



Minimal risk and research with pregnant women

Maggie Little, BPhil, PhD
Director, Kennedy Institute of Ethics



Toward the Responsible Inclusion of
Pregnant Women in Medical Research

THE SECOND WAVE INITIATIVE

PHASES
PREGNANCY + HIV/AIDS
SEEKING EQUITABLE STUDY



Pregnancy Research Ethics
for Vaccines, Epidemics,
and New Technologies

PREVENT



How much research-related risk (RRR) is acceptable to impose on the fetus?

Prospect of direct benefit (PDB)?

Either

woman or fetus (or both)

Reasonable ratio of
risk to benefit

e.g. Phase III efficacy trials

Neither

woman nor fetus

Fetal RRR capped
at minimal risk

e.g. Phase I/II PK studies

Minimal risk

Rationale for capping risk

Compromised consent (fetus, children, prisoners, the unconscious) and no PDB

What is it?

“Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.” (HHS)

Well-known general issue: **vague**

1. Whose daily risks?
2. Why daily risks?
3. Why risks of exam?
4. Diverging IRB interpretations

A deeper issue

The minimal risk standard serves two functions:

- Capping risk in compromised consent (no PDB)
- Justifying expedited review and informed consent waivers!

Unintended chilling effect

Example: pediatric pharmacokinetic studies

Solution: Subpart D added a category of “minor increase over minimal risk” (1991)

- Vague? ✓
- But liberates from expedited review implication

In pediatrics, this is where all the non-PDB action happens

Subpart B lacks this category

Asymmetry between children and future offspring in non-PDB research

Chilling effect in full force: Efavirenz example

Potential solution: add category of “minor increase over minimal risk” for non-PDB research

CIOMS newest revision, December 2016:

- “When the social value of the research for pregnant or breastfeeding women or their fetus or infant is compelling, and the research cannot be conducted in non-pregnant or non-breastfeeding women, a research ethics committee may permit a minor increase above minimal risk.”



pregnancyethics.org

 @pregnancyethics