The Global Pregnancy Collaboration (CoLab) is an international consortium of 40 centers that promote collaboration in perinatal research to facilitate maternal and child health worldwide.

What CoLab has to offer:

• More than 40 cohorts from around the world, including consortia in Latin America and Indonesia; many high and low resource settings with infrastructure in place for clinical and preclinical research

• Skilled and world recognized experts on adverse pregnancy outcomes research

• Experienced clinical and fundamental (preclinical) investigators

• Contacts with centers worldwide beyond the CoLab membership

OTHER WAYS YOU CAN WORK WITH CoLab:

• We can provide a selected group of content experts to evaluate and advise in the early stages of a planned project

• We can provide contacts and potential sites for clinical or preclinical studies

  - From the worldwide collection of 40+ cohorts that are part of the CoLab

  - From other contacts of the CoLab cohorts

• We can evaluate and assist in experimental design

  - Preclinical
  - Clinical
CoLab Four Strategic Components

1. To promote sharing of data and biological samples to enable research studies of adverse pregnancy outcomes. The Collaboration allows questions about pregnancy complications to be addressed that could not be answered in any single center or project.

2. To collaborate with investigators who work in low resource settings where most maternal and perinatal deaths and severe adverse outcomes occur. We help to improve research infrastructure, both human and material. Recent collaborations involve centers in Columbia, Brazil, India, Pakistan, Bangladesh, Chile, Cuba, Bolivia, Argentina, Indonesia and Tanzania. We have worked with investigators in Brazil, India and Africa to submit applications for external funding to establish local biobanks in conjunction with implementation studies. We have received funding for Brazil and Africa. We are currently assisting two new consortia of investigators: in Latin America, (Bolivia, Chile, Colombia, Cuba, Ecuador, and Mexico) and in Indonesia. We help them to obtain funding and to establish policies and procedures. We share our databases (COLLECT, CONNECT) with them.

3. To establish a standardized database for studies of adverse pregnancy outcomes (COLLECT) which is available to investigators worldwide. This is the logical extension of our publication of recommended data collection for the study of preeclampsia. These recommended fields are included in a standardized form facilitating future data sharing and collaborations. COLLECT requires a nominal fee from investigators who can pay but is available free of charge to those who cannot (e.g. low and middle income investigators, beginning investigators). Modules are currently available for specific studies of preeclampsia and environmental pollution. Additional modules can be constructed at modest cost. COLLECT is used in research studies in Brazil, Chile, England and Ethiopia.

4. To establish a user friendly, simple database (CONNECT) to operate in low resource settings. This will function either as a Delivery Register (simpler version) or Medical Birth Register (detailed version). We aim to provide a resource for data collection tailored to the needs of individual centers but designed, as is COLLECT, to facilitate sharing and comparison of data in different centers. This would be based on flexible input methods including electronic tablets or mobile phones and replace delivery room paper logs and enable home deliveries to be recorded. It is mandatory that data entry takes no more time than that needed to create the equivalent paper records. It will allow acquisition of reliable data to identify areas in which to invest scarce resources and provide accurate assessment of the impacts of interventions. It will also be able feed into the organization of care of the newborn child without repetitive data entry.

We believe that devastating disorders of pregnancy are some of the most complicated medical problems. They include interaction of two genomes and environments, maternal and fetal. The resolution of these complications requires collaboration of investigators worldwide to unravel the complexities including similarities and difference in all settings, both high and low resource.

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