



PARTICIPANT INFORMATION SHEET

Study Title: Compression Stocking At Labour Epidural Analgesia On Maternal Hypotension: A Blinded Randomised Sham-Controlled Trial

Version No: 1

Version Date: 1/5/2025

We would like to invite you to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully; talk to others about the study if you wish.

Ask us if there is anything that is not clear or if you would like more information. Please take your time to decide whether or not you wish to take part.

1. What is the purpose of this study?

This study aims to evaluate whether wearing compression stockings during labour can reduce the risk of maternal hypotension (low blood pressure) following epidural analgesia.

2. Why is this study important?

Epidural analgesia is a common and effective method for pain relief during labor. However, it can sometimes lead to a drop in the mother's blood pressure and can cause symptoms like dizziness, nausea or may affect the baby. Treatment for maternal hypotension include intravenous fluids and medications. Compression stockings are worn on the legs and may help improve blood flow and prevent hypotension. Therefore, we would like to evaluate if wearing compression stocking at the time of epidural insertion helps reduce the risk of this drop in blood pressure.

3. What type of study is this?

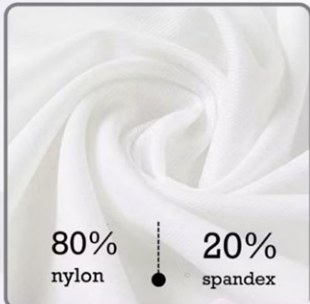
This is a double blind randomized controlled trial. Participants will be randomly assigned to wear either standard compression stockings or a loose-fitting version. Neither you nor the staff recording outcomes will know which type you receive.

4. What is the procedure that is being tested? (If applicable)

A compression stocking will be applied 30 minutes before epidural analgesia and kept on until delivery.

Premium Material

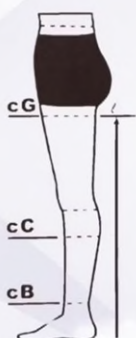
Breathable
Comfort Pressure
High Elasticity
Tear Resistance



80% nylon | 20% spandex

Measurement Guide

Compression Stocking



Size	Circumference		
	cB	cC	cG
SS	17-20	26-32	38-47
S	20-23	30-36	44-55
M	23-26	34-40	50-61
L	26-29	38-44	56-68
XL	29-32	42-48	62-70
XXL	32-35	46-52	68-82
XXXL	35-38	50-56	74-88

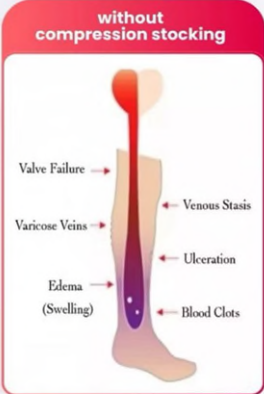
Thigh high & Knee high

Wearing Methods

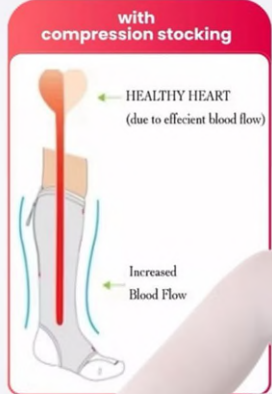
- Trim Nails to Prevent Scratching Compression Socks
- As shown, use both hands to turn the inside out except for the toes to heel area
- Slightly open the pantyhose, start from the toe, and slowly put it to the heel
- Slowly flipping the pantyhose, pull up & adjust to make the front of ankle smooth & wrinkle-free, and the toes
- After placing the socks over the ankles, in 'Z' shape to stretch the socks to the legs
- Continue to flip the inside of the pantyhose, while pulling up smoothly until to the thigh high

How Compression Stocking Work?

without compression stocking



with compression stocking





5. Does the investigatory product contain culturally sensitive ingredients eg: bovine or porcine? (if applicable)
Not applicable

6. Why have I been invited to participate in this study?
You are selected to participate in this research study because you are at term (≥ 37 weeks) admitted for planned vaginal birth, are planning to receive epidural analgesia in labor and meet the inclusion criteria of this study.

7. Who should not participate in the study?

You should not participate in this study if you have:

- more than one baby (twins or more)
- very high blood pressure in pregnancy ($\geq 160/110$ mmHg)
- heart disease or abnormal heart rhythm
- any skin reaction or contraindication to wearing TED stocking
- contraindications to epidural analgesia
- compression stocking size $\geq 3XL$

8. Can I refuse to take part in the study?

Yes, participation is entirely voluntary. If you decide not to participate, your medical care will not be affected in any way.

9. What will happen to me if I take part?

At recruitment:

- You will be asked to read and sign a consent form.

During labour:

- Before your epidural, you will wear a pair of compression stockings according to your group allocation.
- You will continue to receive standard care during labour and after delivery.

After the epidural:

- Your blood pressure and symptoms (e.g. nausea, vomiting, dizziness, palpitation) will be recorded.
- Labour progress and baby's heart rate will be monitored as per usual care.

10. Will there be any charges for the compression stocking?

There will be no cost to participants for the provision of compression stockings.

11. How long will I be involved in this study?

From the time of recruitment until after you have delivered your baby.

12. What are the possible disadvantages and risks?

The risks associated with participation in this study are minimal. The primary intervention involves wearing compression stockings, which are routinely used in clinical practice. Potential risks include:

- Discomfort or tightness from the stockings, especially if worn for an extended period.
- Skin irritation or allergic reaction to the stocking material, although rare.
- Feeling of pressure or restricted movement, which may cause mild inconvenience during labour.

To minimize these risks:

- Participants will be screened for contraindications to compression stockings (e.g., skin conditions, known allergy, or peripheral vascular disease) prior to enrolment.
- Correct sizing will be ensured for those in the intervention group; the control group will receive larger-sized stockings with minimal compression.
- Stockings will be applied and removed by trained staff, and participants will be

monitored for any signs of discomfort or adverse effects.

If you experience significant discomfort or request to remove the stockings, you may do so without affecting their standard clinical care.

There is no additional physical procedure beyond routine labour management. The time burden is limited to consenting and data collection, which aligns with standard hospital monitoring. Participation is voluntary, and participants may withdraw at any time without affecting their medical care. All data will be kept confidential.

By taking these precautions, the study minimizes risk while aiming to improve maternal care during labour.

13. What are the possible benefits to me?

There may or may not be direct benefit to you. You may experience fewer symptoms of low blood pressure after the epidural. The findings may help improve care for other women in future.

14. Who will have access to my medical records and research data?

Only the investigators will have access to your medical records and research data.

15. Will my records/data be kept confidential?

All your information obtained in this study will be kept and handled confidentially, following applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study and your medical care, qualified monitors, auditors, the sponsor, its affiliates and governmental or regulatory authorities may inspect and copy your medical records, where appropriate and necessary. Data from the study will be archived for analysis, but your identity will not be revealed at any time.

16. What will happen to any samples I give? (If applicable)

Not applicable.

17. What will happen if I don't want to carry on with the study?

You are allowed to withdraw at any point of the study without having to explain and withdrawal will not affect your care.

18. What if relevant new information about the procedure/ drug/ intervention becomes available? (If applicable)

Not applicable.

19. What happens when the research study stops? (If applicable)

If the study is stopped early for any reason, you will be informed. Your care will be carried out as per usual practice.

20. What will happen to the results of the research study?

We intend to publish the finding of the study in a high impact research journal to spread the knowledge and encourage further study.

- 21. Will I receive compensation for participating in this study?**
No, there will not be any compensation provided and no additional expense.
- 22. Who funds this study?**
The Department of Obstetrics & Gynecology, University of Malaya Medical Centre.
- 23. Who should I contact if I have additional questions/problems during the course of the study?**
If you have any questions about the study, please contact the study doctor.
Dr Nur Farhah Najwa Binti Ayub,
Obstetrics & Gynecology Department, UMMC.
H/P: 013-3696535
- 24. Who should I contact if I am unhappy with how the study is being conducted?**
Medical Research Ethics Committee

University of Malaya Medical Centre

Telephone number: 03-7949 3209/2251



LEMBARAN MAKLUMAT PESERTA

Tajuk Kajian : Kesan Penggunaan Stoking Mampatan Semasa Analgesia Epidural Bersalin Terhadap Hipotensi Ibu: Sebuah Kajian Rawak Terkawal 'Sham' Dwi-Buta

No.Versi : 1

Tarikh Versi : 1/5/2025

Kami ingin menjemput anda untuk mengambil bahagian dalam penyelidikan ini. Sebelum anda memutuskan untuk mengambil bahagian, anda perlu memahami tujuan penyelidikan ini dilakukan dan apa yang akan dilakukan. Luangkan masa untuk membaca maklumat berikut dengan teliti; berbincang dengan orang lain mengenai kajian jika anda berminat.

Tanyakan kepada kami jika ada perkara yang tidak jelas atau jika anda mahukan lebih banyak maklumat. Luangkan masa untuk memutuskan sama ada anda mahu menyertai atau tidak.

Perhatian kepada penyelidik: Sila isi/menjawab menggunakan Bahasa awam seperti mana anda bercakap dengan peserta kajian.

1. Apakah tujuan kajian ini?

Kajian ini bertujuan untuk menilai sama ada pemakaian stoking mampatan semasa bersalin boleh mengurangkan risiko hipotensi (tekanan darah rendah) ibu selepas analgesia epidural.

2. Mengapakah kajian ini penting?

Analgesia epidural adalah kaedah yang biasa dan berkesan untuk melegakan kesakitan semasa bersalin. Namun begitu, ia kadangkala boleh menyebabkan penurunan tekanan darah ibu dan gejala seperti pening, loya atau menjejaskan bayi. Rawatan bagi hipotensi ibu termasuk pemberian cecair melalui intravena dan ubat-ubatan. Stoking mampatan dipakai di kaki dan boleh membantu melancarkan aliran darah dan mencegah hipotensi. Oleh itu, kami ingin menilai sama ada pemakaian stoking mampatan semasa pemasangan epidural dapat mengurangkan risiko penurunan tekanan darah ini.

3. Apakah jenis kajian ini?

Ini ialah kajian kawalan rawak berganda-buta. Peserta akan dibahagikan secara rawak untuk memakai sama ada stoking mampatan biasa atau versi yang longgar. Anda dan staf yang merekodkan keputusan tidak akan tahu jenis stoking yang dipakai.

4. Apakah prosedur yang diuji?

Stoking mampatan akan dipakaikan 30 minit sebelum analgesia epidural dan dipakai sehingga bersalin.

5. Adakah produk kajian mengandungi bahan sensitif dari segi budaya seperti lembu atau babi?

Tidak berkenaan.

6. Mengapa saya dijemput untuk menyertai kajian ini?

Anda dipilih untuk menyertai kajian penyelidikan ini kerana anda telah mencapai tempoh matang kehamilan (≥ 37 minggu) dan dimasukkan ke wad untuk proses bersalin secara normal yang dirancang. Selain itu, anda juga bercadang untuk mengambil suntikan tahan sakit epidural semasa bersalin dan memenuhi kriteria penyertaan kajian ini

7. Siapakah yang tidak boleh menyertai kajian ini?

Anda tidak boleh menyertai kajian ini jika anda:

- Mengandung lebih daripada seorang bayi (kembar atau lebih)
- Mempunyai tekanan darah tinggi yang sangat tinggi semasa mengandung ($\geq 160/110$ mmHg)
- Mempunyai penyakit jantung atau ritma jantung yang tidak normal
- Mempunyai reaksi kulit atau kontraindikasi terhadap pemakaian stoking TED
- Mempunyai kontraindikasi terhadap analgesia epidural
- Saiz stoking mampatan $>3XL$

8. Bolehkah saya menolak untuk menyertai kajian ini?

Ya, penyertaan adalah sepenuhnya secara sukarela. Jika anda memutuskan untuk tidak menyertai, rawatan perubatan anda tidak akan terjejas.

9. Apakah yang akan berlaku jika saya menyertai?

Semasa pengambilan peserta:

- Anda akan diminta membaca dan menandatangani borang persetujuan.

Semasa bersalin:

- Sebelum epidural, anda akan memakai sepasang stoking mampatan mengikut kumpulan yang telah ditetapkan.
- Anda akan terus menerima penjagaan standard semasa bersalin dan selepas bersalin.

Selepas epidural:

- Tekanan darah dan simptom anda (contohnya loya, muntah, pening, berdebar-debar) akan direkodkan.
- Perkembangan bersalin dan kadar denyutan jantung bayi akan dipantau seperti biasa.

10. Berapa lamakah saya akan terlibat dalam kajian ini?

Dari masa anda direkrut sehingga selepas anda melahirkan bayi.

11. Apakah kemungkinan risiko atau kesan sampingan?

Stoking mampatan digunakan secara rutin di hospital dan tidak dijangka menyebabkan mudarat. Namun begitu, ia mungkin menyebabkan iritasi kulit atau ketidakselesaan dalam kes yang jarang berlaku.

12. Apakah kemungkinan manfaat kepada saya?

Mungkin ada atau tiada manfaat secara langsung kepada anda. Anda mungkin mengalami kurang simptom tekanan darah rendah selepas epidural. Penemuan kajian ini mungkin membantu meningkatkan penjagaan kepada wanita lain pada masa akan datang.

13. Siapakah yang akan mempunyai akses kepada rekod perubatan dan data penyelidikan saya?

Hanya penyelidik yang akan mempunyai akses kepada rekod perubatan dan data penyelidikan anda.

14. Adakah rekod/data saya akan dirahsiakan?

Semua maklumat anda yang diperoleh dalam kajian ini akan disimpan dan dikendalikan secara sulit, mengikut undang-undang dan/atau peraturan yang berkaitan. Semasa penerbitan atau pembentangan hasil kajian, identiti anda tidak akan didedahkan tanpa kebenaran bertulis. Pihak yang terlibat dalam kajian dan penjagaan perubatan anda, pemantau yang berkecuali, juruaudit, penaja, dan pihak berkuasa berkenaan mungkin memeriksa dan menyalin rekod perubatan anda jika perlu. Data kajian akan diarkibkan untuk analisis tetapi identiti anda akan sentiasa dirahsiakan.

15. Apakah yang akan berlaku kepada sebarang sampel yang saya berikan?

Tidak berkenaan.

16. Apakah yang akan berlaku jika saya tidak mahu meneruskan penyertaan dalam kajian ini?

Anda boleh menarik diri pada bila-bila masa tanpa perlu memberikan alasan dan ia tidak akan menjejaskan penjagaan anda.

17. Apakah yang akan berlaku jika terdapat maklumat baru berkaitan prosedur/ubat/intervensi ini?

Tidak berkenaan.

18. Apakah yang berlaku jika kajian ini dihentikan?

Jika kajian ini dihentikan lebih awal atas sebarang sebab, anda akan dimaklumkan. Penjagaan anda akan diteruskan seperti biasa.

19. Apakah yang akan berlaku kepada hasil kajian?

Kami berhasrat untuk menerbitkan penemuan kajian ini dalam jurnal penyelidikan berimpak tinggi untuk menyebarkan ilmu dan menggalakkan kajian lanjut.

20. Adakah saya akan menerima sebarang bayaran kerana menyertai kajian ini?

Tidak, tiada bayaran atau pampasan akan diberikan dan tiada kos tambahan dikenakan.

21. Siapakah yang membiayai kajian ini?

Jabatan Obstetrik & Ginekologi, Pusat Perubatan Universiti Malaya.

22. Siapakah yang boleh saya hubungi jika saya mempunyai soalan/masalah semasa kajian ini dijalankan?

Sekiranya anda mempunyai sebarang soalan berkaitan kajian ini, sila hubungi penyelidik utama:

Dr Nur Farhah Najwa Binti Ayub

Jabatan Obstetrik & Ginekologi, UMMC

H/P : 013-3696535

23. Siapakah yang boleh saya hubungi jika saya tidak berpuas hati dengan cara kajian ini dijalankan?

Jawatankuasa Etika Penyelidikan Perubatan

Pusat Perubatan Universiti Malaya

Telefon: 03-7949 3209 / 2251