

Participant Information Sheet for Women with Hyperemesis Gravidarum (HG) within Illawarra Shoalhaven Local Health District

Hyperemesis Gravidarum Experience Project: To explore the experience of an individually tailored education and holistic supports to women in the ISLHD diagnosed with Hyperemesis Gravidarum.

Researcher:

Taryn Elder, Hyperemesis Gravidarum Clinical Nurse Consultant, Shoalhaven District Memorial Hospital. Ph. 0459907418. ISLHD-hyperemesisgravidarum@health.nsw.gov.au

Invitation to participate and brief summary

This is an invitation for you to participate in a study to explore the experience of an individually tailored education and holistic supports to women in the ISLHD diagnosed with Hyperemesis Gravidarum (HG).

The aim of this study is to support future practice within Illawarra Shoalhaven Local Health District. **The purpose of your involvement** is to improve the support given to women with HG within Illawarra Shoalhaven Local Health District.

What is involved?

Participation is voluntary. You may choose to participate in any of the following:

- a) i) weekly phone check-ins with the HG Clinical Nurse Consultant (CNC).
ii) be provided with relevant HG education resources and tools.
- b) Allow researchers to look at your hospital data (for treatment admissions)
- c) Have a researcher call you for a short survey and recorded interview either at the cessation of your symptoms or following the birth of your baby.

What information will you collect from my records?

The only people who will look at your records are the clinicians in the research team. Your information will be de-identified and coded to compare to results from your surveys. We will collect only HG diagnosis & management (i.e. treatment protocol).

Participation is voluntary. You can change your mind and withdraw from the study at any time. This will not affect your care at the hospital or relationships with staff in any way.

Findings of this study will be published as an academic paper, in a professional journal and presented at conferences. You will **not** be identified in any of these findings or results.

How will information be stored?

All paper data will be stored in a locked cupboard within the Shoalhaven District Memorial Hospital by the chief investigator. All electronic data (de-identified survey results) will be stored on a password protected computer by the chief investigator. These will be destroyed after 5 years. Only the research team will have access to the data. Audio recordings will be deleted after transcription.

What are the possible benefits of taking part?

With your help, this research hopes to improve care and support for women with hyperemesis Gravidarum (HG) within the Illawarra Shoalhaven Local Health District.

What are the possible disadvantages and risks of taking part?

We are not aware of any risks to you from taking part in this research. Your care will not be affected by participation in this research. The researcher is also a Nurse that works in this district. If you feel as though you need more support from your participation, the on-call social worker can be called to help. Remember that you can withdraw from the study at any time.

Funding and conflict of interest:

There have been no conflicts of interest declared by the research team and no funding has been sought for completion of this study.

Collection of data;

The researcher is responsible for the collection and storage of all information that will be kept in a locked filing cabinet in an office within the Shoalhaven District Memorial Hospital. All information will be kept confidential and doctors and midwives in the hospital will not know that you are taking part in the research.

Data Analysis;

The research team are the only people that will have access to the information collected. You will not be identified in any reports.

Questions or concerns:

If you have any concerns or questions about this research, please do not hesitate to contact Taryn Elder, Ph. 0459907418, taryn.elder@health.nsw.gov.au.

If you have any concerns or complaints regarding the way in which this research is being conducted please contact the ISLHD Research Governance Officer on (02) 4253 4800 or email ISLHD-ResearchGovernance@health.nsw.gov.au and provide the name of the project (Hyperemesis Gravidarum Experience).

Consents:

If you have read and understood this Participant Information Sheet, have had questions about the research or your participation in this research answered, and you would like to take part in the study, please now sign the consent form to participate.

CONSENT FORM for Women with HG within Illawarra Shoalhaven Local Health District

Hyperemesis Gravidarum Experience Project

Investigators

Taryn Elder, Hyperemesis Gravidarum CNC, Illawarra Shoalhaven Local Health District (ISLHD). Contact taryn.elder@health.nsw.gov.au Phone 0459907418.

I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Please only tick the boxes if you agree to consent:

1. a) I am interested in being provided with educational resources, tools and welfare phone calls over the duration of my diagnosis and symptoms.

b) I consent to being followed up after participation.

2. I agree that researchers can access my hospital records for information about my HG and hospital stay as outlined in the information sheet.

3. I agree to be contacted about a follow-up telephone survey and recorded interview following the cessation of my symptoms or the birth of my baby.

I believe there are no risks associated with my involvement but if I become distressed I am aware that I can receive support from the research team or midwives and doctors here at the hospital to access the social worker.

There will be no record of my name other than the consent form and surveys.

I have volunteered to participate but I understand that I am free to withdraw from the study at any time and this decision will not affect my care within Illawarra Shoalhaven Local Health District.

I have had the opportunity to ask any questions and I understand that I can contact the research team or the ISLHD Research Governance unit (4253 4800 or ISLHD-ResearchGovernance@health.nsw.gov.au), and I know to quote the name of the study.

Contact details for the research team are: Denise Edgar, Nursing and Midwifery Research Unit, PH: 4253 4854 denise.edgar@health.nsw.gov.au

My best contact method for workshop details and/or telephone interview is:

email: _____

phone: _____

I agree to participate:

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Name of person taking consent	Date	Signature