

# Supplementation with Multiple Micronutrients Intervention Trial

<b>Submission date</b> 29/03/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 31/03/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 11/06/2019	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Anuraj Shankar

**Contact details**  
Department of Nutrition  
Harvard School of Public Health  
665 Huntington Ave  
Boston MA  
United States of America  
02115  
+1 617 432 4028  
ashankar@hsph.harvard.edu

## Additional identifiers

**Protocol serial number**  
N/A

## Study information

**Scientific Title**  
Supplementation with Multiple Micronutrients Intervention Trial

## **Acronym**

SUMMIT

## **Study objectives**

Initial study:

Prenatal multivitamin supplementation, in comparison to iron/folate supplements, will reduce maternal mortality, infant mortality, and improve birth weight.

10 year follow-up study:

10-year follow-up of the Supplementation with Multiple Micronutrients Intervention Trial (Summit), the Summit Institute of Development (SID) in Mataram, Indonesia will assess the health and cognitive development of children at 8-11 years of age whose mothers had consumed multiple micronutrient supplements, as compared to iron and folic acid, during pregnancy and 3 months postpartum.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Not provided at time of registration

## **Study design**

Randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Prevention

## **Health condition(s) or problem(s) studied**

Maternal and infant mortality and morbidity, and birth weight

## **Interventions**

Initial study:

Prenatal supplementation with either iron and folate or with a multivitamin containing iron, folate, vitamins A, B1, B2, B6, B12, C, D and E, along with niacin, zinc, copper, selenium, and iodine

10 Year follow-up study:

Nearly 30,000 children will be assessed for school performance, mortality and morbidity, with approximately 3,000 of these to be evaluated for cognition, developmental status, and physiological and immune function. The scientists, including Husni Muadz (University of Mataram), Anuraj Shankar (Harvard University), Elizabeth Prado (UC Davis), Susy Sebayang, Mandri Apriatni and Ben Harefa (SID), Michael Ullman (Georgetown University), and Katie Alcock (Lancaster University), aim to document the scope and pathways whereby maternal nutrition may have long term effects on human potential, thereby providing needed evidence to inform global policy.

## **Intervention Type**

Other

## **Phase**

Not Specified

### **Primary outcome(s)**

1. Miscarriage
2. Stillbirth
3. Perinatal mortality
4. Neonatal mortality
5. Early neonatal mortality
6. Late neonatal mortality
7. Infant mortality
8. Maternal mortality
9. Preterm birth
10. Birthweight
11. Low birthweight

### **Key secondary outcome(s)**

Current secondary outcome measures as of 31/12/2014:

1. Child motor, cognitive, and socio-emotional development and health and morbidity at 9-12 years
2. Child anthropometry and nutritional status at 9-12 years
3. Child hemoglobin concentration at 9-12 years
4. An adapted version of the Home Observation for the Measurement of the Environment (HOME) as an indicator of the household cognitive development environment at 9-12 years
5. Maternal socio-emotional status at 9-12 years
6. Child biochemical nutritional status and biochemical markers of stress and immune function at 9-12 years
7. Child activity level, physiologic regulation and anatomical complexity at 9-12 years

Previous secondary outcome measures as of 03/03/2011:

1. Maternal Cognition and Mood
2. Child Motor, Cognitive, and Socio-Emotional Development and Health and Morbidity at age 42 months
3. Child Anthropometry and nutritional status, including dietary habits, at age 42 months
4. Child Hemoglobin concentration at age 42 months
5. An adapted version of the Home Observation for the Measurement of the Environment (HOME) as an indicator of the household cognitive development environment
6. Weight gain during pregnancy
7. Maternal biochemical nutritional status and biochemical markers of pregnancy progression

Previous secondary outcome measures:

1. Hemoglobin levels
  - a. At 36 weeks gestational age
  - b. Within 1 week of birth
  - c. At 12 weeks post-partum
  - d. Within 1 month of enrollment by 1st, 2nd, and 3rd trimester of enrollment
2. Gestational age
3. Head circumference

4. Maternal and infant morbidity
5. Cause of death
6. Maternal malaria

**Completion date**

31/12/2014

## Eligibility

**Key inclusion criteria**

Pregnant women and their infants.

Inclusion criteria: Confirmed pregnancy of any gestational age by physical exam or urine test and consenting to be involved in the study.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Female

**Key exclusion criteria**

Not provided at time of registration

**Date of first enrolment**

01/07/2001

**Date of final enrolment**

30/04/2004

## Locations

**Countries of recruitment**

Indonesia

United States of America

**Study participating centre**

Harvard School of Public Health

Boston

United States of America

02115

# Sponsor information

## Organisation

Helen Keller Int., Gov. of Indonesia, Prov. Gov. of NTB, Dis. Govs of Lombok, U of Mataram, Mataram Hospital, Johns Hopkins Univ

## Funder(s)

### Funder type

Other

### Funder Name

Turner Foundation, United Nations Children's Fund (UNICEF), US Agency for International Development (USAID), Helen Keller International, Center for Health and Human Development (CHHD)

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	19/01/2008		Yes	No
<a href="#">Results article</a>	results	12/04/2008		Yes	No
<a href="#">Results article</a>	results	01/06/2009		Yes	No
<a href="#">Results article</a>	results	01/12/2009		Yes	No
<a href="#">Results article</a>	results	01/12/2009		Yes	No
<a href="#">Results article</a>	results	01/12/2009		Yes	No
<a href="#">Results article</a>	results	01/03/2010		Yes	No
<a href="#">Results article</a>	results	01/10/2011		Yes	No
<a href="#">Results article</a>	results	01/08/2012		Yes	No

substudy results on child cognition

<a href="#">Results article</a>		01/09/2012	Yes	No
<a href="#">Results article</a>	substudy maternal mood and cognition results	01/10/2012	Yes	No
<a href="#">Results article</a>	results	01/02/2017	Yes	No
<a href="#">Results article</a>	results	01/08/2019	11/06/2019 Yes	No