



PAPAGAIO

SEPTEMBER NEWSLETTER

September 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 the
PAPAGAIO site that opened in
August:
Ribeirão Preto in Brazil 🇧🇷 !



Recruitment skyrocketed in August, with
159 potential participants screened!

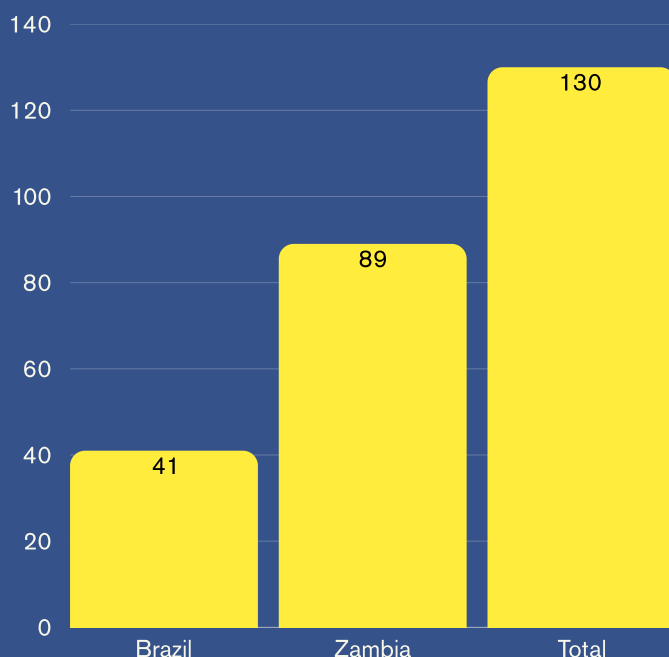
We finished August with **130** new
participants randomised in the
PAPAGAIO trial, bringing our total to
214!

August stats:

Sites open: **6**

Participants randomised: **130**

August Participant Recruitment
Numbers

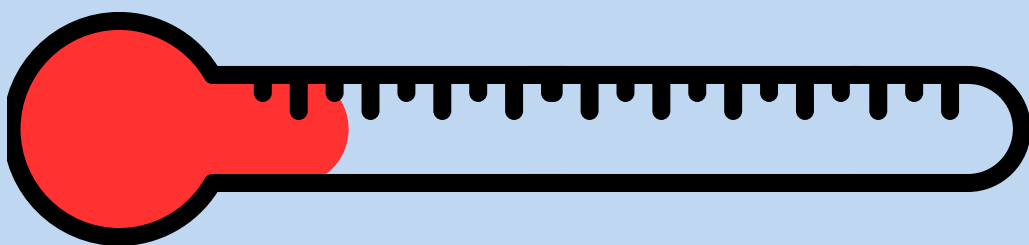


Site	Country	Date opened	Total screened	Total randomised	Screened (August)	Eligible (August)	Randomised (August)
Botucatu Medical School	BR	01/07/2025	64	62	38	37	36
Ribeirão Preto	BR	14/08/2024	5	5	5	5	5
Women's and Newborns University Teaching Hospital	ZM	15/07/2025	59	41	33	26	24
Ndola Teaching Hospital	ZM	17/07/2025	53	44	32	31	27
Kitwe Teaching Hospital	ZM	17/07/2025	34	31	22	19	19
Kabwe General Hospital	ZM	16/07/2025	44	31	29	19	19
GRAND TOTAL			259	214	159		130

PARTICIPANT TRACKER

GOAL: 1310

Current: 214





KEY UPDATES



An **update** to the eligibility criteria:

Please note that there has been an update to the inclusion criteria.

Women are now **not** eligible to be recruited if they are **in labour (any stage)** or if they are **undergoing an induction of labour or termination of pregnancy**.

(Please note this is a change from the previous exclusion criteria of 'active labour, 4cm or more dilated').

Please contact PAPAGAIO@kcl.ac.uk if you have any further queries.

All time entries should be entered using the **24 hour clock**! For example 4pm should be recorded as 16:00.

A **clarification** of eligibility criteria:

Women are **not eligible** to be recruited to the study if they have had a **previous PIGF based test for diagnostic purposes** in this pregnancy (this includes both PIGF testing and sflt-1/PIGF ratio testing). However, if they have had a PIGF test for **screening purposes** in the first trimester, they are **still eligible** for recruitment.

eQC Reminder: The electronic quality control (eQC) should be performed on the Lepzi device **at least weekly**. Please store the print out slips from the eQC checks for future audit purposes.

Days of admission:

If the neonate is admitted to multiple different locations during one day of life you should record the location with **highest level of care**. For example, baby is initially with mum in usual care, then becomes very unwell and at 0800 is admitted to the intensive care unit, later that evening at 2100 the baby has stabilised and is stepped down to the special care unit. This should be recorded as 1 day of admission in the intensive care unit.

The first day of the baby's life counts as **day 1**, no matter what time they were born. For example, if they were born on the 21st and discharged on 23rd, that is 3 days of admission.



ENSURING CLINICIANS ARE AWARE OF THE PLGF RESULT AND WHAT IT MEANS

A RECENT AUDIT OF CLINICAL FILES SUGGESTED THAT WE NEED TO IMPROVE AWARENESS OF THE PLGF RESULT, AS WELL AS CLINICIAN CONFIDENCE IN INTERPRETING PLGF TEST RESULTS, AND INCORPORATING PLGF RESULTS TO GUIDE MANAGEMENT. BELOW, WE HAVE SOME SUGGESTIONS TO HELP IMPROVE THIS. PLEASE LET US KNOW IF YOU HAVE ANY OTHER IDEAS!

We recommend the following at all sites:

- 1.** Site PIs should be made aware of the PIGF results of all participants recruited at their site, they should ensure that the senior clinicians caring for the participants know what the PIGF result is and are confident in interpreting it.
- 2.** Research teams should verbally handover the PIGF result to the doctors and teams caring for the participants.
- 3.** The PIGF result should be documented in the clinical files and ideally, a sticker should be attached to the front of the files - clinicians should be informed about the stickers.
- 4.** Posters explaining the PIGF result should be displayed in the department.
- 5.** Refresher training should be provided regularly at sites during clinical meetings, this can be conducted by site PIs. Please contact the Trial coordinator if you would like support in conducting refresher training.
- 6.** Encourage PIGF results to be communicated during patient handover.



NOTICES

Key word for the month: **BALANCE!**

Recruitment rate has been exceptional so far, but particularly for the established sites, please ensure time is balanced between recruitment efforts and locating participant files to complete the follow-up details on the database!



The **data query** function is **live** and **in use**, please aim to respond to queries within 48 hours! The monitoring team is working hard to assess data quality

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

DOCUMENTATION

Please endeavour to send your master consent forms and patient information leaflets (if translated from English) to the PAPAGAIO email address this month. We also require completed delegation of duties logs, and equipment agreement forms from each site that is open!

Please send all paperwork to papagaio@kcl.ac.uk

THANK YOU!

We recommend that all sites keep participant notes locally even after outcomes have been entered, until the dataset is locked and your site has been monitored.

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

CORRECTION: Last month we published a poem from the World Pre-Eclampsia Day Creative competition- this was actually written by Dr Moses Tamba M'bayoh. Thank you for such a beautiful piece.

THANK YOU ALL FOR YOUR HARD WORK