

STRIDER NZAus

Newsletter 24, March 2016

A Randomised Controlled Trial of Sildenafil Therapy In Dismal Prognosis Early-Onset Intrauterine Growth Restriction

Seven new women were recruited in March, this is our second best month ever of recruitment! Well done to the following teams:

Royal Women's Melbourne and Mater Mother's Brisbane with two recruits each; Women's & Children's Hospital Adelaide, Royal Hospital for Women, Sydney, and Christchurch Women's Hospital each with one woman recruited.

**Recruited
to date
70 / 122**

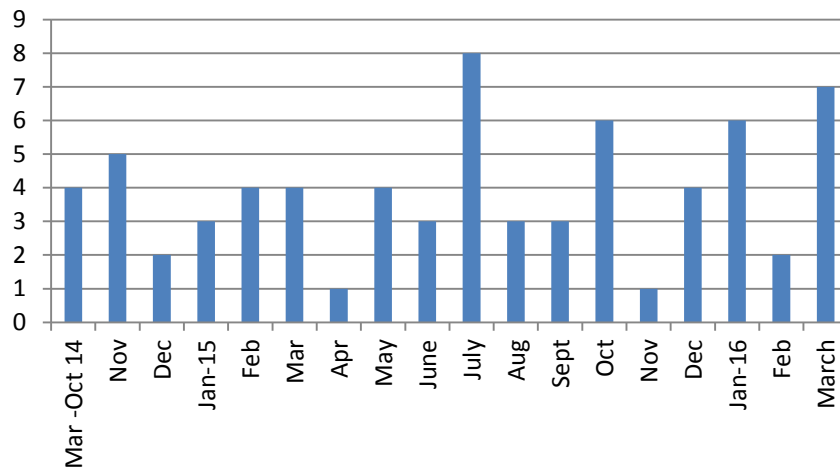
DATE FOR YOUR DIARY: STRIDER team members from all participating centres are invited to attend the **STRIDER NZAus collaborators meeting** on the evening of **Monday, 23rd of May in Townsville**. We will provide a study update, discuss recruitment strategies, how to overcome logistical challenges, and ongoing collaborations. Thank you to those who have already expressed their interest in attending. Details of the meeting will be distributed shortly and we look forward to seeing you there!

This meeting has been planned to coincide with the **PSANZ** Annual Congress, IMPACT and other special interest group meetings taking place.



	Active	Women Recruited
Mater Mother's, Brisbane	✓	18
National Women's, Auckland	✓	16
Royal Women's, Melbourne	✓	9
Royal Brisbane Women's Hospital	✓	7
Women's & Children's, Adelaide	✓	7
KEMH, Perth	✓	5
Christchurch Women's Hospital	✓	4
Wellington Hospital	✓	2
RHW, Sydney	✓	2
RPA, Sydney	✓	0
Mercy Hospital for Women, Melbourne	✓	0
The Townsville Hospital, Queensland	X	-

STRIDER monthly recruitment



STRIDER NZAus Inclusion criteria

1. Singleton pregnancy
- 2a. At $\geq 22^0$ weeks and $\leq 27^6$ weeks: AC measure $\leq 3^rd$ percentile for GA; OR
- 2b. At $\geq 28^0$ weeks and $\leq 29^6$ weeks: EFW $< 700g$

USS measurements for eligibility must have been carried out **≤ 24 hours prior to randomisation.**

STRIDER NZAus Exclusion criteria

1. Known major fetal anomaly/syndrome/ congenital infection deemed likely cause for IUGR
2. Known fetal aneuploidy
3. Plan made for termination
4. Maternal disease (e.g. preeclampsia) where it is expected that delivery is necessary within next 48 hours
5. Any contraindication to sildenafil therapy

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