

OVER 20 PATIENTS

Ahmadu Bello UTH, Sulayman Hajaratu Umar
 Braithwaite Spec Hosp, Paul Ledee Kua
 Ekiti State UTH, JO Awoleke
 FMC Ido-Ekiti, Augustine Adebayo Adeniyi
 FMC Owerri, Emily Nzeribe
 Kogi State Spec Hosp, Osawaru Godwin Ukpomwan
 National Hospital Abuja, Olubunmi Ladipo
 LAUTECH Ogbomosho Site, Adetunji Oladeni Adeniji
 Wesley Guild Hospital, Babalola Adeyemi



FMC Ido-Ekiti



FMC Owerri



Wesley Guild Hospital



LAUTECH Ogbomosho

SITES RECENTLY STARTED
 Aminu Kano TH, Hadiza Galadanci
 FMC Bida, Ikemefuna Nwosu
 FMC Umuahia, Enyinnaya Chikwendu Nduka
 FMC Yenagoa, Amaitari Bariweni
 Gwarimpa GH, Abdulhakeem Olajide Akintobi



Minna General Hospital

Every patient counts

MORE SITES TO START SOON:
 Usmanu Danfodiyo UTH, Swati Singh
 Federal TH Gombe, GS Melah
 University of Nigeria TH, Enugu, EP Ezenkwele
 General Hospital Minna, Gana Mohammed
 Abubakar Tafawa Balewa UTH, BM Aminu
 Federal TH Abakaliki, OIJ Umeora
 FMC Keffi, Achara Peter
 Ajeromi GH, Onaolapo Nurudeen
 State Spec Hosp Akure, Irinyenikan Theresa

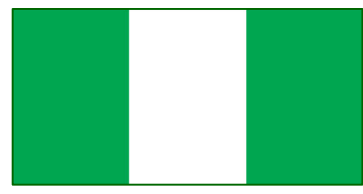
Every obstetrician and midwife in Nigeria is fully aware of their country's maternal mortality statistics. With one in 13 women dying in childbirth this is an everyday occurrence for many them. Every day doctors and midwives are left to do their best for their women who social, economical and political reasons which cannot be addressed by the medical profession are at a high risk of dying.

However, health care professionals can make a huge difference for the women who present to them for care. They can ensure that they provide the best cost effective evidence based care so that a woman's chances of survival increase and that her family are not burdened with unnecessary costs for ineffective interventions. Additionally, doctors can contribute to finding more effective ways to treat the women.

Nigeria's doctors and midwives have embraced their responsibility to contribute to finding more effective ways to treat postpartum haemorrhage by participating in the WOMAN trial. Nearly 4,500 women have already been recruited in 41 hospitals across Nigeria and there are 10 more awaiting approvals to join the trial. Not only will you make a difference to the women in Nigeria, but to women globally. Your contribution is especially vital now that we will need to recruit a total of 7,500 women from Nigeria to meet the new sample size target of 20,000 patients.

A special thank you to all the collaborators who attended the National meeting in Lagos. It is always special for me to meet the front line team of the WOMAN trial – you are the true researchers!

Haleema



WOMAN TRIAL IN NIGERIA

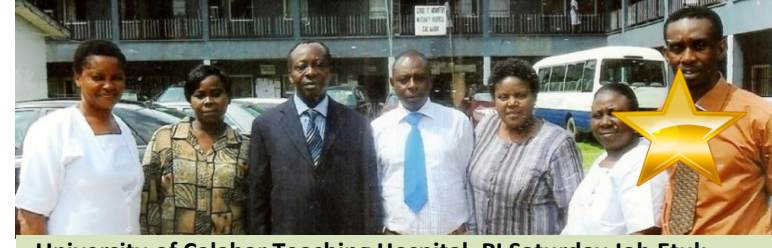


12,000 PATIENTS RECRUITED WORLDWIDE

Over 600 patients **STAR PERFORMERS** Almost 500 patients



Mother & Child Hospital Akure, PI Adesina Akintan



University of Calabar Teaching Hospital, PI Saturday Job Etuk



University of Ilorin Teaching Hospital, PI Abiodun Peter Aboyeji



University College Hospital Ibadan, PI Oladapo Olayemi



University of Abuja Teaching Hospital



Adeoyo Maternity Hospital

Over 100 patients
 Adeoyo Mat Hospital, Akintunde Ayinde
 Delta State UTH, Lawrence Omo-Aghoja
 FMC Abeokuta, Moses Alao
 FMC Gusau, Kamil Shoretire
 FMC Katsina, Ibrahim Habib
 FMC Lokoja, Onile Temitope
 FMC Owo, Olufemi Akinsanya
 Irrua Specialist TH, Felix Okogbo
 Lagos UTH, Omololu Adegbola
 Maitama DH, Frank Alu
 Univ of Abuja TH, Olatunde Onafowokan



FMC Gusau



Irrua Specialist Teaching Hospital



Delta State University Teaching Hospital

Congratulations!



FMC Abeokuta



Maitama District Hospital



FMC Owo



FMC Katsina



FMC Lokoja



Lagos University Teaching Hospital



A JOB WORTH DOING IS WORTH DOING WELL!

I wonder whether others felt like me. My first reaction to the initial sample size of WOMAN trial of 15,000 women was why not 20,000 women. I reckon that this feeling was intuitive. One had come to accept that any study in the perinatal field aiming to investigate mortality must aim to include 20 something thousands to be able to make meaningful deductions.

The recent development of increasing the WOMAN trial sample size to 20,000 is therefore most welcome. However, it comes at a price. It comes with an increased demand on all of us for our time, dedication and effort to the trial. I am not in any doubt about the dedication of all teams at all sites! This short piece is to commend everyone for your commitment and hard work as the trial unfolds. And your commitment and hard work are indicated in the periodic trial progress reports which make for a satisfactory reading.

I will also use this opportunity to welcome new arrivals to the WOMAN trial team in Nigeria: **Aminu Kano Teaching Hospital**, Kano, led by Hadiza Galadanci; **Braithwaite Memorial Specialist Hospital**, Port Harcourt, led by Paul Kua; **Federal Medical Centre Umuahia**, led by Enyinnaya Ndukaand; and **Federal Medical Centre Yenagoa**, led by Amaitari Bariweni. We look forward to more hospitals joining the trial in the coming months.

And so, as we enter this last lap of 8,000 women, let us be guided by the principle that the burden is lighter if everyone does his or her little bit conscientiously.

Bukola Fawole, on behalf of the Nigeria Coordinating Centre

FOCUS ON MAKING SURE WE RECRUIT ALL SEVERITY OF PATIENTS

In the trial the majority of patients enrolled so far are those who are at low risk of the primary outcomes (death and hysterectomy).

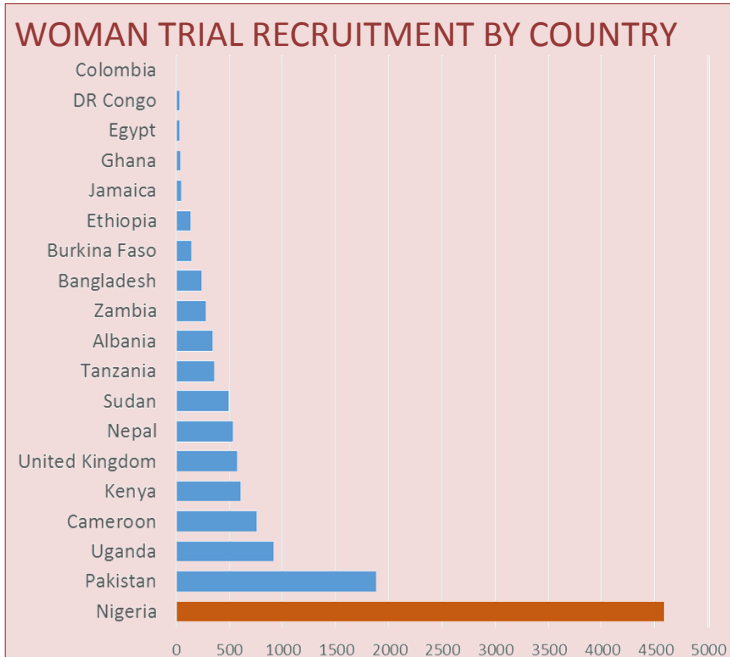
To make sure we achieve the primary outcome event rate, we need more patients who are at higher risk of these events.

Please make sure you include women where:

- (1) you are about to start a blood transfusion for the PPH
- (2) the PPH is accompanied by cardiac instability.



Nigerian sites have recruited more than a third of all patients in the trial so far.



- ### TOP TIPS FOR MAKING THE TRIAL SUCCESSFUL AT YOUR HOSPITAL
1. Involvement of the PI
 2. Support from hospital management
 3. Putting in place a great trial team
 4. Midwives should be part of the trial team
 5. Trial pharmacist onboard
 6. Keeping the Investigator Study File up to date

Over 50 patients

- FMC Azare, Umar Ibrahim
- FMC Birnin-Kebbi, Yusuf Tanko Sununu
- FMC Makurdi, Andrea Jogo
- Jos UTH, Josiah Mutahir
- Lagos Island Mat Hosp, Aigbe Gregory Ohiho
- Lagos State UTH, Oluwarotimi Ireti Akinola
- LAUTECH Osogbo, Adetunji Oladeni Adeniji
- Nnamdi Azikiwe UTH, Joseph Ikechebelu
- Nyanya GH, Ola Nene Okike
- Obafemi Awolowo UTH, Babalola Adeyemi
- Plateau State Spec Hosp, William Nengak Golit
- Seventh Day Adventist Hosp, Owigho Peter Opreh
- Univ of Maiduguri TH, Audu Idrisa
- Univ of Uyo TH, Aniefiok Umoiyoho



Plateau State Specialist Hospital



Obafemi Awolowo UTH



Seventh Day Adventist Hospital



FMC Birnin-Kebbi



Jos University Teaching Hospital



Lagos State University Teaching Hospital



LAUTECH Osogbo



Nyanya General Hospital



University of Uyo Teaching Hospital



FMC Azare



Sade Adetayo and Jide Okunade, the two hard working Assistant Trial Coordinators in the Nigeria Coordinating Centre

Jide writes: It is worthy of note to learn that the Nigerian collaborators have set the pace in this important study. Your responsiveness, warm receptions and eagerness to get result, even under challenging situations many a time, have been most encouraging. Please, let us keep at blazing the trail with our continued commitment and support to make a success of this study. I am optimistic your efforts will make maternal health better off. Thank you for being there all the while. **We are counting on you!**

RECRUITMENT IN NIGERIA SO FAR...

