MRC Grant (MR/W014432/1)

Tackling multimorbidity at scale: Understanding disease clusters, determinants & biological pathways

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MuM-PreDiCT 21st Project Management Meeting

29th September,2022,Thursday

12pm-2pm, online via Zoom

12pm-12:30am Data Management Team
12:30pm-1pm-Senior Management Meeting
1pm-2pm- All

Action points

1. Publication policy to be shared on the website
2. Separate meeting with DOR
3. List of Publications list to be created
4. CY,CG,JK,MM to meet UM and brief about the data plan.
5. Send out flyer WP2 with meeting minutes
6. Deep dives planned-Mothers with HIV.

Data Management Meeting

Attendees-CM,NM,KN,ML,CY,KP,CG,SIL,DOR,SB,MM,JW,KG,NC,MS

- Discussion on how to identify different categories of stillbirth in the datasets. How stillbirth is recorded-and linked. To further find out if intrapartum and antepartum are being differentiated in data sets in NIMATS data. Stillbirths were able to link up to 70% but needed to identify intrapartum or antepartum. CPRD has outcomes for intrauterine fetal death.

  Updates
- Scotland- Main data set waiting to be generated. -will take some more time
- CPRD has the data to do clustering and hoping to do outcome study and hoping to get CPRD Aurum if not the existing pregnancy register. SIL is putting in a new application for outcome study for mother baby linkage (necrotising enterocolitis etc) and other data like critical care. For clustering CG updated Did not Select random pregnancy not the last pregnancy
- SAIL-performing few checks on the data set and then it will be run and meet CG to compare sail data and CPRD data. Later meet clinicians to understand the clusters. Methods have been drafted-confirming the cohort selection and data quality check.

Followed by share with KN and SB for comments.

- NI-Due to staff absence not much progress-support from Scotland and no difficulty with data access, AF and can support with NI data-card for Lisa
- Euromedicat-trying to get a data set for KP and just trying to fix a data sharing agreement.
- Data Reporting across all data sets-Mum predict data and write up on what has been done document and data model for maternal health and multimorbidity What data is available in maternal health data in UK and document this as cohort profiles.
- Data Dictionary- is the primary document of the variables we need for different data analysis. 184 variables so far from epi studies mainly and Epidemiology MM paper (Ing et al 2022) WP3 protocol & COS work and Case for Support document Further 600 Drug codes from WP4 and prediction models will be added later. Define the variable and share with NC if any further.

Senior Management meeting

Attendees-KN,SB,CM,CNP,CY,BT,NM,SIL,MS

- Third External advieory group meeting on 7th October-WP3, WP2 and WP4 to be discussed. To ask the chair only a selective number of members expertise is required. Secondly the EAG members can be part of the co-author of core outcome set paper/or any other paper and ask this query in the meeting.
- BMFMS conference-MB, BT, CNP attending-5 posters accepted-Umbrella review protocol. Umbrella review AI condition, Polypharmacy paper, Epidemiology paper, Migraine.
- Publication policy was discussed and to be uploaded on the website.
- List of publications to be created and shared with existing authors and members can add if they are interested to be part of the publication
- MSDS is a relatively newer national collection and has had some issues with data quality.Maternity Services Data Set - NHS Digital.If this has been check against our findings

All team meeting

Attendees-ZW,MS,KN,NM,MM,ML,SIL,SB,AAL,KP,CG,NC,SH,BT,SW,AS,MU,SM,HH,CDM,DOR,FC,CM,J

Welcome new member Usman which will be working with Scotland team.

PPI Update-New baby born in the PPI group, Delphi consensus meeting (WP3).RP & NM attended.Rachel consulted PPI Group beforehand, focus on ones they feel strongly about & what should NOT be included (several comments received).Community of Practice:

improving patient & public involvement in research- November 22 - face-to-face workshop in Birmingham.Raising the profile-attended clinical research skill for women's health.Planned deep dives- Deep Dives October 12: Stay and play session face-to-face in West Bromwich: online with mothers with HIV.Sara – suggested group at the Brunswick Centre (e.g. sex workers, those with chaotic lifestyles and drug users)WP involvement: collecting meeting dates for the different work packages Blog: coding in lay language

WP4 Update-Signal detection protocol written down and circulated for comments. The disease risk score generation has lots of variables included-to be resolved in the WP4 meeting. Feasibility check-PIH as outcome-few issues with sample size as not sufficient, small prescription count and tried to expand on PIH outcome by also including considering new antihypertensive medication sufficient, small paper-reviewers have commented and sorted. Further regression analysis being conducted. Add to manuscript polypharmacy to the preconception period. Polypharmacy was high on both spectrum of age groups and not just younger.

WP1 Updates-Model-Submitted method. Methodology paper submitted to ML4H (Neu rips collated symposium) Read-only overleaf [link] for paper Sep 30th: Author Response Period Starts Oct 5th: Author Response Period Ends Oct 21st: Final Decisions Released Ran on CPRD Now running on SAIL. Methodology paper case studies last reported pregnancy on all 4 nations Current case studies are looking at randomly sample pregnancy - seems to have low/no clustering impact. Excluding Wales in CPRD to compare with SAIL. Showcased few clusters which are coming up. CY access to Bear to be sorted. Next step -once its run in Sail the clinician group led by Amaya for interpretation of clusters and will help with multi statemodelling done by HH -Protocol in proceeds of formulation. Time frame confirmed-January 2000-January 2020.

WP2 Updates-GP recruitments-all the team members to support with the recruitment through their channels. Neonatologists and paediatricians also included-flyers to be modified accordingly to accommodate those.so far recruitment,29 women,4 partners ,10 staff, Sites set up but no recruitment yet, Birmingham Women's and Children's ,Birmingham and Solihull Mental Health. Still in set up:Grampian:Antrim,Guys & St Thomas'.In set up but proving difficult to engage/progress:Cardiff .South Tees.Shared few of the characteristics of women included. Missing areas- Heart disease/cardiomyopathy. Kidney disease, Epilepsy, Substance/alcohol misuse, Self-harm , Autism spectrum disorder, Eating disorders, Serious mental illness, Clotting disorders, Ethnic minority groups ,Socially excluded women, victims of domestic abuse, Younger women (18-24 year olds).Shared staff characteristics-Groups missing- Interviews pending:2 x GPs, 1 x ST5 obs & gynae, 1 x Midwife,1 x Consultant Obstetrician (maternal medicine)Missing (staff**):** Community midwives, health visitors, perinatal mental health/psychiatry, obstetric specialists/physicians, non-maternity specialists, neonatologists, professionals outside England

WP3 updates-Core outcome update, Consensus meeting to discuss 15 outcomes-6 of them added in core outcome group-2 outcomes-termination of pregnancy and cognitive update, Consensus in the group-to add if women voted update, Consensus few differences of opinion in neurodevelopmental disorders -depending on the consensus meeting could not be taken out. Questions to be addressed-

WP5 update-Umbrella reviews are at different stages of completions-CPRD protocol accepted for CVD prediction model and Cholestasis cohort study and data being prepared.

NIHR DCAF proposal-ZV-Do different models of midwifery care improve the experience of care, and burden of treatment, for women and birthing people with multiple long-term conditions?