PAPAGAIO NOVEMBER NEWSLETTER

November 2025

WEBSITE: PAPAGAIO-I.ORG
EMAIL: PAPAGAIO@KCL.AC.UK

Welcome to the next edition of the PAPAGAIO monthly newsletter!

A very warm welcome to our newly opened sites in **Brazil** 🇧🇷, and across **India** 🇮🇳 !

UFMG, **Belo Horizonte**
JNMC, **Belgavi**
BLDE (Deemed to be University), **Vijayapura**
PGIMER, **Bhubaneshwar**
SMS Medical College, **Jaipur**
KIMS, **Hubballi**

Recruitment continued with a fantastic rate in October, with **142** potential participants screened!

We finished October with **102** new participants randomised in the PAPAGAIO trial, bringing our total to **423** as of the end of October!

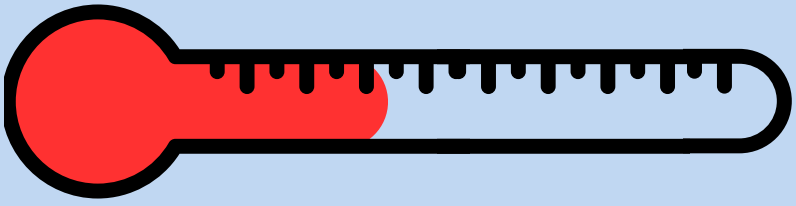
October stats:

Sites open: **12**

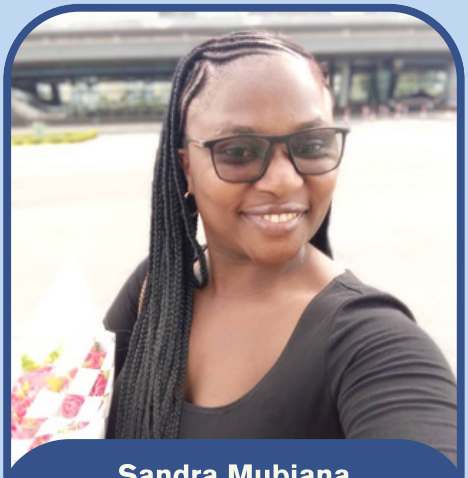
Participants randomised: **102**

Site	Country	Date opened	Total screened	Total randomised	Screened (Oct)	Eligible (Oct)	Randomised (Oct)
Botucatu Medical School	BR	01/07/2025	119	117	23	23	23
Ribeirão Preto	BR	14/08/2025	37	37	19	19	19
Belo Horizonte	BR	09/10/2025	3	3	3	3	3
Women's and Newborns University Teaching Hospital	ZM	15/07/2025	96	67	7	4	4
Ndola Teaching Hospital	ZM	17/07/2025	78	61	3	2	2
Kitwe Teaching Hospital	ZM	17/07/2025	63	49	9	7	7
Kabwe General Hospital	ZM	16/07/2025	80	49	18	7	7
PGIMER, Bhubaneswar	IN	09/10/2025	18	8	18	8	8
JNMC, Belgavi	IN	10/10/2025	8	8	8	5	5
KIMS, Hubballi	IN	27/10/2025	6	5	6	5	5
SMS Medical College, Jaipur	IN	17/10/2025	23	17	23	17	17
BDLE (Deemed to be University), Vijayapura	IN	11/10/2025	5	2	5	2	2
GRAND TOTAL			536	423	142		102

PARTICIPANT TRACKER
GOAL: 1310
Current: 423



MEET THE TEAM: ZAMBIAN SITES



Sandra Mubiana
PAPAGAIO Research Midwife
Kitwe Site

Christine Jere
PAPAGAIO Research Fellow
Ndola Site

Chipo Hamweemba
PAPAGAIO Research Midwife
Ndola Site

Aaron Tembo
PAPAGAIO Research Midwife
Kabwe Site

Josephine Miti and Mercy Kopeka,
PAPAGAIO Research Midwives
Lusaka Site

Dr Meek Mwila, MD
PAPAGAIO Research Fellow
Kabwe Site

Louise Ntamba Mukosa
PAPAGAIO Research Midwife
Kitwe Site

Phillip Gondwe
PAPAGAIO Research Midwife
Kabwe Site

SPOTLIGHT: PAPAGAIO Top Tips from the Zambian Teams

Our Zambian teams have very kindly shared some words of wisdom about how they've been working on PAPAGAIO so far. From database advice to researcher-clinician relations, they've dealt with it all! We are very grateful to learn from them and their wealth of expertise.

Aaron (Research Midwife) highlights the importance of **communication**: "Communication both with the patients and staff at health facilities is very important in preventing loss to follow up. Call to check up on the clients in view of their next appointment and document every activity or encounter you have with clients."

Sandra (Research Midwife): highlights the benefits of **personal development:** "Working as a research midwife the past years has been amazing because I get to learn a lot of things, meet new people and discover myself more."

Sister Chipo (Research Midwife): highlights the need for **good rapport:** "Creating a good relationship with participants is very helpful."

Dr Meek Mwila (Research Fellow): highlights the need to **know when to escalate**:

"1. Always ask your site PI when not sure about what to do, and the KCL central team.

2. Take an interest to learn more about research through online short courses which can be facilitated by the KCL central team. This will make you appreciate what we are doing and how it will change women's lives."

SPOTLIGHT: PAPAGAIO Top Tips from the Zambian Teams

Sister Josephine (Research Midwife): highlights the significance of **consistency**, **collaboration**, and **efficiency:**

"1. Understand the protocol and eligibility criteria.
2. Capture patients from strategic points.
3. Create good rapport with other skilled providers.
4. Explain well to clients in easy language which they can understand.
5. Ensure you get clients' and NOK contacts for easy follow-up.
6. Always document in the diary. This stands as a backup.
7. Keep communicating with clients till discharge so that you don't lose contact.
8. Frequent communication with other team members/researchers to share ideas at the same pace.
9. Respond to queries promptly to avoid backlog of work."

Louise (Research Midwife): highlights the importance of **patience**:

"Patience is very cardinal when recruiting participants, because you have to create a good rapport with the women to promote cooperation as recruitment takes time."

Christine (Research Fellow): highlights the benefits of **collaboration**:

"Being a researcher you need to have a good relationship with the other stakeholders."

PAPAGAIO In Practice

We have another case where the use of PlGF testing has positively influenced clinical outcomes!

At Kabwe, in Zambia, a participant presented with **suspected pre-eclampsia** early in pregnancy. She also had potentially **concerning ultrasound findings** that contributed to this suspicion.

This lady was randomised to the **intervention arm**, receiving a PlGF test. Her PlGF was **normal**, and **instead of terminating** the pregnancy, went on to deliver a healthy baby **at term**!

Both mum and baby are doing well and have been discharged!

We are keen to include interesting case studies in future newsletters. If you have any good examples of where the PlGF result was able to positively influence the care of a patient, please share them with the team at PAPAGAIO@kcl.ac.uk

NOTICES

DATA ENTRY NOTE

We have noted during the data monitoring process that there may be inconsistencies between the definitions of hypertension used in PAPAGAIO and the information recorded in the local clinical notes. To ensure consistency in reporting results for this international trial, please adhere to the PAPAGAIO definitions.

For example, participants with raised BP **before 20 weeks' gestation** may be documented as **chronic** or **transient** hypertension, even if the clinical notes say **gestational hypertension.**

The ISSHP Guidelines for non pre-eclamptic hypertensive disorders of pregnancy:

Type of hypertensive disorder	Definition
Pre-pregnancy or at < 20 weeks	
Chronic hypertension	Hypertension detected pre-pregnancy or before 20 weeks' gestation
Essential	Hypertension without a known secondary cause
Secondary	Hypertension with a known secondary cause (e.g., renal disease)
White-coat hypertension	sBP ≥ 140 and/or dBP ≥ 90 mmHg when measured in the office or clinic, and BP < 135/85 mmHg using HBPM or ABPM readings
Masked hypertension	BP that is <140/90 mmHg at a clinic/office visit, but ≥135/85 mmHg at other times outside the clinic/ office
≥20 weeks	
Gestational hypertension	Hypertension arising *de novo* at ≥ 20 weeks' gestation in the absence of proteinuria or other findings suggestive of pre-eclampsia
Transient gestational hypertension	Hypertension arising at ≥20 weeks' gestation in the clinic, which resolves with repeated BP readings

Please circulate this newsletter with anyone involved in PAPAGAIO who might find it helpful. If a colleague would like to be added to the mailing list, please send an email to PAPAGAIO@kcl.ac.uk

THANK YOU ALL FOR YOUR HARD WORK