**Minutes of Maternal Medicine CSG meeting (by teleconference)**

**Wednesday 28 January 2015**

Present: Louise Kenny, Lucy Chappell, Jenny Myers, Ian Crocker, Fiona Denison, Guillermina Girardi, Lucy MacKillop, Fergus McCarthy, Catherine Nelson-Piercy, Marian Knight, Fionnuala McAuliffe, Dharmintra Pasupathy, Shakila Thangaratinam

1. Apologies: Angela Hyde, Tracey Mills, Molly Patterson, Lucilla Poston, Andrew Shennan, Kate Harding, James Duffy
2. Minutes of last meeting (circulated previously)

Approved.

1. Report from RCOG Research Committee meeting (to include update on PICOs submitted) – LP (not present)
2. Priority setting (and process) for developing new research topics: LK outlined the concerns over the long delays between submissions of previous PICOs and the commissioned call appearing and the grant starting but this is being addressed.

*Action: LK to confirm deadline with LP for PICO submission to research committee.*

1. GDM: JM reported that some of the next RQ depend on the final NICE guidelines (which will contain research recommendations) but important to consider care pathways particularly for some groups of women; one option will be to submit a PICO to evaluate care pathways and risk of macrosomia for women with differing levels of hyperglycaemia (JM, FD, FMcA, LM, DP)

*Action: JM to link with other researchers to produce a PICO*

1. Postpartum interventions (in women with hypertension)

Post-partum interventions important, for both next pregnancy outcomes and long-term health of the woman

GDM and risk of subsequent type 2 diabetes (interest from ST, FM, JM)

 Interventions post-pregnancy hypertension: - suggest Basky Thaliganathan, LM, FMcC, JM, LM, FD

 *Action: LK to contact Basky and discuss PICO submission with individuals above*

1. Stratified medicine

This has arisen in response to the MRC commissioned call for stratified medicine and could cover any area. JM is reshaping a previous grant for stratified medicine for risk of subsequent hypertensive disease

*Action: JM to liaise with LP re the MRC call (FD – re hypertension, MK – re maternal medical conditions)*

1. Drug safety in pregnancy

Two areas identified: 1) commonly used drugs in pregnancy that are off-license (e.g. many antihypertensives) and 2) drugs used for rarer diseases in pregnancy (e.g. biologics). Need to link with Mark Turner (neonatologist), pharmacist (tbc). Ian Crocker involved in EU grant looking at drug safety.

*Action: MK and CNP to produce PICO for feasibility study for linkage studies and consideration of more formal drug registry, linking with Mark Turner (Liverpool) – LK to discuss with Mark Turner.*

1. Core outcome sets (COS) for maternal medicine

LCC and others reported that the COMET and CROWN initiatives are promoting development of COS, and that the MM CSG could get involved in supporting this development. It would be useful to avoid duplication. ST is working on a COS for epilepsy in pregnancy, and for diet and lifestyle interventions in pregnancy. It was agreed that it would be useful to invite James Duffy to join the group as a trainee rep.

*Action: LC to invite James Duffy formally*

1. Appointment of vice-chair: LK thanked LC for her work as secretary, as LC is now standing down; LK invited

*Action: executive members interested in acting as Vice-Chair to let LK know*

1. AOB

It was agreed that all should be welcome in the wider Maternal Medicine CSG membership, but that the executive would remain at around 20 individuals with multidisciplinary representation, to make working arrangements feasible. If an executive member was unable to make three consecutive meetings, they would be asked if they wished to pass the commitment to someone else.

1. Dates of next meetings (inc KH to update on arrangements for MOMS)
* Wednesday 22nd April: joint with MOMS – timings to be confirmed by KH once programme finalised

*Action: LK to liaise with KH)*

* Thursday 9th July:  11.00am-1.00pm
* Friday 2nd October: 1.00pm-3.00pm