14 February 2022

Terms of reference for the cluster on Pregnancy and Lactation

The European Medicines Agency (EMA), the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA) agree on the following:

1. Goal and objectives

The primary goal of the EMA – FDA- MHRA collaboration on Pregnancy and Lactation (P&L) is:

To foster a consistent global approach across regulatory jurisdictions to assure evidence-based safe and effective use of medicines and vaccines during pregnancy and lactation.

Specific examples include:

- Engaging in product specific discussion such as interpretation of data, strategies for data collection and clinical trials, labelling, and risk management.
- Sharing best practices that address ethical, scientific, and regulatory barriers to promote clinical trial inclusion and participation of pregnant and breastfeeding individuals and individuals who may become pregnant.
- Encouraging early, aligned, and consistent engagement with sponsors during product development and after approval.
- Fostering sound non-clinical and clinical investigations in these populations, including novel clinical trial designs, clinical pharmacology studies, and statistical methods.
- Establishing best practices for identifying products where early exploration of use in pregnancy or breastfeeding is essential according to unmet needs and priority products used by pregnant and lactating individuals
- Identifying opportunities to challenge product developers and researchers to partner globally to develop robust modern methods in electronic data collection and analysis to jump start research in this area.

It may be appropriate to agree additional discussions on specific topics through *ad hoc* teleconferences and where relevant to include participation of additional EMA/FDA/MHRA staff members or experts.

The work of the cluster is conducted within the confidentiality arrangements in place between the participating parties.

Cluster participants will agree which topics will be discussed at this cluster and which should be deferred to other platforms/clusters; e.g. Paediatric, Pharmacovigilance, etc. to avoid duplication. When topics are deferred to other platforms/clusters, a summary of discussions will be reported back to this cluster.

2. Participants

From the EMA side, participants will include EMA staff members as needed, including but not limited to Human Division- Therapeutic offices, Scientific Evidence generation, Data Analytics and Statistics, International Affairs, Committee or working party members and other EU experts as relevant.

From FDA, participants will include FDA staff members as needed, including but not limited to Europe Office; Center for Drug Evaluation and Research- Division of Pediatric and Maternal Health; Center for Biologics Evaluation and Research.

From MHRA, participants will include MHRA staff members as needed, including but not limited to Clinical Trials Unit, Non-clinical, Pharmacokinetics and Statistics teams, and Authorisation and Safety and Surveillance teams.

The teleconferences will be chaired by the acting chair Agency, with rotation every 6 months.

Observers from regulatory authorities from other regions may participate in cluster activities subject to agreement of the EMA, FDA and MHRA and appropriate confidentiality arrangements being in place. Observership can lead to membership based on active participation and agreement by members of the Cluster.

3. Timing

It is anticipated that teleconferences will occur monthly, subject to need and predefined in advance, each meeting to be conducted for approximately 1 hour. This will be reviewed as necessary.

Ad-hoc meetings can be set up at dates and for duration as needed.

4. Agenda setting

The acting chair Agency will be responsible for preparing and sharing teleconference agendas. Agendas will be developed in accordance to the objectives described under section 1. The topics should be of shared interest and beneficial to the agencies. Both pregnancy and lactation should be addressed. Liaison officials will play a role in agreeing topics to avoid duplication of efforts with other clusters.

The draft agenda (template) will be sent by the cluster acting chair Agency about one week in advance of a teleconference for agreement. Urgent topics may be added before the teleconference by mutual agreement.

Specific agendas for *ad hoc* teleconferences are set. Attendees for these *ad hoc* meetings will be limited to those actively working on the topic, subject matter experts and core cluster members.

5. Records and supporting documents

Agendas and action points will be routinely generated. A cluster outcome report is encouraged.