

Clinical Trial Details (PDF Generation Date :- Fri, 22 Nov 2024 02:38:59 GMT)

CTRI Number
Last Modified On
Post Graduate Thesis

24/10/

24/10/2024

Type of Trial

No

Type of Study

Interventional

Study Design

Process of Care Changes

Public Title of Study

Cluster Randomized Trial

Developing a protocol for managing pregnant women with heart disease in India, and evaluating the efficacy of the new protocol in improving pregnancy outcome compared to standard care.

CTRI/2024/03/064384 [Registered on: 19/03/2024] - Trial Registered Prospectively

Scientific Title of Study

DevelopmeNt, implementation and evaluation of Protocolized cArdio-obstetric Care in improving maternal cardiac, obstetric and fetal outcomes of Pregnant Women with Heart Diseases in India

Secondary IDs if Any

Secondary ID Identifier

NIL NIL

Details of Principal Investigator or overall Trial Coordinator (multi-center study)

WE WE			
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Source of Monetary or Material Support

Source of Monetary or Material Support > Indian Council of Medical Research, Ansari Nagar, New Delhi-110029

Primary Sponsor

Primary Sponsor Details		
Name	Indian Council of Medical Research	
Address Ansari Nagar, New Delhi-110029		
Type of Sponsor	Government funding agency	

Details of Secondary Sponsor

Name	Address
NIL	NIL

Countries of Recruitment

List of Countries India

Sites of Study

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Details of Ethics Committee

Name of Committee	Approval Status	Date of Approval	Is Independent Ethics
		DELHI	
		New Delhi	
		110029	

		DELHI	
Name of Committee	Approval Status	Date of Approval	Is Independent Ethics Committee?
BIOMEDICAL RESEARCH ETHICS COMMITTEE, Pt.B.D.Sharma PGIMS/ UHS, Rohtak	Approved	23/01/2024	No
ETHICS AND SCIENTIFIC REVIEW COMMITTEE, M.G.M.MEDICAL COLLEGE	Approved	20/05/2024	No
Ethics Committee of Amrita School of medicine	Approved	30/01/2024	No
ETHICS COMMITTEE OF BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE	Approved	28/12/2023	No
ETHICS COMMITTEE, ARMED FORCES MEDICAL COLLEGE	Approved	06/05/2024	No
ETHICS COMMITTEE, GSVM, MEDICAL COLLEGE, KANPUR	Approved	19/12/2023	No
ETHICS COMMITTEE, GUNTUR MEDICAL COLLEGE & GOVT. GENERAL HOSPITAL	Approved	19/01/2024	No
ETHICS COMMITTEE, OSMANIA MEDICAL COLLEGE	Approved	01/03/2024	No
ETHICS COMMITTEE, PATNA MEDICAL COLLEGE	Submittted/Under Review	No Date Specified	No
ETHICS COMMITTEE, S.M.S MEDICAL COLLEGE	Approved	20/02/2024	No
ETHICS COMMITTEE, S.P.MEDICAL COLLEGE, BIKANER	Approved	01/02/2024	No
ETHICS COMMITTEE- AIMS,THRISSUR	Approved	27/01/2024	No
INSTITUITIONAL ETHICS COMMITTEE, CHRISTIAN MEDICAL COLLEGE AND HOSPITAL	Approved	03/02/2024	No
INSTITUITIONAL ETHICS COMMITTEE, MEDICAL COLLEGE, KOLKATA	Approved	15/01/2024	No
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INSTITUITIONAL ETHICS COMMITTEE, SHER-I-KASHMIR INSTITUTE OF MEDICAL SCIENCES	Approved	04/01/2024	No
INSTITUITIONAL ETHICS COMMITTEE- CIHSR	Approved	17/01/2024	No
INSTITUTE ETHICS COMMITTEE, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DELHI	Approved	05/02/2024	No
INSTITUTE ETHICS COMMITTEE,, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR	Approved	22/01/2024	No
INSTITUTIONAL ETHICS COMMITTE, M/S. KING GEORGE HOSPITAL VISHAKAPATNAM	Approved	19/12/2023	No
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INSTITUTIONAL ETHICS COMMITTEE MAMC	Approved	25/04/2024	No
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INSTITUTIONAL	Approved	22/01/2024	No



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INSTITUTIONAL	Approved	29/12/2023	No



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Institutional Research Advisory Committee, Goa Medical College	Approved	29/02/2024	No
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Sir Ganga Ram Hospital Ethics Committee	Approved	27/07/2024	No
SMIMS Ethics Committee	Approved	05/02/2024	No

Regulatory Clearance Status from DCGI

Status	Date	
Not Applicable	No Date Specified	

Health Condition / Problems Studied

Health Type Condition

Patients Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium

Intervention /
Comparator Agent

Туре	Name	Details
Intervention	Protocolised Cardio Obstetric	A protocol for managing heart
	Care	disease in pregnant women will



		be developed in the first observational phase. The sites randomized to Protocolised Cardio Obstetric Care group, will follow the management pattern as suggested by the newly developed protocol. This phase will last for about twenty four months (till all the patients enrolled during the phase, complete their pregnancy and the mandatory follow up)
Comparator Agent	Enhanced usual Care Group	Comparator group will include the sites randomized to the enhanced usual care. These sites will follow the usual care followed as before for managing pregnant women. This phase will last for about twenty four months (till all the patients enrolled during the phase, complete their pregnancy and the mandatory follow up)

Inclusion Criteria

Inclusion Criteria		
Age From	18.00 Year(s)	
Age To	60.00 Year(s)	
Gender	Female	
Details	All consecutive pregnant women with br/> known or newly detected heart diseases mentioned below, seeking antenatal care in the participating sites will be eligible for inclusion. br/> Structural Heart disease- congenital or acquired br/> Arrhythmic heart disease Ischemic heart disease Aortic diseases Pulmonary vascular disease br/>	

Exclusion Criteria

Exclusion Criteria		
	Patients with hypertensive disorders of pregnancy or gestational diabetes mellitus without any of the above inclusion criteria Patients below the age of 18 Patients who are not able to or not willing to give informed consent. Patients who are part of another trial	

Method of Generating Random Sequence Method of Concealment Blinding/Masking

Primary Outcome

Other

Not Applicable

Not Applicable

Not Applicable		
Outcome	Timepoints	
Composite Maternal adverse events as mentioned below Maternal death Resuscitated cardiac arrest	42 days after delivery	
New or worsening maternal heart failure requiring treatment escalation or hospitalization (Left-sided heart failure (HF) or pulmonary edema; right-sided HF)		
New onset or recurrent sustained cardiac		



arrhythmia requiring treatment

Systemic thrombo-embolism

Hemorrhagic complications (Major bleed or minor bleed as per ISTH Criteria)

Venous thrombo-embolism (DVT / PE / Invictus trial)

Cerebrovascular accident / Stroke

Infective endocarditis

Prosthetic valve thrombosis

Aortic dissection developing during pregnancy

Acute coronary syndrome / SCAD

Performance of urgent cardiac intervention up to 6th postpartum week (like PTMC, Pericardiocentesis, RF ablation)

Secondary Outcome

Outcome	Timepoints
Maternal Death	6 months
Decline in NYHA functional class ? 2 during pregnancy	42 days after delivery
Cardiac hospitalization	Antenatal period and upto 6 weeks in the post natal period
PPH	Peripartum Period
Gestational diabetes	Antenatal Period
Mode of delivery (If LSCS – emergency LSCS / elective LSCS, Cardiac indication / obstetric indication)	Peripartum Period
Hypertensive disorders of pregnancy	Antenatal Period
PROM- Premature rupture of membranes	During delivery
Urgent unplanned cardiac hospitalization	Antenatal period and upto 6 weeks in the post natal period
Miscarriage (fetal loss up to 20 weeks)	First 20 weeks in the antenatal period
Fetal loss after 20th week.	First 20 weeks in the antenatal period
Small for gestational age	During Delivery
Low birth weight (less than 2.5 kg irrespective of gestational age)	During delivery
Preterm birth	During Delivery
Admission to neonatal intensive care unit	6 weeks in the post natal period



Neonatal death	6 weeks in the post natal period
Congenital anomalies (including CHD) in the new born	6 weeks in the post natal period
Elective cardiac interventions done (Lysis, ablation, Balloon, surgery)	Antenatal period and upto 6 weeks in the post natal period
Duration of stay in ICU	Antenatal period and upto 6 weeks in the post natal period

Target Sample Size

Total Sample Size=3300 Sample Size from India=3300

Final Enrollment numbers achieved (Total)=Applicable only for Completed/Terminated trials Final Enrollment numbers achieved (India)=Applicable only for Completed/Terminated trials

Phase of Trial
Date of First
Enrollment (India)
Date of First

01/04/2024

N/A

Enrollment (Global)
Estimated Duration of

No Date Specified

Trial

Years=4 Months=0 Days=0

N/A

Recruitment Status of Trial (Global)

Not Yet Recruiting

Recruitment Status of Trial (India)

Open to Recruitment

Publication Details Brief Summary '

Background: Heart disease complicates 1- 4% of pregnancies. The number of women presenting with heart disease during pregnancy is increasing. Despite the reduction in maternal mortality in India over the past two decades, cardiac contribution to maternal mortality is increasing. Data on pregnant women with heart disease (PWWHD) representative of our nation, local risk scores and guidelines /protocols are lacking.

Novelty: A pragmatic protocol for managing PWWHD will be developed and tested. Data representative of India will be collected. Findings may influence care and pregnancy outcomes in other low and middle-income countries.

Aims and Objectives: To study profile and feto-maternal outcomes of PWWHD in India, to understand the existing practice patterns in care offered to PWWHD in India, develop a customized protocol for managing PWWHD appropriate for India, and assess its impact on outcomes compared to usual care

To develop a regional score for risk stratifying PWWHD in India to enable



targeted management.

Methods: We propose a multicentric study covering 24 states in India. During Phase 1 of the study, the practice patterns in managing PWWHD will be assessed across 50 centres in India and a step-wise protocol to improve outcome will be developed. During phase 2, a cluster randomized study will be conducted among 40 average-large centres across India to assess the effectiveness of the protocolized cardio-obstetric care in improving outcomes compared to usual care.

Expected outcome: A protocol for managing PWWHD in India will be developed. A regional score for risk-stratifying PWWHD in India will be developed and validated. The contribution of heart disease to maternal mortality in India will be reduced in the years that follow.