Do not sign this consent if today's date is later than the stated expiration date above.

Title of Research Study: Postpartum Perineal Pain after Obstetric Anal Sphincter Injuries: A Randomized Clinical Trial

Investigator*:* Feyce Peralta, M.D.

Supported By: This research is supported by the Department of Anesthesiology, Northwestern University

Financial Interest Disclosure: The following disclosure is made to give you an opportunity to decide if this relationship will affect your willingness to participate in this research study:

Your doctor, who is also responsible for this research study please note that she is interested in both your clinical care and the conduct of this research study. You have the right to discuss this study with another person who is not part of the research team before deciding whether to participate in the research.

Key Information:

The first few pages of this document include a summary of this study to help you decide whether or not to participate. Detailed information is provided after the summary.

Why am I being asked to take part in this research study?

We are asking you to take part in this research study because you are a healthy woman who experienced a perineal tear (area between your vagina and your anus) during your baby's delivery.

What should I know about a research study?

Someone will explain this research study to you.
Whether or not you take part is up to you.
You can choose not to take part.
You can agree to take part and later change your mind.
Your decision will not be held against you.
You can ask all the questions you want before you decide.

Why is this research being done?

This research is being done because we are studying how to lessen pain for patients who experienced a tear in the perineum during delivery. These tears can cause pain and may have an impact on your quality of life. We think that the administration of epidural morphine (FDA approved opioid pain relief medicine) with or without intravenous ketamine (FDA approved for pain relieving effects) after vaginal delivery compared to placebo may improve pain scores at 7 days after delivery. We are asking you to participate in this study because you experienced a tear in your perineum during delivery of your baby.

How long will the research last and what will I need to do?

We expect that you will be in this research study for 12 months.

Do not sign this consent if today's date is later than the stated expiration date above.

If you take part in this research, you will be responsible to report pain scores to the research study team, visit the PEAPOD (Peripartum Evaluation and Assessment of the Pelvic Floor) Clinic 1 time and complete the questionnaires during the 12 month period.

More detailed information about the study procedures can be found under the section **What happens if I say "Yes, I want to be in this research"?**

Is there any way being in this study could be bad for me?

There is the risk of becoming emotionally uncomfortable answering some of the questionnaires and surveys. There is the potential for infection because the epidural catheter is used to administer the study medications. There is the potential for loss of confidentiality. The risks of the study medications depend upon which group you are randomized.

More detailed information about the risks of this study can be found under **"Is there any way being in this study could be bad for me? (Detailed Risks)"**

Will being in this study help me any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include experiencing decreased pain from the tear.

What happens if I do not want to be in this research?

Participation in research is completely voluntary. You decide whether or not to participate. If you choose to not participate, there will be no penalty to you or loss of benefit to which you are entitled.

Instead of being in this research study, your choices may include: receiving oral opioid and non-opioid pain medications. There is a risk using oral opioid pain medications which include, puritis (itchiness) nausea, vomiting, urinary retention, hypotension (low blood pressure), constipation and dependence.

Detailed Information:

The rest of this document includes detailed information about this study (in addition to the information listed above).

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at (312) 472-3585.

This research has been reviewed and approved by an Institutional Review Board (IRB). You may talk to them at (312) 503-9338 or irb@northwestern.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
  You cannot reach the research team.
  You want to talk to someone besides the research team.
  You have questions about your rights as a research participant.
  You want to get information or provide input about this research.

How many people will be studied?

We expect about 160 people here will be in this research study.

What happens if I say "Yes, I want to be in this research"?

Day of delivery:

-If you agree to participate in this study you must first sign the consent document.
-You will then be randomized to one of three study groups after your obstetrician finishes repairing the tear. The treatment you get will be chosen by chance, like flipping a coin. Neither you nor the study doctor will choose or know what treatment you get. You will have a 20% (one in five) chance of being in the first group and a 40% (2 in five) chance of being in group 2 and 3 treatments. You will be able to request standard of care medications for pain relief. The standard of care for treating the vaginal tear is to receive oral medications which may include hydrocodone (opioid/narcotic).

1) Placebo Group: Epidural saline + intravenous saline. The placebo is sterile saline which is an inactive medication.
2) Epidural morphine 3mg + intravenous saline
3) Epidural morphine 3mg + intravenous ketamine 0.3mg/kg

-The study team anesthesiologist will prepare your already placed epidural catheter (small hollow elastic flexible tube in your back) and IV (intravenous catheter, hollow, flexible, plastic tube placed in your hand or arm) for sterile injection of the study drugs.

-The study team will ask you to rate your discomfort/pain from your perineal tear on a scale of 0=no pain to 10=worst pain imaginable. The study team will also ask you about your plan for breast feeding as well as your history of breastfeeding. The study team will then give you the study medications. The anesthesiology team will remove your epidural catheter after the administration of the study drugs.

-15 minutes after the study drugs are given a study team member will assess your pain level and your level of sedation. If you are experiencing discomfort you can ask the care providers for additional pain medications.

-1 hour after you receive the study drugs you will complete the Addiction Research Center Inventory and Lysergic Acid (LSD) questionnaire. This is a 10 question checkbox survey asking about how you feel.

Day 1 after delivery

-A study team member will ask you to rate your perineal pain (0-10)
You will complete the below questionnaires:
- McGill Pain questionnaire (asks you to describe your pain using 17 descriptions with check box answers of none-severe).
- Brief Pain Inventory (BPI) short form (8 question survey ranking your pain and pain relief on a scale of 0 low-10 high.

Day 7 (Follow up visit in uro-gyne clinic or your obstetrician's office)

Do not sign this consent if today's date is later than the stated expiration date above.

-The research study team will place a non- invasive medical device on your arm (The Pathway Pain and sensory Evaluation System (MEDOC, Durham, NC) using Velcro.
The device creates warm and cool sensations on your arm. This device has been used in other studies and it shows investigators which patients have the potential to develop chronic pain and discomfort.

You will be asked to press a computer mouse to record your responses to the warming and cooling. The first test will test your sensitivity to warm and cool sensations. This test takes 3 minutes to complete. The second part of the test checks your sensitivity to cold sensation. This part of the study will take 2 minutes. A research study team member will also ask you to provide verbal pain score (0= no pain to 100 worst pain imaginable) 4 times during the cold sensation testing.

You will be given an emergency button to stop the testing if you feel that the sensations are too strong. If you push the emergency button the device will stop and it will then be immediately removed by the research study team. The total time for testing including set up is 10 minutes.

You will complete the below questionnaires
-McGill Pain
-BPI short form
-Edinburgh Postnatal Depression Scale (EPDS) (10 question check box survey asking about how you feel emotionally)
-Provide your perineal pain score (0-10)
-Maternal Postnatal Attachment Scale (MPAS) (19 question check box survey asking about your interaction with your baby)

The study team will ask you 3 questions:
1. Have you needed pain medications for your tear?
2. Provide your perineal pain score (0-10)
3. Are you currently breastfeeding?

6 Weeks after delivery
-You will be contacted by one of the study team members to complete the following:
You will be asked three questions:
1. Have you needed pain medications for your tear?
2. Provide your perineal pain score (0-10)
3. Are you currently breastfeeding?

-You will complete the below questionnaires:
-McGill Pain
-BPI short form
-EPDS
-MPAS
-Patient Reported Outcome Measurement Information System (PROMIS) 29 questionnaire (29 question survey asks about your general activity and health)

3 Months after delivery
-You will be contacted by one of the study team members to complete the following:
You will be asked four questions:

Do not sign this consent if today's date is later than the stated expiration date above.

1. Provide your perineal pain score (0-10)
2. Have you needed pain medications for your tear?
3. Have you received physical therapy treatment?
4. Are you currently breastfeeding?

You will complete the below questionnaires
-McGill Pain
-BPI short form
-EPDS
-MPAS
-PROMIS 29
-Female Sexual Function Index (FSFI) questionnaire (This is a 19 question survey which asks about your sexual feelings and responses)

6 Months after delivery
You will be contacted by one of the study team members to complete the following:

You will be asked three questions:
1. Provide your perineal pain score (0-10)
2. Have you received physical therapy treatment?
3. Are you currently breastfeeding?

You will complete the following questionnaires:
-PROMIS 29
-Female Sexual Function Index (FSFI) questionnaire (This is a 19 question survey which asks about your sexual feelings and responses)

12 Months after delivery
You will be contacted by one of the study team members to complete the following:

You will be asked three questions:
1. Provide your perineal pain score (0-10)
2. Have you received physical therapy treatment?
3. Are you currently breastfeeding?

You will complete the following questionnaires:
-PROMIS 29
-Female Sexual Function Index (FSFI) questionnaire (This is a 19 question survey which asks about your sexual feelings and responses)

You will complete 22 questionnaires over the 12 month period and will have 1 return visit to the clinic. Total time required to complete the questionnaires is about 2 hours and 20 minutes.

What are my responsibilities if I take part in this research?
If you take part in this research, you will be responsible to report pain scores to the research study team, visit the PEAPOD (Peripartum Evaluation and Assessment of the Pelvic Floor Around the Time of Delivery) or your obstetrician's office 1 time and complete the questionnaires during the 12 month period.

What happens if I say "Yes", but I change my mind later?
You can leave the research at any time it will not be held against you. If you decide to leave the research, contact the investigator so that the investigator can alert the study team members not to contact you for follow up.

Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefit to which you are entitled. Specifically, your choice not to be in this study will not negatively affect your right to any present or future medical treatment.

If you stop being in the research, already collected data may not be removed from the study database. You will be asked whether the investigator can collect data from your routine medical care. If you agree, this data will be handled the same as research data.

Detailed Risks: Is there any way being in this study could be bad for me?
This research may hurt you in the following ways:There is the risk of becoming emotionally uncomfortable answering some of the questionnaires and surveys. There is the potential for infection because the epidural catheter is used to administer the study medications. The risks of the study medications depend on which group you are randomized to.

Morphine:
Frequent:
Itching
Nausea
Vomiting
Urinary retention (unable to pass urine)
Constipation
Dizziness
Hypotension (low blood pressure)
Depression of cough reflex
Slowing of respirations.
Rare risk:
Respiratory depression leading to respiratory arrest (stopping of breathing)

Saline:
Hypernatremia (high sodium level)

Ketamine:
Frequent:
Delirium (mental confusion)
Hallucinations (sensations that appear real but are created by your mind)
Mood changes
Nightmares
Tachyarrhythmia (fast heart rate)
Uncontrolled muscle twitching
Vocalization (uncontrolled vocal sounds).
Less Frequent:
Bradycardia (slowed heart rate)
Hypertension (high blood pressure)

Respiratory depression (slowed breathing rate)
Vomiting
Increased intraocular pressure (increased eye pressure)
Flashbacks of events which happened before surgery

Rare:
Anaphylaxis (severe life threatening allergic reaction)
Anorexia (decreased appetite)
Diplopia (double vision)
Injection site irritation
Laryngismus (spasm of the throat muscles)
Nausea
Nystagmus (uncontrolled eye movement)
Lung irritation
Skin inflammation
Skin rash

These side effects are uncommon with the lower dose range used in this study.
There is the risk of becoming emotionally uncomfortable answering some of the surveys' or questionnaires.

The risk of the use of the Pathway Pain & sensory evaluation system (Medoc, Dunham, NC) include temporary slight redness on the skin from securing the sensor to the arm with Velcro.
In addition to these risks, this research may hurt you in ways that are unknown. These may be a minor inconvenience or may be so severe as to cause death.

This study involves the use of your identifiable, personal information and there is a chance that a loss of confidentiality could occur. The researchers have procedures in place to lessen the possibility of this happening.

In addition to these risks, this research may hurt you in ways that are unknown. These may be a minor inconvenience or may be so severe as to cause death.

Will it cost me anything to participate in this research study?
Taking part in this research study will not lead to any costs to you. You and your insurance company will be charged for the health care services that you would ordinarily be responsible to pay. In some cases, insurance will not pay for services ordinarily covered because these services were performed in a research study. You should check with your insurance to see what services will be covered by your insurance and what you will be responsible to pay.

Will being in this study help me in any way?
We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include: You may experience decreased pain from the tear.

What happens to the information collected for the research?
Efforts will be made to limit the use and disclosure of your personal information, including research study and medical records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this institution.

We will not ask you about child [or elder] abuse, but if you tell us about child [or elder] abuse or neglect, we may be required or permitted by law or policy to report to authorities.

The sponsor, monitors, auditors, the IRB, the Northwestern University Office for Research Integrity, the US Office of Research Integrity (ORI), the US Office for the Protection of Human Research Protections (OHRP), the US Food and Drug Administration (FDA) may be granted direct access to your medical records to conduct and oversee the research. By signing this document, you are authorizing this access. We may publish the results of this research. However, we will keep your name and other identifying information confidential.

A description of this clinical trial will be available at http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Data Sharing
De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Can I be removed from the research without my OK?
The person in charge of the research study can remove you from the research study without your approval. Possible reasons for removal include: the principal investigator determining it is in your best interest not to continue in the study. We will tell you about any new information that may affect your health, welfare, or choice to stay in the research.

What else do I need to know?
If you become ill or get injured as a result of this study (medications, devices or procedures), you should seek medical treatment through your doctor or treatment center of choice. You should promptly tell the study doctor about any illness or injury.

The hospital [university, researchers] will not pay for medical care required because of a bad outcome resulting from your participation in this research study. This does not keep you from seeking to be paid back for care required because of a bad outcome.

~~**HIPAA Authorization**~~
~~We are committed to respect your privacy and to keep your personal information confidential. When choosing to take part in this study, you are giving us the permission to use your personal health information that includes health information in your medical records and information that can identify you. For example, personal health information may include your name, address, phone number or social security number. Your health information we may collect and use for this research includes:~~

- ~~All information in a medical record~~
- ~~Results of physical examinations~~
- ~~Medical history~~
- ~~Lab tests, or certain health information indicating or relating to a particular condition as well diaries and questionnaires~~

Do not sign this consent if today's date is later than the stated expiration date above.

- ~~Records about study medication or drugs~~
- ~~Records about study devices~~

~~During this study, you may be coming to a Northwestern Memorial Healthcare Corporation entity (for example, Northwestern Memorial Hospital, Prentice Women's Hospital) for research appointments or to get clinical services, such as lab tests, needed for the study. When that happens, you will be scheduled for these services through the NMHC computer system. When a clinical exam or lab is done by NMHC or one of its employees for the purpose of this research study, that information will be kept in both NMHC's clinical records and in the study records.~~

~~The following clinical providers may give the researchers information about you: all current and previous health care providers, including but not limited to the Shirley Ryan AbilityLab (SRALAB), Northwestern Medical Group (NMG), Northwestern Memorial Hospital (NMH), and Northwestern Lake Forest Hospital (NLFH).~~

~~Once we have the health information listed above, we may share some of this information with the following offices or entities outside of Northwestern University and its clinical partners (or affiliates): the Northwestern University Institutional Review Board Office and Office for Research Integrity; the US Office of Research Integrity; the US Office for Human Research Protections; the US Food and Drug Administration.~~

~~Any research information shared with outside entities will not contain your name, address, telephone or social security number or any other personal identifier unless disclosure of the identifier is necessary for review by such parties or is required by law or University policy [except that such information may be viewed by the Study sponsor and its partners or contractors at the Principal Investigator's office].~~

- ~~Authorized members of the Northwestern University workforce, who may need to see your information, such as administrative staff members from the Office for Research, Office for Research Integrity and members of the Institutional Review Board.~~
- ~~Clinical affiliates, including but not limited to the Shirley Ryan AbilityLab (SRALAB), Northwestern Medical Group (NMG), Northwestern Memorial Hospital (NMH), Northwestern Lake Forest Hospital (NLFH), and the Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's). Your participation in this clinical trial may be tracked in an electronic database and may be seen by investigators running other trials that you are enrolled in and by your healthcare providers.~~
- ~~Clinical affiliates, including but not limited to Northwestern Medical Group (NMG), Northwestern Memorial Hospital (NMH), and Northwestern Lake Forest Hospital (NLFH), for purposes including, but not limited to, the affiliate's provision of care to you and/or the affiliate's scheduling of appointments and/or billing activities.~~
- ~~Other University research centers and University contractors who are also working on the study,~~
- ~~Study monitors and auditors who make sure that the study is being done properly,~~
- ~~Government agencies and public health authorities, such as the Food and Drug Administration (FDA) and the Department of Health and Human Services (DHHS).~~

~~Those persons who get your health information may not be required by Federal privacy laws (such as the Privacy Rule) to protect it. Some of those persons may be able to share your information with others without your separate permission.~~

~~However, Illinois law does not allow the re-release of HIV/AIDS, genetic testing, mental health and developmental disabilities information by the receivers of the information except in precise situations allowed by law.~~

~~Also, Federal Confidentiality Rules, 42 CFR Part 2, prohibit making any further disclosure of substance use disorder information unless further disclosure of this information is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.~~

~~The results of this study may also be used for teaching, publications, or for presentation at scientific meetings.~~

~~Unless you revoke your consent, it will expire at the end of the research study.~~
~~Although you may revoke consent to participation in this research at any time and in any format, you must revoke authorization for use or disclosure of your health information in writing.~~

~~*To revoke your authorization, write to:*~~

HIPAA Authorization

We are committed to respect your privacy and to keep your personal information confidential. When choosing to take part in this study, you are giving us the permission to use your personal health information that includes health information in your medical records and information that can identify you. For example, personal health information may include your name, address, phone number or social security number. Your health information we may collect and use for this research includes:

- Results of physical examinations
- Medical history
- Lab tests, or certain health information indicating or relating to a particular condition as well diaries and questionnaires
- Records about study medication or drugs
- Mental Health information: results from questionnaires
- All Information in a medical record

You have the right to inspect and copy the mental health and developmental disabilities records that will be collected as part of this study.

This consent expires on 12/31/2025. After this date, Northwestern University may not gather new information about you, use or disclose your personal health information collected in this study for any purpose other than the research study described in this consent unless Northwestern University obtains permission to do so from you. Illinois State Law permits use and disclosure of your mental health information only to the extent specified in this document.

During this study, you may be coming to a Northwestern Memorial Healthcare Corporation entity (for example, Northwestern Memorial Hospital, Prentice Women's Hospital) for research appointments or to get clinical services, such as lab tests, needed for the study. When that happens, you will be scheduled for these services through the NMHC computer system. When a clinical exam or lab is done by NMHC or one of its employees for the purpose of this research study, that information will be kept in both NMHC's clinical records and in the study records.

Do not sign this consent if today's date is later than the stated expiration date above.

The following clinical providers may give the researchers information about you: all current and previous health care providers, including but not limited to the Shirley Ryan AbilityLab (SRALAB), Northwestern Medical Group (NMG), Northwestern Memorial Hospital (NMH), and Northwestern Lake Forest Hospital (NLFH).

Once we have the health information listed above, we may share some of this information with the following offices or entities outside of Northwestern University and its clinical partners (or affiliates): the Northwestern University Institutional Review Board Office and Office for Research Integrity; the US Office of Research Integrity; the US Office for Human Research Protections; the US Food and Drug Administration.

Any research information shared with outside entities will not contain your name, address, telephone or social security number or any other personal identifier unless disclosure of the identifier is necessary for review by such parties or is required by law or University policy [except that such information may be viewed by the Study sponsor and its partners or contractors at the Principal Investigator's office].

The following entities may receive your health information:

- Authorized members of the Northwestern University, Shirley Ryan AbilityLab workforce, who may need to see your information, such as administrative staff members from the Office for Research, Office for Research Integrity and members of the Institutional Review Board.
- Clinical affiliates, including but not limited to the Shirley Ryan AbilityLab (SRALAB), Northwestern Medical Group (NMG), Northwestern Memorial Hospital (NMH), Northwestern Lake Forest Hospital (NLFH), and the Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's). Your participation in this clinical trial may be tracked in an electronic database and may be seen by investigators running other trials that you are enrolled in and by your healthcare providers.
- Clinical affiliates, including but not limited to Northwestern Medical Group (NMG), Northwestern Memorial Hospital (NMH), and Northwestern Lake Forest Hospital (NLFH), for purposes including, but not limited to, the affiliate's provision of care to you and/or the affiliate's scheduling of appointments and/or billing activities.
- Other University research centers and University contractors who are also working on the study,
- Study monitors and auditors who make sure that the study is being done properly,
- Government agencies and public health authorities, such as the Food and Drug Administration.

Those persons who get your health information may not be required by Federal privacy laws (such as the Privacy Rule) to protect it. Some of those persons may be able to share your information with others without your separate permission.

Also, Federal law/42 CFR Part 2 prohibits unauthorized disclosure of these records.

The results of this study may also be used for teaching, publications, or for presentation at scientific meetings.

Do not sign this consent if today's date is later than the stated expiration date above.
Unless you revoke your consent, it will expire on 12/31/2025.

Although you may revoke consent to participation in this research at any time and in any format, you must revoke authorization for use or disclosure of your health information in writing. To revoke your authorization, write to:

Feyce Peralta, M.D.
Northwestern University
Department of Anesthesiology
251 E. Huron F5-704, Chicago, IL 60611

You do not have to authorize the use or disclosure of your health information; however, you will not be allowed to take part in this research study. If you do not authorize the use or disclosure of your health information, it will not affect your treatment by health care providers, or the payment or enrollment in any health plans, or affect your eligibility for benefits.

A copy of this signed consent document, information about this study, and the results of any test or procedure done may be included in your medical records and may be seen by your insurance company.

Your signature documents your permission to take part in this research. You will be provided a copy of this signed document.

_____	_____
Signature of Participant	Date~~Date~~
_____	
Printed Name of Participant	
_____	_____
Signature of Person Obtaining Consent	Date
_____	
Printed Name of Person Obtaining Consent	

A witness signature is required for studies using mental health information or if "all information in a medical record" is included.

Do not sign this consent if today's date is later than the stated expiration date above.

My signature below documents that the information in the consent document and any other written and information was accurately explained to, and apparently understood by, the participant, and that consent was freely given by the participant.

_____ _____

Signature of Witness to Consent Process Date

_____

Printed Name of Person Witnessing Consent Process