1.0 POLICY

1.1 Background

1.1.1 Research involving women who are or may become pregnant should receive special attention from the IRB because of women’s additional health concerns during pregnancy and because of the need to avoid unnecessary risk to the fetus or neonate. Further, the IRB must determine when the father’s informed consent is required.

1.1.2 Special attention is justified because of the involvement of a third party (the fetus) who may be affected but cannot give consent and because of the need to prevent harm or injury to future members of society.

1.2 Definitions

1.2.1 Dead Fetus: A fetus that exhibits neither heartbeat, spontaneous respiratory activity, spontaneous movement of voluntary muscles, nor pulsation of the umbilical cord, if still attached.

1.2.2 Delivery: Complete separation of the fetus from the woman by expulsion or extraction or any other means.

1.2.3 Fetus: The product of conception from implantation until delivery.

1.2.4 Human Fetal Tissue: Tissue or cells obtained from a dead human embryo or fetus after a spontaneous or induced abortion or after a stillbirth.

1.2.5 Neonate: A newborn.

1.2.6 Nonviable Neonate: A neonate after delivery, that although living, is not viable.

1.2.7 Pregnancy: The period of time from implantation until delivery. A woman shall be presumed pregnant if she exhibits any of the presumptive signs of pregnancy, such as a missed menses, until the results of a pregnancy test are negative or until delivery.

1.2.8 Viable: In relation to neonates, being able, after delivery, to survive (given available medical therapy) to the point of independently maintaining heartbeat and respiration.

1.3 Policy
1.3.1 It is the policy of the University of Alabama that its IRBs review all research involving pregnant women, human fetuses, and neonates of uncertain viability or nonviable neonates in accordance with the Federal regulations at 45 CFR 46 Subpart B, regulations or policies of the UA IRB, and other applicable Federal, State, and local laws.

1.3.2 According to §46.204, pregnant women or fetuses may be involved in research if all of the following conditions are met:

1.3.2.1 Where scientifically appropriate, pre-clinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, have been conducted and provided data for assessing potential risks to pregnant women and fetuses;

1.3.2.2 The risk to the fetus is not greater than minimal, or any risk to the fetus which is greater than minimal is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus;

1.3.2.3 Any risk is the least possible for achieving the objectives of the research.

1.3.2.4 The woman's consent or the consent of her legally authorized representative is obtained in accordance with the informed consent provisions of subpart A of 45 CFR 46, unless altered or waived in accordance with 45 CFR 46.101(i) or 45 CFR 46.116 (c) or (d);

1.3.2.5 The woman or legally authorized representative is fully informed regarding the research;

1.3.2.6 For the research involving pregnant women and/or their fetuses, consent must be obtained from both the pregnant woman and father, unless:

1.3.2.6.1 The purpose is to meet the health needs of the mother,

1.3.2.6.2 The identity or whereabouts of the father cannot be reasonably ascertained, or

1.3.2.6.3 The pregnancy resulted from rape or incest.

1.3.2.7 For children as defined in 45 CFR 46.402(a), who are pregnant, assent and permission are obtained in accordance with the provisions of 45 CFR subpart D;

1.3.2.8 No inducements, monetary or otherwise, are to be offered to terminate a pregnancy;

1.3.2.9 Individuals engaged in the research will have no part in any decisions as to the timing, method, or the procedures used to terminate a pregnancy; and
1.3.2.10 Individuals engaged in the research will have no part in determining the viability of the fetus.

1.3.3 After delivery, neonates may be involved in research if all of the following conditions are met:

1.3.3.1 Scientifically appropriate, pre-clinical and clinical studies have been conducted and provide data for assessing potential risk to neonates;

1.3.3.2 The individual(s) providing consent are fully informed regarding the reasonably foreseeable impact of the research on the neonate;

1.3.3.3 The regulatory requirements have been met as applicable.

1.3.4 Neonates of Uncertain Viability

1.3.4.1 After delivery, and until it has been ascertained whether or not a neonate is viable, a neonate may not be involved in research covered by federal regulations, unless, the IRB has determined the following additional conditions are met in addition to those in section 1.2. of this policy:

a) The research holds out the prospect of enhancing the probability of survival of the particular neonate to the point of viability, and any risk is the least possible for achieving the objectives of the research; or

b) The purpose of the research is the development of important biomedical knowledge, which cannot be obtained by other means, and there will be no risk to the neonate resulting from the research; and

c) The legally effective informed consent of either parent of the neonate or, neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent’s legally authorized representative is obtained, in accordance with 45 CFR 46 Subpart A, unless altered or waived in accordance with 45 CFR 46.101(i) or 45 CFR 46.116(c) or (d).

1.3.5 Non-viable Neonates

1.3.5.1 After delivery, a nonviable neonate may not be involved in research covered by federal regulations, unless all of the following conditions are met in addition to those in section 1.2. of this policy:

a) Vital functions of the neonate will not be artificially maintained;

b) The research will not terminate the heartbeat or respiration of the neonate;

c) There will be no risk to the neonate resulting from the research;
d) The purpose of the research is the development of important biomedical knowledge that cannot be obtained by other means; and

e) The legally effective informed consent of both parents of the neonate is obtained in accordance with 45 CFR 46 Subpart A, except that the waiver and alteration provisions of 45 CFR 46.116 (c & d) do not apply.

1) However, if one parent is unable to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of the other parent will suffice to meet the requirements, except that the consent of the father need not be obtained if the pregnancy resulted from rape or incest.

2) The consent of a legally authorized representative of a nonviable neonate will not suffice to meet the requirements of the regulations.

1.3.6 Research Involving Post-Delivery, the Placenta, the Dead Fetus, or Fetal Material

1.3.6.1 Research involving the post-delivery placenta, the dead fetus, macerated fetal material, cells, or tissues or organs excised from a dead fetus shall be conducted only in accordance with any applicable federal, state, or local laws and regulations regarding such activities.

1.3.6.2 If information associated with material described in 1.2.3.1 (above) is recorded for research purposes in a manner that living individuals can be identified, directly or through identifiers linked to those individuals, those individuals are research participants and all pertinent regulations shall apply.

1.3.7 Other IRB Responsibilities

1.3.7.1 The University of Alabama IRBs shall include at least one member with expertise in research on pregnant women, fetuses, and neonates and one member who can represent the community interest in this research.

1.3.7.2 It is possible that pregnant women may have other vulnerabilities. For example, they may be prisoners or cognitively impaired. In such cases the IRB shall address all categories of vulnerability in its review.

1.4 Responsibility

1.4.1 The Vice President for Research is ultimately responsible for this policy. Enabling parties include the Director of Research Compliance, Research Compliance staff, the IRB chairs and members, investigators, and faculty supervising student research.
2.0 PROCEDURE

2.1 Screening and Educational Guidance

2.1.1 The principal investigator identifies within the IRB review application that the research study will involve the use and participation of pregnant women or fetuses.

2.1.2 The investigator addresses ethical and regulatory issues pertaining to the conduct of research involving pregnant women or fetuses with the IRB application as described in this policy and completes and appends FORM: Application for Research with Pregnant Women, Fetuses, and Neonates. (If other vulnerabilities are present, the forms for other vulnerable populations should be completed as well.)

2.1.3 Upon receipt of the IRB review application, ORC staff will conduct a preliminary screening to determine whether the proposed research study involves the use of pregnant women, fetuses, or neonates as study participants. Subsequently, the ORC staff will provide IRB members (as necessary or requested) with appropriate regulatory or educational materials applicable to the pregnant women or fetuses as vulnerable subjects for guidance during their review.

2.1.4 The ORC, IRB chair, or designee will request a consultant review if it is determined additional expertise is needed during the Initial Full Review, Expedited Initial Review, or the Continuing Review process.

2.1.5 The ORC staff will verify that a member with expertise in research on pregnant women, fetuses, or neonates and a member representing the community interest will be present at the convened IRB meeting or will submit comments in writing in advance of the IRB meeting. (Written comments from a member do not count toward a quorum.) A consultant or other designated representative may also attend the convened IRB meeting or provide comments in writing.

2.2 Review Process

2.2.1 The IRB will review the application using FORM: IRB Checklist for Reviewers and Investigators and determine whether the study protocol includes the enrollment and participation of pregnant women, fetuses, or neonates and whether appropriate safeguards have been considered and are in place.

2.2.2 As applicable, the IRB will consider and/or acquire information for consideration of the following elements when reviewing research involving pregnant women, fetuses, or neonates:

2.2.2.1 Inclusion/exclusion criteria;

2.2.2.2 Over-selection or exclusion of certain groups based upon perceived limitations (i.e., students in a professor’s courses or students in a research pool because they are a readily available “captive” population);
2.2.2.3 Specific laws governing the State of Alabama applicable to specific population groups which may have a bearing upon the final approval of the research protocol (e.g., emancipated individuals, legally authorized representatives, age of majority for research consent, etc.);

2.2.2.4 Any other aspect of the application that has implications for pregnant women, fetuses, or neonates as a vulnerable population.

2.2.2.5 Whether approval for one year is adequate or whether the project should be approved for less than one year, based on the nature of the research and the level of risk involved.

2.2.2.6 Whether the study should be flagged for routine post-approval monitoring based on the nature of the research and the level of risk involved.

2.2.3 The IRB will follow all federal/state regulations or guidelines and relevant internal IRB policies, in reviewing and approving proposed research that involves pregnant women, fetuses, or neonates because the presence of one vulnerable group may involve another (e.g., the mother of the fetus or neonate is a minor, a prisoner or is mentally disabled). Relevant regulations and policies include:

2.2.3.1 Research Involving Prisoners (45 CFR 46, Subpart C);

2.2.3.2 Research Involving Children (45 CFR 46, Subpart D; 21 CFR 50, Subpart D; and US Department of Education, Subpart D);

2.2.3.3 Research Involving Mentally Disabled Individuals;

2.2.3.4 Research Involving University of Alabama students

2.2.4 The IRB will consider and deliberate each response indicated on the IRB application form applicable to research involving pregnant women, fetuses, and neonates. IRB approval will also document that the IRB members acknowledge and agree with the description of all safeguards and risk assessments contained within the protocol as submitted by the Principal Investigator. ORC staff will document in the minutes, all discussions of controverted issues within IRB convened meetings.

2.2.5 ORC staff will document in the minutes, specific findings or IRB determinations in accordance with IRB policy. The IRB does not need to reconsider pre-determined subjects during subsequent reviews, unless changes to the protocol dictate otherwise.

3.0 REFERENCES
The Belmont Report

45 CFR 46: Subparts A, B, C, D

45 CFR 46.101, 46.115 (B), 46.116, 46.122

21 CFR 50: Subpart D 50.51, 50.52, 50.53, 50.54, 50.55, 50.56.

21 CFR 56.111

4.0 RELATED SECTIONS

4.1 FORM: IRB Checklist for Reviewers and Investigators

4.2 POLICY: Investigator Responsibilities for Informed Consent Process and Documentation

4.3 FORM: Application for Research Involving Pregnant Women, Human Fetuses, and/or Neonates