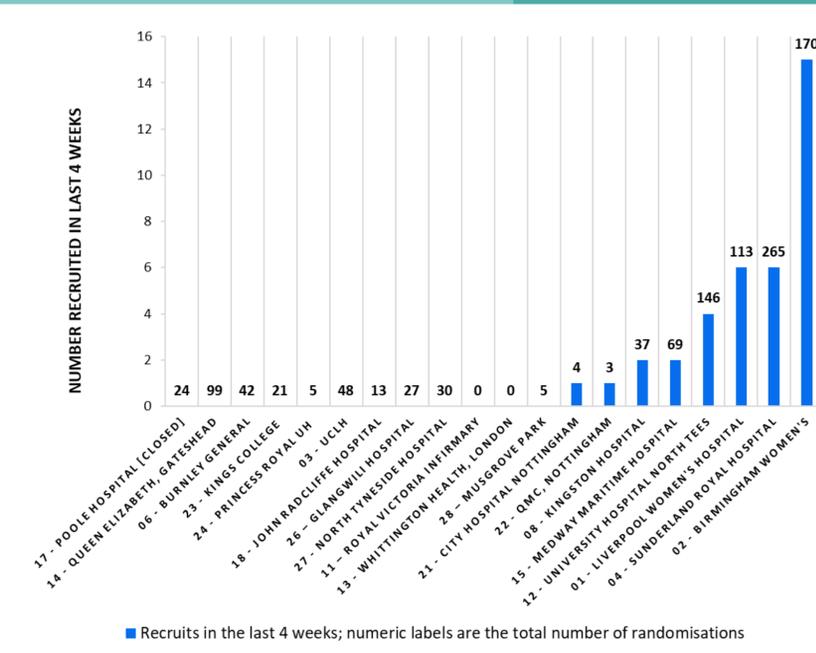


1ST CLASS DELIVERY

20 SITES OPEN

1121 WOMEN RECRUITED

33 MONTHS RECRUITING TO DATE



Top 3 recruiting sites in the last 4 weeks:

- 1st** **Birmingham Women's and Children's NHS Foundation Trust**
- 2nd** **South Tyneside and Sunderland NHS Foundation Trust**
- 2nd** **Liverpool Women's NHS Foundation Trust**

MONTHLY TEMPERATURE LOGS

When sending temperature logs, please provide **confirmation** that the logs have been **reviewed** and whether any temperature deviations have occurred. If there are any deviations outside of **2-8°C**, please flag these, confirming that they were reported to us immediately at the time.

Kits that deviate outside of **2-8°C** must be **immediately quarantined** & returned to pharmacy.

All temperature deviations, including during transit, must be reported to LCTC as soon as site becomes aware by emailing a completed **Temperature Deviation Report**.

DATA COLLECTION

We are pleased to announce that we will shortly be moving to the use of **electronic CRFs** for more efficient site data entry.

To facilitate the move please do ensure that all consent forms and CRFs are provided within the **specified timeframes**. Please look out for the outstanding CRFs spreadsheet provided by **Diane**.

Please can you double check that **all data fields are completed, thank you!**

KIT RE-SUPPLY

2-3 weeks notice is required by LCTC for re-supply. Please can **pharmacy** monitor levels to ensure availability of both **vaginal (V) & caesarean section (C)** kits at all times.

Within re-supply email request, please provide the **max. amount** of kits that can be received in pharmacy and the **ratio of C&V** kits required.

WHO IS CLASSED AS A RECRUIT?

All women randomised in to COPE (treatment kit removed from fridge following confirmation of eligibility) who go on to receive the **COPE treatment or an alternative medicinal treatment for PPH** should be approached for their **consent and followed up as a COPE participant** as per COPE protocol. If a treatment kit was removed from the fridge but a medicinal treatment for PPH was not administered (COPE treatment kit or other) then consent does not need to be sought and they should not be followed up as a COPE participant.

We are very happy to announce that **Birmingham Women's Hospital** were the site that recruited the **1,000th** COPE participant. **Congratulations** to the Birmingham Team — well deserved team treats will be sent your way very soon!

We are so happy to reach this major milestone of **1000+ participants** and would like to say a huge thank you to all of our sites for your continued hard work - we really appreciate all of your work in helping us reach this recruitment milestone and delivering such an important study!



- We would also like to extend a warm welcome to our newest recruiting sites:
- Whittington Hospital, Whittington Health NHS Trust
 - Nottingham City Hospital, Nottingham University Hospitals NHS Trust
 - Queen's Medical Centre, Nottingham University Hospitals NHS Trust
 - Musgrove Park Hospital, Somerset NHS Foundation Trust



CHIEF INVESTIGATOR RESPONSES TO FAQs

Q: Can women be recruited to both **COPE** and **ROTATE**?

A: We are pleased to confirm that we are **happy** for sites to **co-recruit to ROTATE** alongside COPE.

Q: Our usual practice at caesarean section is to give **carbetocin prophylaxis**. For PPH, our usual practice is not to treat with syntocinon on the presumption that the carbetocin renders any further boluses ineffective. How do you advise we recruit to COPE in these situations?

A: Although it makes scientific sense not to use additional oxytocin after carbetocin prophylaxis, it is included in all of the guidelines to give oxytocin treatment irrespective of the prophylaxis used. In line with this it would be perfectly acceptable for you to recruit women who have received carbetocin prophylaxis.

Q: How do we assess eligibility for COPE at **caesarean section**?

A: There is **not a specific blood volume** for PPH in COPE - this allows for flexibility in clinical judgement of PPH. In my practice, if there is a boggy uterus at caesarean section I ask the attending midwife to check for vaginal blood loss. If there is vaginal blood loss then I recruit to COPE. If there is no vaginal blood loss I give additional prophylaxis with an oxytocin infusion. Then, if the bleeding starts later, I can still recruit to COPE as that would be the first PPH treatment.

eCRFs, the option to eConsent (if a woman is discharged prior to consenting on site) & the option to complete eQuestionnaires will shortly be LIVE.

We are excited to be able to roll out the use of **REDCap** for eConsent & eQuestionnaires and **MACRO** for eCRFs. This will allow our sites to input their data directly into the system. This will **increase efficiency** and allow sites to be able to more easily **track data and data queries**.

Training will be provided and **guidance** distributed before these new processes go live at sites.

'HOW TO COPE' SESSIONS

Join the team at the drop in sessions every Wednesday @ 4pm

[Click here to join the meeting](#)