

Towards a UK–Australia Platform Trial Collaboration for Safer Birth at Term

Learning from recent Australian and UK discussions

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Key message:

The goal is not to export WOMBAT, but to co-design a collaborative UK–Australia programme that can evolve into a sustainable platform-trial infrastructure.

What we heard from colleagues on 19 June

Strong support for:

- ✓ UK–Australia collaboration
- ✓ More efficient evaluation of important questions around birth
- ✓ Pragmatic, low-burden trial methods
- ✓ Building sustainable platform infrastructure

Five Key points:

- Aiming for 5–10 trial-ready questions across the whole of intrapartum and first-hour newborn care is not feasible
- A narrower area of care, e.g. minimising harms from induction of labour, is a more practical starting point
- Flexible participation is preferable to requiring sites to participate in all domains
- Existing groups should retain ownership and leadership of their research priorities
- The collaboration should be co-designed and named by UK and Australian partners from the outset

Possible pathway 2026-27

- Scoping review
↓
- Consumer and stakeholder engagement
↓
- Delphi prioritisation
↓
- Selection of 1-2 initial high-priority questions
↓
- Master protocol development
↓
- UK–Australia funding applications
↓
- Platform launch and progressive expansion

- Start with 1-2 feasible, high-priority questions
- Build incrementally rather than launching multiple domains simultaneously.

A narrower initial focus: Inducing labour?

Potential candidate questions should represent:

- A common clinical problem
- Clear unmet need
- Pragmatic trial design
- Potential for large-scale recruitment
- Can evaluate maternal and neonatal outcomes

A narrower initial focus: Inducing labour?

Potential question:

Is enhanced balloon catheter safer and more effective than current induction practice?

This is an example only.
Actual questions/ domains
Will be identified by
Stakeholder endorsed
consensus

Relevant ongoing work:

Justus Hofmeyr and Richard Lilford are exploring whether enhanced balloon induction/ augmentation with a new catheter device offers

- a more physiological alternative to amniotomy and pharmacological augmentation
- without need for oxytocin
- reducing risk of uterine hyperstimulation

A narrower initial focus: Inducing labour?

Potential question:

Are different doses of oxytocin safer and more effective than standard practice for inducing labour or for maintaining it after active labour is established?

Relevant ongoing work:

- Sarah Kenyon and Brad de Vries are evaluating different oxytocin doses before or after inducing labour

This is an example only.
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Traditional vs flexible model

Traditional model:

All participating sites evaluate all interventions

Potential concerns:

- Loss of ownership
- Reduced flexibility
- Barriers to participation

Alternative model:

Optional participation in selected domains

- A site interested in balloon catheter induction could join that domain only.
- Women who choose to participate after discussion with their midwife or obstetrician could be randomised within the relevant domain.

Potential advantages:

- Greater flexibility
- Broader engagement
- Easier integration with existing research programmes

From WOMBAT to co-designed collaboration

- **What we are NOT proposing**

- UK colleagues joining an existing Australian platform

What we ARE proposing:

- A jointly designed UK–Australia collaboration, with

- Shared prioritisation
- Shared governance
- Shared methodological development
- Shared funding applications

The name, governance structure and platform model would emerge through collaboration.

Discussion

- What should the next concrete steps be?
- Should we aim for a UK collaborators' meeting in November 2026?