

Urinary tract infection diagnosis in pregnancy by volatile organic compound analysis

Submission date 31/03/2021	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 22/04/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 04/05/2021	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Urinary tract infections (UTIs) are common in pregnancy, affecting up to one in ten women. Some of these women have symptoms to warn them but others do not. UTIs can lead to complications in pregnancy which can affect both the mother and the baby and therefore diagnosis in a timely fashion is important. The current rapid tests used in clinics are not very accurate to diagnose UTIs. Consequently, it is currently recommended that all women provide a urine sample when they book their pregnancy with their community midwife which is sent to the laboratory to be cultured. If bacteria grow additional tests are done to determine which antibiotics will be effective at treating that bacteria. This process can be repeated several times throughout pregnancy. This is a time consuming and expensive process which can lead to delays in starting treatment. A new technology that mimics the human nose has been recently shown to accurately diagnose several human diseases including various infections. The aim of this study is to find out whether this technology, which could be available as a bedside test, can diagnose UTIs in pregnancy.

Who can participate?

Pregnant women aged 18 and over presenting to the hospital for clinical care

What does the study involve?

Participants will be asked to give a sample of urine from the middle of the stream (midstream urine sample) for routine laboratory analysis (this is part of routine antenatal care). Urine left over after this analysis will be used for this study. The researchers will also use information from participants' medical records. They will only use information that they need for this study.

What are the possible benefits and risks of participating?

There is no direct benefit to the patient taking part but knowledge gained will help patients in the future. The study could lead to commercial gain for the University of Warwick and/or collaborators. There are no known risks to taking part in this study.

Where is the study run from?

University Hospitals Coventry & Warwickshire NHS Trust (UK)

When is the study starting and how long is it expected to run for?
November 2019 to December 2023

Who is funding the study?
The Warwick-Wellcome Translational Partnership (UK)

Who is the main contact?
Dr Lauren Lacey
l.lacey.1@warwick.ac.uk

Contact information

Type(s)
Scientific

Contact name
Dr Lauren Lacey

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Additional identifiers

Protocol serial number
Version 0.9

Study information

Scientific Title
Point of care diagnosis of urinary tract infections in pregnancy by volatile organic compound analysis

Study objectives
To optimise volatile organic compound (VOC) detection technology for urinary tract infections (UTIs) and then be able to screen for and diagnose culture-positive UTIs in pregnancy including asymptomatic bacteriuria, symptomatic cystitis and pyelonephritis.

Ethics approval required
Old ethics approval format

Ethics approval(s)

Approved 30/03/2021, North West - Greater Manchester South Research Ethics Committee (3rd Floor, Barlow House, 4 Minshull Street, M1 3DZ, UK; +44 (0)207 104 8221, +44 (0)207 104 8063; gmsouth.rec@hra.nhs.uk), REC ref: 20/NW/0450

Study design

Prospective observational cohort study

Primary study design

Observational

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

Urinary tract infections in pregnancy

Interventions

Volatile organic compound analysis of a midstream urine sample, compared to microscopy culture and sensitivity testing of midstream urine sample and chemical dipstick test results.

The researchers will use a volatile organic compound (VOC) analysis (gas chromatography - ion mobility spectrometer [GC-IMS]) machine to identify specific VOC patterns/chemical associated with UTIs from urine samples of pregnant women. These women will be followed up until they have the results of the comparator test (the midstream urine microscopy, culture and sensitivity test). This takes approximately 5-7 days from when the sample is sent to the laboratory.

Intervention Type

Device

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

VOC detection technology, either GC-IMS or the Electronic Nose

Primary outcome(s)

The diagnostic accuracy of VOC analysis of midstream urine sample compared to the "Gold Standard" of microscopy, culture and sensitivity testing and compared to the chemical dipstick test, measured at a single timepoint

Key secondary outcome(s)

The causative organism of the urinary tract infection detected by VOC analysis at a single timepoint

Completion date

31/12/2023

Eligibility

Key inclusion criteria

Pregnant women, either confirmed by urinary pregnancy test in the first trimester or with other clinical signs of pregnancy

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

Key exclusion criteria

Women who are not able to give informed consent

Date of first enrolment

12/04/2021

Date of final enrolment

31/07/2021

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

University Hospitals Coventry & Warwickshire NHS Trust

Clifford Bridge Road

Coventry

United Kingdom

CV2 2DX

Sponsor information**Organisation**

University of Warwick

ROR

https://ror.org/01a77tt86

Funder(s)

Funder type

Research organisation

Funder Name

Warwick-Wellcome Translational Partnership

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Lauren Lacey (l.lacey.1@warwick.ac.uk). Any data provided will be anonymised and discussed with the University of Warwick sponsorship team.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Participant information sheet	version V1.0	01/04/2021	04/05/2021	No	Yes
Protocol file	version V1.0	01/04/2021	04/05/2021	No	No