.

The oxygen levels recorded during the overnight pulse oximetry will not be able to be seen at the time of the recording. However, we will be looking at the results within 2-3 days of the recording. If the oxygen levels indicate that your baby may have a significant problem with the heart or the lungs we will notify you and arrange for your baby to be seen by a paediatric doctor. If the baby's mother has signs of postnatal depression on a study questionnaire we will notify you and recommend that you discuss the result with your GP or LMC.

**Who pays for the study?**
This study is funded by the Health Research Council of New Zealand. There are no financial costs associated with participation in this study.

**What if something goes wrong?**
In the unlikely event that you or your baby were injured in this study, you would be eligible to apply for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.

**What are my rights?**
Participation in this study is voluntary. If you join the study but change your mind you can withdraw your baby at any time and your baby’s usual medical care will not be affected. With your consent, data collected prior to your withdrawal will be used in study analysis.

You and your baby's privacy will be protected. Study data will be de-identified and any identifiable data, such as name and address, will be held securely, accessible only to the immediate research team. Project reports will not identify any individual participants. You may request to view your baby’s study data at any time.

**What happens after the study?**
When the study is completed, we will write to you outlining the main results of the study and provide instructions to find out what treatment your baby received. This is not likely to be before 2022. We will dispose of any leftover saliva samples. If you would prefer, we can arrange a ceremony to dispose of the samples with a Karakia (blessing). De-identified study data may be made available to other researchers for approved future research.

**Who do I contact for more information or if I have concerns?**
If you have any questions, concerns or complaints about the study at any stage, you can talk to the nurse or doctor looking after your baby or contact one of the researchers.

**Principal Investigator:**
Dr Jane Alsweiler
Neonatal Paediatrician
Email: j.alsweiler@auckland.ac.nz
Phone: 021 52 6363

**Site Principle Investigator:**
Dr Chris McKinlay
Neonatal Paediatrician
Email: c.mckinlay@auckland.ac.nz
Phone: 027 472 5099
If you want to talk to someone who isn’t involved with the study, you can contact the following:

**Health and Disability Advocate:**
Phone: 0800 555 050
Fax 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

**Health and Disability Ethics Committee:**
Phone: 0800 4 ETHICS
Email: hdecs@moh.govt.nz

**Māori Health Support:**
If you require Māori cultural support talk to your whānau in the first instance. Alternatively you may contact the administrator for He Kamaka Waiora (Māori Health Team) by telephoning +64 9 486 8324 ext 2324.

If you have any questions or complaints about the study you may contact the Auckland and Waitematā District Health Boards Māori Research Advisory Committee by telephoning +64 9 486 8920 ext 3204.
Parent / Caregiver Statement:

I have read or have had read to me in my first language, and I understand the Participant Information Sheet.

I have been given sufficient time to consider whether or not to participate in this study.

I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study.

I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.

I consent to the research staff accessing my medical records relevant to this pregnancy and my baby's medical records.

I agree to an approved auditor appointed by the New Zealand Health and Disability Ethic Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.

I understand that my participation in this study is confidential and that no material, which could identify me or my baby personally, will be used in any reports on this study.

I understand the compensation provisions in case of injury during the study.

I know who to contact if I have any questions about the study in general.

I understand my responsibilities as a study participant.

I consent to the research staff contacting me again when my baby is older.  Yes □  No □

If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed. Yes □  No □

I consent to my GP or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study. Yes □  No □

I would like my baby’s saliva and my saliva samples to be disposed of with a Karakia (blessing). Yes □  No □

I wish to receive a summary of the results from the study. Yes □  No □

Declaration by participant:
I hereby consent for my baby and myself to take part in this study.

Participant’s name:

Signature: Date:

Declaration by member of research team:
I have given a verbal explanation of the research project to the participant and have answered the participant’s questions about it. I believe that the participant understands the study and has given informed consent to participate.

Researcher’s name:

Signature: Date: