# Probiotics in Pregnancy Study (ProP Study)

Submission date	<b>Recruitment status</b> No longer recruiting	<ul><li>Prospectively registered</li></ul>		
15/02/2012		Protocol		
Registration date	Overall study status Completed	Statistical analysis plan		
09/03/2012		[X] Results		
Last Edited	Condition category	Individual participant data		
10/06/2015	Pregnancy and Childbirth			

### Plain English summary of protocol

Background and aims

Raised blood sugar levels and gestational diabetes are common complications in pregnancy, particularly as overweight and obesity levels are increasing among women before entering pregnancy. Probiotics are food supplements containing beneficial bacteria and recent research has found that taking probiotics may help to control blood sugar levels in pregnant and non-pregnant women. The aim of our study is to investigate whether taking a daily probiotic supplement will reduce blood sugar levels among obese pregnant women and pregnant women with gestational diabetes mellitus (GDM).

#### Who can participate?

To take part in the study you need to be female and pregnant, have an early-pregnancy body mass index (BMI) between 30.0 and 39.9 Kg/m2 OR have received a new diagnosis of gestational diabetes (GDM) in your current pregnancy, be aged between 18 and 45 years, have a singleton pregnancy (not twins)

#### What does the study involve?

This study involves two separate parts - Part A and Part B.

Part A involves obese pregnant women (early-pregnancy BMI between 30.0 and 39.9 Kg/m2). You will be asked to take either a daily probiotic or placebo (contains no proiotic) capsule from 24 to 28 weeks of your pregnancy. The capsules will be provided to you free of charge. At 24 weeks, before starting the capsules, you will have a fasting blood sample taken to measure your blood sugar levels. At the end of the 28 weeks when you finish the capsules, you will have another fasting blood sample taken. At this stage, you will also be tested for diabetes. For the test, you will be given a sugary drink and have your blood sugar levels measured every hour for three hours after taking the drink. If the test is positive for diabetes, you will be immediately referred to the diabetic team in the hospital for the remainder of your pregnancy care. If the test is negative for diabetes, you will continue with your routine antenatal care but will be screened again for diabetes at 34 weeks. As part of this study, you will also be asked to complete a lifestyle questionnaire and a food diary. The purpose of the food diary is to record all the foods and drinks you take over three days in your pregnancy. This will be explained to you by the research dietitian. At delivery, blood will be taken from your baby's cord and your baby will be weighed and measured.

Part B of the study involves women who have recently received a new diagnosis of gestational diabetes. This diagnosis is usually made around 29-33 weeks into your pregnancy. You will be

asked to take either a daily probiotic or placebo capsule from the time you are recruited until the end of your pregnancy. The capsules will be provided to you free of charge. Throughout this time, your blood sugar levels will be closely monitored by the researchers and the diabetes clinical staff, which is part of routine care for diabetic women in pregnancy. Before you begin taking the capsules and approximately four weeks after starting on them, fasting blood samples will be taken. As part of this study, you will also be asked to complete a food diary. The purpose of the food diary is to record all the foods and drinks you take over three days in your pregnancy. This will be explained to you by the research dietitian. At delivery, blood will be taken from your baby's cord and your baby will be weighed and measured.

What are the possible benefits and risks of participating?

If you participate in Part A of the study, you will receive dietary advice from a dietitian and will receive an extra scan of your baby at 34 weeks. Neither of these are part of the routine care for non-diabetic pregnant women in Ireland. If you participate in Part B of the study, you will also receive dietary advice from a dietitian and a scan of your baby at 34 weeks, although these are part of routine antenatal care for diabetic women. There are no risks associated with this study. Probiotics have repeatedly been shown to be completely safe to take during pregnancy, with no risks for mother or baby.

Where is the study run from?

The PIP Study is taking place in the National Maternity Hospital, Holles Street, Dublin 2, Ireland.

When is the study starting and how long is it expected to run for?

The study is starting in February-March 2012 and is expected to end by December 2013.

Who is funding the study?

The study is funded by the Ivo Drury Award and The National Maternity Hospital Medical Fund, Dublin, Ireland.

Who is the main contact? Prof Fionnuala McAuliffe fionnaual.mcauliffe@ucd.ie

## **Contact information**

### Type(s)

Scientific

#### Contact name

Prof Fionnuala McAuliffe

#### Contact details

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### Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

## Study information

#### Scientific Title

A randomised controlled trial of probiotics in pregnancy to reduce maternal glucose in obese and gestational diabetic women

#### **Acronym**

РгоР

### **Study objectives**

Taking a daily probiotic capsule during pregnancy will:

- 1. Reduce fasting glucose in women BMI >30kg/m2
- 2. Reduce fasting glucose in women with newly diagnosed gestational diabetes mellitus (GDM)

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

- 1. Ethics Committee of the National Maternity Hospital, Dublin, Ireland, 30/11/2011
- 2. Life Sciences Ethics Committee of University College Dublin, 08/12/2011 ref: LS-E-11-167 McAuliffe-Brennan

### Study design

Single-centre double-blind placebo-controlled randomised trial consisting of two study arms

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

### Participant information sheet

Not available in web format, please use the contact details below to request a patient information leaflet

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

Pregnancy, obesity, gestational diabetes mellitus

#### **Interventions**

Part A - Prevention of GDM:

- 1. At recruitment (<22 weeks gestation):
- 1.1. Written informed consent obtained
- 1.2. Weight, height, early pregnancy BMI recorded
- 1.3. Healthy eating dietary advice provided by research dietitian
- 2. At 24 weeks:
- 2.1. Fasting blood samples for measurement of glucose
- 2.2. Randomisation and commencement of probiotic/placebo capsules
- 2.3. Issue and explanation of 3-day food diary to record all food and drink consumed over 3 days of the intervention period
- 2.4. Lifestyle questionnaire
- 2.5. Maternal weight recorded
- 3. Weeks 25-27:
- 3.1. Weekly monitoring of compliance to probiotic/placebo
- 3.2. Return of completed food diary and questionnaire
- 4. At 28 weeks:
- 4.1. Complete daily probiotic/placebo intervention
- 4.2. Maternal weight recorded
- 4.3. Fasting blood sample for measurement of glucose
- 4.4. 3-hour 100g oral glucose tolerance test to test for GDM
- 5. At 34 weeks:
- 5.1. Fetal ultrasound
- 5.2. Maternal weight recorded
- 5.3. 50g glucose challenge test for women previously diagnosed as negative for GDM
- 6. At delivery:
- 6.1. Neonatal head circumference, length, weight, birth weight centile

#### Part B Treatment of GDM

- 1. At diagnosis (29-33 weeks gestation):
- 1.1. Written informed consent obtained
- 1.2. Weight, height, early pregnancy BMI recorded
- 2. At next clinic appointment:
- 2.1. Fasting blood sample for measurement of glucose
- 2.2. Randomisation and commencement of daily probiotic/placebo
- 2.3. Issue and explanation of 3-day food diary
- 3. At subsequent clinic appointments:
- 3.1. Monitor compliance to probiotic/placebo capsules
- 3.2. Monitor insulin requirements
- 3.3. Return of completed food diary
- 3.4. Maternal weight recorded
- 4. At approx. 34 weeks:
- 4.1. Fetal ultrasound (part of routine care for diabetic women)
- 5. Four weeks post start of intervention:
- 5.1. Fasting blood samples for measurement of glucose

- 6. At delivery:
- 6.1. Neonatal head circumference, length, weight, birth weight centile

#### **Intervention Type**

Other

#### **Phase**

Not Applicable

#### Primary outcome measure

Obese pregnant mothers (Part A):

Difference between the control and probiotic groups in fasting blood glucose

Gestational diabetes (Part B):

Difference between the control and probiotic groups in fasting blood glucose

#### Secondary outcome measures

Part A - differences between the 2 groups:

- 1. Incidence of gestational diabetes
- 2. Neonatal anthropometry

Part B are the following differences between the 2 groups:

- 1. Requirement for insulin
- 2. Gestation at commencement of insulin and amount of insulin required
- 3. Neonatal anthropometry

### Overall study start date

20/02/2012

### Completion date

31/12/2014

## **Eligibility**

#### Key inclusion criteria

Current inclusion criteria as of 30/07/2012:

Part A - prevention of GDM:

- 1. BMI between 30.0 and 39.9 Kg/m2
- 2. Gestational age ≤ 22 weeks
- 3. Age 18 45 years
- 4. Adequate understanding of the English language

#### Part B - treatment of GDM:

- 1. BMI in any category
- 2. Gestational age <36 weeks
- 3. New diagnosis of GDM or impaired glucose tolerance (IGT)
- 4. Age 18 45 years
- 5. Adequate understanding of the English language

Previous inclusion criteria until 30/07/2012:

Part B - treatment of GDM:

3. New diagnosis of GDM (not in previous pregnancy)

### Participant type(s)

**Patient** 

#### Age group

Adult

#### Lower age limit

18 Years

#### Sex

Female

### Target number of participants

150 pregnant women with a BMI between 30.0-39.9 Kg/m2 and 150 pregnant women with newly diagnosed GDM.

#### Key exclusion criteria

Part A - prevention of GDM:

- 1. BMI <30.0 or >39.9 Kg/m2
- 2. Age <18 or >45 years
- 3. Gestational age >22 weeks
- 4. Foetal anomaly
- 5. Twin pregnancy
- 6. Inadequate understanding of English
- 7. Diabetes type 1, type 2, newly diagnosed GDM or previous GDM

#### Part B - treatment of GDM:

Age <18 or >45 years

- 1. Gestational age >36 weeks
- 2. Foetal anomaly
- 3. Twin pregnancy
- 4. Inadequate understanding of English
- 5. GDM diagnosis in previous pregnancy or type 1 or 2 diabetes

#### Date of first enrolment

20/02/2012

#### Date of final enrolment

31/12/2014

### Locations

#### Countries of recruitment

Ireland

## Study participating centre National Maternity Hospital

Sponsor information

Dublin Ireland 2

# Organisation

National Maternity Hospital (Ireland)

### Sponsor details

c/o Prof Fionnuala McAuliffe
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### Sponsor type

Hospital/treatment centre

#### Website

http://www.nmh.ie/

#### **ROR**

https://ror.org/03jcxa214

## Funder(s)

### Funder type

Hospital/treatment centre

#### Funder Name

National Maternity Hospital Medical Fund, Dublin (Ireland)

### **Results and Publications**

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

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?
Results article	results	01/06/2014		Yes	No
Results article	results	01/04/2015		Yes	No