Paediatric Clinical Research Infrastructure Network

Procedures for the setup of neonatal trials

Neonatal trials and informed consent: Points to consider

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Description	This tool provides a check list of practical points to consider when talking to parents about the possible inclusion of a neonate into a clinical trial
Key words	Neonatal trial, Protocol development, Guidance document, Tool, Informed consent

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Inserm

Disclaimer: Sponsors and researchers unfamiliar with clinical trials in neonates and/or neonatology are advised to seek expert advice due the complexity of neonatology.

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Information of parents: Discussion process and enrolment improvement

Depending on local legislation, informed consent needs to be provided either by one or both parents/legal guardians.[1] However, independent of the legislation, parents prefer that that consent is sought from both.[2] Parental decisions are strongly influenced by how the information is provided, timing and content.[3] Whilst from a legal perspective the written informed consent form is important, most parents feel that the conversation and verbal information provided is more important.[4] Written informed consent documents can be difficult to read and parents may feel that they are lengthy.[5] The readability of these documents can be improved by requesting input from parent or patient organisations and by adhering to existing guidelines.[1,6]

Points to consider when discussing clinical trials with parents

The decision-making process of families during consent is dynamic and will be facilitated by building trusting relationships through the provision of transparent and clear information on the benefit-risk of available treatment options and ensuring the needs of families are addressed proactively.[7-8] Attention should be paid to the possible misconceptions parents may have about the absence of any risk and unrealistic expectations about benefits as this may lead to misunderstandings and harm the trust parents have placed in the clinical team.[3]

A variety of techniques are available to improve the understanding of the information provided during the informed consent process.[8,9] Spending more time with parents appears to be the most effective measure in obtaining parental consent, whilst time pressure may lead to difficulties in having their agreement.[9-10] Jansen-van der Weide et al. have proposed to adapt the consent process to the time constraints depending on the urgency for treatment.[10] However, it is important to remember that parental decision making in extremely stressful situations may be difficult and their ability to provide voluntary consent may be temporarily impaired.[11] Miller et al. have developed a tool to assess the degree of the voluntariness of a parent's decision.[11] Furthermore, continuous consent can be sought in trials where it is unclear whether the voluntariness of parental consent has been compromised.[12,13]

Clinical trial regulations and regulatory documents provide guidance on the informed consent process.[6,14] If informed consent is sought by an investigator, who is not the treating physician, parents may have difficulties establishing a trusting relationship and this should be addressed proactively by the study team.[15,16] On the other hand, if informed consent is requested by the treating physician parents may find it difficult to decline the request and may create conflicts of interest for the physician.[17] On way of addressing these challenges is to introduce the investigator to the parents during standard clinical practice, for example at a routine visit to the clinic or ward rounds.[15,16]

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Finally, it can be challenging to ensure that the informed consent conversation provides all the relevant information and that the language used is understandable.[5] Sponsors may consider training investigators on effective communication and what kind of information needs to be included.[5] Table 1 provides an example of a check list of points to consider when talking to parents about the possible inclusion of a neonate into a clinical trial. This tool has also been published in a peer reviewed journal.[18]

Competing interests

All authors consider not having any competing interests for this tool. BA has worked for GlaxoSmithKline between October 2006 and September 2009 and holds company shares. Between October 2009 and May 2015 she has worked for Novartis.

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Table 1. PedCRIN Tool - Check list of points to consider when talking to parents about the possible inclusion of a neonate into a clinical trial.

Point to consider during informed consent	Done	Delayed	Not applicable	Comments/ notes
Informed consent setting				
Consider approaching parents prior to delivery[1]				
Both parents should be present[2]				
Both parents should be asked for consent[2]				
Offer the possibility to have the responsible nurse and/or doctor, trusted friend and/or family member or a parent from a NICU association joining the conversation[3]				
Ensure parents are comfortable and trust the HCP seeking consent[3,4]				
In multinational trials local beliefs, customs and traditions should be taken into consideration[5]				
Consent information				
Information needs to be clear and well structured[6,7]				
Information should be provided in the parent's native language[2]				
Pause for questions – don't rush[8]				
Provide written information where parents can find additional, independent information and talk to NICU parent organisations[9]				
Reassure that their decision to participate or not will not change level of care[4]				
Clarify that parents can always change their mind and that this does not have any consequences for the routine treatment of their child[4]				
Be prepared to re-explain and reconsent[3,10]				
Adapt communication to what the parents can take in at the time[11,12]				
If parents are struggling with the decision-making process, acknowledge that it is difficult[3,4]				
If parents are anxious provide more support and ask how you can help them, reassure that they should take their time to decide[3,4]				
Benefits				
Don't exaggerate benefits[3]				
Explain how the study will benefit the child[4]				
Explain how the study will benefit neonates with the same condition[4]				
Risks				
Be upfront about potential risks of the study drug/ procedure and the comparator[3,13]				
Explain how study related risks will be minimised[4]				
Address concerns about pain and discomfort proactively[14]				
Study procedures				
Explain whether and how the study will interfere with routine clinical care[4]				
Be clear about additional procedures and follow up – other than what is normally done [15]				
Explain how additional follow up (other than routine) will be organised and address any questions about re-imbursement of costs for transport & additional child care[15]				

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HCP= Health care professional; NICU= Neonatal Intensive Care Unit

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