UKOSS

UK Obstetric Surveillance System

Amniotic Fluid Embolism
Study 01/15
Data Collection Form - CASE

Case Definition:

EITHER a clinical diagnosis of AFE (acute hypotension or cardiac arrest, acute hypoxia or coagulopathy in the absence of any other potential explanation for the symptoms and signs observed)

OR a pathological diagnosis (presence of fetal squames or hair in the lungs).

Case ID Number: ☐☐☐☐☐☐

Royal College of Obstetricians and Gynaecologists

Bringing to life the best in women's health care

Please return the completed form to:

ukoss@npeu.ox.ac.uk

UKOSS
National Perinatal Epidemiology Unit
University of Oxford, Old Road Campus, Oxford, OX3 7LF

Phone: 01865 617764 / 617774

Reporting Month: _____

Reporting Hospital: _____

NPEU

Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Please record the ID number from the front of this form against the woman's name on the Clinician's Section of the blue card retained in the UKOSS folder.
3. Fill in the form using the information available in the woman's case notes.
4. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 7.
5. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18.37
6. If codes or examples are required, some lists (not exhaustive) are included on the back page of the form.
7. If the woman has not yet delivered, please complete the form as far as you are able, excluding delivery and outcome information, and return to the UKOSS Administrator. We will send these sections again for you to complete two weeks after the woman's expected date of delivery.
8. If you do not know the answers to some questions, please indicate this in section 7.
9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 7 to describe the problem.

Section 1: Woman's details

1.1 Year of birth Y Y Y Y

1.2 Ethnic group[1]* *(enter code, please see back cover for guidance)* ☐☐

1.3 Marital status single ☐ married ☐ cohabiting ☐

1.4 Was the woman in paid employment at booking? Yes ☐ No ☐

If Yes, what is her occupation _____

If No, what is her partner's (if any) occupation _____

1.5 Height at booking ☐☐☐ cm

1.6 Weight at booking ☐☐☐.☐ kg

1.7 Smoking status never ☐ gave up prior to pregnancy ☐ current ☐ gave up during pregnancy ☐

Section 2: Previous Obstetric History

2.1 Gravidity

Number of previous completed pregnancies beyond 24 weeks ☐☐

Number of previous pregnancies less than 24 weeks ☐☐

If no previous pregnancies, *please go to section 3.*

2.2 Did the woman have any previous pregnancy problems?[2]* Yes ☐ No ☐

If Yes, please specify _____

Section 3: Previous Medical History

3.1 Please indicate whether the woman had any of the following previous or pre-existing medical conditions:

History of allergy	Yes ☐	No ☐
History of atopy (asthma, eczema, hayfever)	Yes ☐	No ☐
Essential hypertension	Yes ☐	No ☐
Diabetes mellitus	Yes ☐	No ☐

3.2 Did the woman have any other pre-existing medical problems?[3]* Yes ☐ No ☐

If Yes, please specify details _____

*For guidance please see back cover

Section 4a: This Pregnancy

4a.1 **Final Estimated Date of Delivery (EDD)[4]*** D D / M M / Y Y

4a.2 **Was this pregnancy a multiple pregnancy?** Yes ☐ No ☐

If Yes, specify number of fetuses ☐

4a.3 **Was placenta praevia diagnosed?** Yes ☐ No ☐

If Yes, please specify the grade ☐

4a.4 **Did the woman have a placental abruption?** Yes ☐ No ☐

4a.5 **Did the woman develop any hypertensive disorder?** Yes ☐ No ☐

If Yes, please specify

		Date of onset	Time of onset
Pregnancy induced hypertension	☐	D D / M M / Y Y	
Pre-eclampsia (hypertension and proteinuria)	☐	D D / M M / Y Y	
Eclampsia	☐	D D / M M / Y Y	h h : m m (24hr)
Other	☐	D D / M M / Y Y	

If Other, please specify _____

4a.6 **Did the woman have chorioamnionitis?** Yes ☐ No ☐

4a.7 **Did the woman have polyhydramnios?** Yes ☐ No ☐

4a.8 **Did the woman develop gestational diabetes?** Yes ☐ No ☐

4a.9 **Were there any other problems in this pregnancy?[2]*** Yes ☐ No ☐

If Yes, please specify _____

Section 4b: Diagnosis of amniotic fluid embolism

4b.1 **Please indicate if any of the following features were present at or immediately preceding diagnosis**

	Tick all that apply	Please rank the features in order of occurrence (1,2,3,etc)
Acute fetal compromise	☐	☐
Cardiac arrest	☐	☐
Cardiac rhythm problems	☐	☐
Coagulopathy	☐	☐
Hypotension	☐	☐
Maternal haemorrhage	☐	☐
Premonitory symptoms e.g. restlessness, agitation, numbness, tingling	☐	☐
Seizure	☐	☐
Shortness of breath	☐	☐

4b.2 **Was an echocardiogram done following collapse?** Yes ☐ No ☐

If Yes, did the woman have abnormal echocardiogram findings? Yes ☐ No ☐

If Yes, please indicate what the abnormal findings were? _____

*For guidance please see back cover

Section 4c: Laboratory tests

Please specify the first results after diagnosis and the worst haematological parameters recorded at the time of the AFE or tick if not recorded?

	Diagnosis value	Tick if diagnosis value not recorded	Worst value	Tick if worst value not recorded
Hb g/dL	☐☐.☐	☐	☐☐.☐	☐
Platelet count (x10^9/L)	☐☐☐☐☐	☐	☐☐☐☐☐	☐
PT (sec)	☐☐☐	☐	☐☐☐	☐
INR	☐.☐	☐	☐.☐	☐
APTT (sec)	☐☐☐	☐	☐☐☐	☐
APTT (ratio) APTT	☐☐.☐	☐	☐☐.☐	☐
Fibrinogen (g/dL)	☐☐.☐	☐	☐☐.☐	☐
D-dimer (ng/ml)	☐☐☐☐☐	☐	☐☐☐☐☐	☐
Tryptase (µg/l)	☐☐☐.☐	☐	☐☐☐.☐	☐

Section 4d: Maternal event

4d.1 Date and time of event D D / M M / Y Y h h : m m (24hr)

4d.2 Date and time diagnosis first considered D D / M M / Y Y h h : m m (24hr)

4d.3 Were membranes ruptured at time of event? Yes ☐ No ☐

If Yes, please state date and time of rupture D D / M M / Y Y h h : m m (24hr)

Was rupture Artificial ☐ Spontaneous ☐

4d.4 Was there meconium staining of liquor? Fresh ☐ Old ☐ No ☐

4d.5 Was there fetal distress before maternal collapse? Yes ☐ No ☐

If Yes, please specify _____

4d.6 Was woman: Not in labour ☐ First stage ☐ Second stage ☐ Post-delivery ☐

4d.7 What was the contraction frequency at time of event? (number in 10 mins) ☐☐

4d.8 Did the woman have any anaesthetic/analgesia at time of collapse?

Spinal ☐ Epidural ☐ Combined spinal epidural ☐ GA ☐ None ☐

4d.9 Were any of the following clinical staff present at the time of collapse?

		If No, please indicate date and time first saw woman after collapse	**OR** Tick if did not see woman
Consultant obstetrician	Yes ☐ No ☐	D D / M M / Y Y h h : m m (24hr)	☐
Consultant anaesthetist	Yes ☐ No ☐	D D / M M / Y Y h h : m m (24hr)	☐
Senior midwife (band 7 or above)	Yes ☐ No ☐	D D / M M / Y Y h h : m m (24hr)	☐

*For guidance please see back cover

Section 4e: Management

4e.1 Please indicate what treatments were undertaken, when they were first used and total units/dose given where applicable

	Tick all that apply	Date first given	Time first given	Total dose	Units
Syntocinon infusion	☐	D D / M M / Y Y	h h : m m (24hr)		
Ergometrine	☐	D D / M M / Y Y	h h : m m (24hr)		
Prostaglandin F2α	☐	D D / M M / Y Y	h h : m m (24hr)		
Misoprostol	☐	D D / M M / Y Y	h h : m m (24hr)		
Hemabate	☐	D D / M M / Y Y	h h : m m (24hr)		
Whole blood or packed red cells	☐	D D / M M / Y Y	h h : m m (24hr)		
Cryoprecipitate	☐	D D / M M / Y Y	h h : m m (24hr)		
Fresh frozen plasma	☐	D D / M M / Y Y	h h : m m (24hr)		
Platelets	☐	D D / M M / Y Y	h h : m m (24hr)		
Cell salvage	☐	D D / M M / Y Y	h h : m m (24hr)		
Fibrinogen	☐	D D / M M / Y Y	h h : m m (24hr)		
Factor VIIa	☐	D D / M M / Y Y	h h : m m (24hr)		
Heparin	☐	D D / M M / Y Y	h h : m m (24hr)		
Tranexamic acid	☐	D D / M M / Y Y	h h : m m (24hr)		
Other	☐	D D / M M / Y Y	h h : m m (24hr)		

If Other, please specify _____

	Tick all that apply	Date	Time
Intrauterine balloons	☐	D D / M M / Y Y	h h : m m (24hr)
Intrauterine packing	☐	D D / M M / Y Y	h h : m m (24hr)
B-lynch or other brace suture	☐	D D / M M / Y Y	h h : m m (24hr)
Vessel embolisation	☐	D D / M M / Y Y	h h : m m (24hr)
Vessel ligation	☐	D D / M M / Y Y	h h : m m (24hr)
Intra-arterial balloons	☐	D D / M M / Y Y	h h : m m (24hr)
Hysterectomy	☐	D D / M M / Y Y	h h : m m (24hr)
Intra-abdominal packing	☐	D D / M M / Y Y	h h : m m (24hr)
Exchange transfusion	☐	D D / M M / Y Y	h h : m m (24hr)
Plasma exchange	☐	D D / M M / Y Y	h h : m m (24hr)
Apheresis	☐	D D / M M / Y Y	h h : m m (24hr)

*For guidance please see back cover

Section 5: Delivery

5.1 Was delivery induced? Yes ☐ No ☐

If Yes, what was the reason for induction? _____

If Yes, was vaginal prostaglandin used? Yes ☐ No ☐

If Yes, please record the preparation and total dose of prostaglandin given (mg)

_____

5.2 Did the woman labour? Yes ☐ No ☐

If Yes, what date and time was labour diagnosed? D D / M M / Y Y h h : m m (24hr)

Was syntocinon used during labour? Yes ☐ No ☐

Duration of syntocinon during labour ☐☐

Did hyperstimulation occur? (contractions more than 5 in 10 minutes) Yes ☐ No ☐

If Yes, for how long did hyperstimulation occur? ☐☐ hrs ☐☐ mins

5.3 Was delivery by caesarean section? Yes ☐ No ☐

If Yes, please state whether Elective ☐ ***OR*** Emergency ☐

Grade of urgency[5]* ☐

Indication for caesarean section _____

Method of anaesthesia: Regional ☐ General anaesthetic ☐

5.4 Did the woman have manual removal of her placenta? Yes ☐ No ☐

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU/HDU? Yes ☐ No ☐

If Yes, please indicate date and time of admission: D D / M M / Y Y h h : m m (24hr)

Duration of stay ☐☐ days

Or Tick if woman is still in ITU/HDU ☐

Or Tick if woman was transferred to another hospital ☐

6a.2 Did the woman have permanent neurological injury (e.g. hypoxic brain injury, persistent vegetative state)? Yes ☐ No ☐

If Yes, please give details _____

6a.3 Did any other major maternal morbidity occur?[6]* Yes ☐ No ☐

If Yes, please specify _____

6a.4 Did the woman die? Yes ☐ No ☐

If Yes, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

What was the primary cause of death as stated on the death certificate?

(Please state if not known) _____

Was a post mortem examination undertaken? Yes ☐ No ☐

If Yes, were fetal squames or hair found in the lungs? _____

*For guidance please see back cover

Section 6b: Infant

NB: If more than one infant, for each additional infant, please photocopy the infant section of the form **(before filling it in)** and attach extra sheet(s) or download additional forms from the website: www.npeu.ox.ac.uk/ukoss

6b.1 Date and time of delivery D D / M M / Y Y h h : m m (24hr)

6b.2 Mode of delivery

Spontaneous vaginal ☐ Ventouse ☐ Lift-out forceps ☐ Rotational forceps ☐

Breech ☐ Pre-labour caesarean section ☐ Caesarean section after onset of labour ☐

6b.3 Birthweight ☐☐☐☐ g

6b.4 Sex of infant Male ☐ Female ☐ Indeterminate ☐

6b.5 Was the infant stillborn? Yes ☐ No ☐

If Yes, was this Ante-partum ☐ ***OR*** Intra-partum ☐

If Yes, *go to section 7*

6b.6 5 min Apgar ☐☐

6b.7 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

If Yes, please state the duration of stay ☐☐ days

Or Tick if the infant is still in the neonatal unit ☐

Or Tick if the infant was transferred to another hospital ☐

6b.8 Did any other major infant complications occur?[7]* Yes ☐ No ☐

If Yes, please specify details _____

6b.9 Did this infant die? Yes ☐ No ☐

If Yes, please specify date of death D D / M M / Y Y

What was the primary cause of death as stated on the death certificate?

(Please state if not known) _____

Section 7:

Please use this space to enter any other information you feel may be important

_____

_____

_____

_____

_____

Section 8:

Name of person completing the form _____

Designation _____

Today's date D D / M M / Y Y

You may find it useful in the case of queries to keep a copy of this form.

*For guidance please see back cover

Definitions

1. UK Census Coding for ethnic group

WHITE
- 01. British
- 02. Irish
- 03. Any other white background

MIXED
- 04. White and black Caribbean
- 05. White and black African
- 06. White and Asian
- 07. Any other mixed background

ASIAN OR ASIAN BRITISH
- 08. Indian
- 09. Pakistani
- 10. Bangladeshi
- 11. Any other Asian background

BLACK OR BLACK BRITISH
- 12. Caribbean
- 13. African
- 14. Any other black background

CHINESE OR OTHER ETHNIC GROUP
- 15. Chinese
- 16. Any other ethnic group

2. Previous or current pregnancy problems, including:

3 or more miscarriages
Amniocentesis
Baby with a major congenital abnormality
Gestational diabetes
Haemorrhage
Hyperemesis requiring admission Infant requiring intensive care Neonatal death
Placenta praevia
Placental abruption
Post-partum haemorrhage requiring transfusion
Pre-eclampsia (hypertension and proteinuria)
Premature rupture of membranes
Preterm birth or mid trimester loss
Puerperal psychosis
Thrombotic event
Severe infection e.g. pyelonephritis
Stillbirth
Surgical procedure in pregnancy

3. Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired) Diabetes
Epilepsy
Endocrine disorders e.g. hypo or hyperthyroidism
Essential hypertension
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory
bowel disease
Psychiatric disorders
Renal disease

4. Estimated date of delivery (EDD):

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

5. RCA/RCOG/CEMACH/CNST Classification for urgency of caesarean section:

1. Immediate threat to life of woman or fetus
2. Maternal or fetal compromise which is not immediately life-threatening
3. Needing early delivery but no maternal or fetal compromise
4. At a time to suit the woman and maternity team

6. Major maternal morbidity, including:

Adult respiratory distress syndrome
Cardiac arrest
Cerebrovascular accident
Disseminated intravascular coagulopathy
HELLP
Mendelson's syndrome Persistent vegetative state
Renal failure
Required ventilation Septicaemia
Thrombotic event

7. Fetal/infant complications, including:

Chronic lung disease
Exchange transfusion
Intraventricular haemorrhage
Jaundice requiring phototherapy
Major congenital anomaly
Necrotising enterocolitis
Neonatal encephalopathy
Respiratory distress syndrome
Severe infection e.g. septicaemia, meningitis