

Date and Time: **25th June 2013 10:00 – 16:00**

Minutes: Confirmed

Guideline Development Group Meeting Preterm labour and birth

Place: *Royal College of Obstetricians and Gynaecologists
London*

Present:

Jane Norman (JN) (Chair)	(Present for notes 1 – 9)
Judi Barratt (JB)	(Present for notes 1 – 9)
Paul Eunson (PE)	(Present for notes 1 – 9)
Jane Hawdon (JH)	(Present for notes 2 – 9)
Philip Owen (PO)	(Present for notes 1 – 9)
Farrah Pradhan (FP)	(Present for notes 1 – 9)
Marianne Rowntree (MR)	(Present for notes 1 – 9)
Meekai To (MT)	(Present for notes 1 – 9)
Jane Plumb (JP)	(Present for notes 1 – 9)
Martin Ward-Platt (MWP)	(Present for notes 2 – 9)
Louise Weaver-Lowe (LW-L)	(Present for notes 1 – 9)

In attendance:

NCC-WCH staff:		
Zosia Beckles (ZB)		(Present for notes 1 – 9)
Liz Bickerdike (LB)		(Present for notes 1 – 9)
Maryam Gholitabar (MG)		(Present for notes 1 – 9)
David James (DJ)		(Present for notes 1 – 9)
Juliet Kenny (JK)		(Present for notes 1 – 9)
Paul Jacklin (PJ)		(Present for notes 1 – 9)
David James (DJ)		(Present for notes 1 – 9)
Roz Ullman (RU)		(Present for notes 1 – 9)
NICE attendees:		
Sarah Dunsdon (SD)		(Present for notes 1 – 9)

Observers:

None		
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Notes

1. JW welcomed the group to the second meeting of this guideline development group (GDG) and informed the group that JH would be arriving later.
2. JN asked all the GDG members and other attendees to declare any new interests that they had accrued since GDG 1 and reiterate any interests declared previously that were relevant to the meeting agenda.

JN

Non-personal pecuniary:

University of Edinburgh receives funding from Chief Scientist Office (part of the Scottish Government Health and Social Care Directorates), SANDS (Stillbirth and Neonatal Death Society) and Tommy's (charity that funds research into stillbirth, preterm birth and miscarriage and provides information to parents) for research undertaken by JN on interventions to reduce stillbirth.

MT also reminded the group about her previously declared personal non-pecuniary research interests for the topic of cervical cerclage.

No other declarations of interest were received from the GDG members or the other attendees. It was agreed that no interests declared at the meeting or previously warranted exclusion of any GDG members from discussions of evidence or formulation of recommendations at the meeting.

Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

3. LB presented the draft review for the question on prophylactic cervical cerclage for women at risk of preterm labour and birth (the protocol, the list of excluded studies, the evidence tables, the evidence profiles and the evidence summary). The group had an opportunity discuss the results and ask questions.
4. JN led the group through the process of interpreting the evidence and drafting recommendations. Notes were made live on screen.
5. PJ gave a presentation on the prioritisation of topics for health economic analysis in guideline development. After the presentation, the group had an opportunity to ask questions, before discussing and agreeing priority topics.
6. LB presented the draft review for the question on non-prophylactic 'rescue' cervical cerclage for women in suspected preterm labour (the protocol, the list of excluded studies, the evidence tables, the evidence profiles and the evidence summary). The group had an opportunity discuss the results and ask questions.

The group noted that the interval between study entry and birth was significantly higher in the cerclage group.

7. JN led the group through the process of interpreting the evidence and drafting recommendations. Notes were made live on screen.
8. The GDG broke into small groups to discuss draft protocols for the questions on diagnosis of preterm labour, tocolytics and progesterone for women in suspected preterm labour to improve outcomes and fetal monitoring (including the criteria for interpreting the preterm fetal heart trace, the effectiveness of electronic fetal monitoring versus intermittent auscultation, the utility of fetal blood sampling as an adjunct to fetal heart rate monitoring at different gestational ages, the use of fetal scalp electrode at different gestational ages).
9. The group reconvened and feedback was received from small groups on the draft protocols. The GDG discussed the draft protocols in light of this feedback and chose their seven key outcomes. Notes were made live on screen.

Date, time and venue of the next meeting

Wednesday 4th September 2013, 10:00 – 16:00 at the Royal College of Obstetricians and Gynaecologists, London