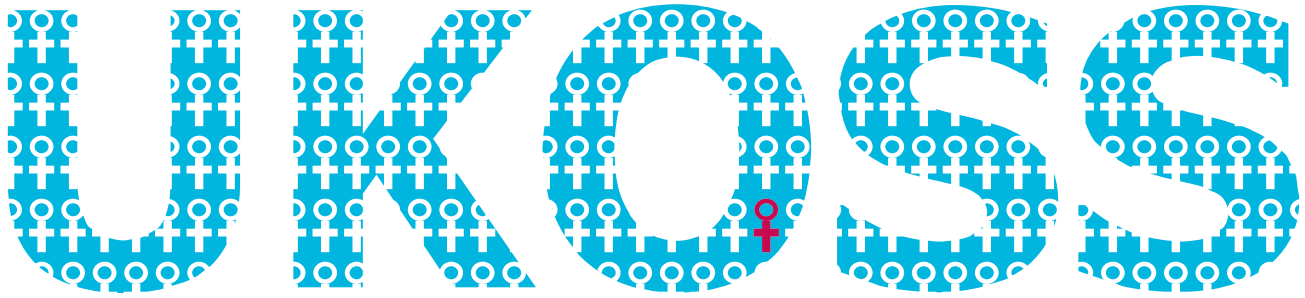


ID Number:



UK Obstetric Surveillance System

Aortic Dissection/Dissecting Aortic Aneurysm Study 05/09

Data Collection Form - CASE

Please report any woman delivering on or after 1st September 2009

Case Definition:

(a) aortic dissection confirmed using suitable imaging (Echocardiography, Computed Tomography, Magnetic Resonance Imaging)

Or

(b) aortic dissection confirmed at surgery or postmortem

Cases should be reported for women with aortic dissection diagnosed in the current pregnancy **AND** those with pre-existing aortic dissection or previous aortic repair prior to the current pregnancy.

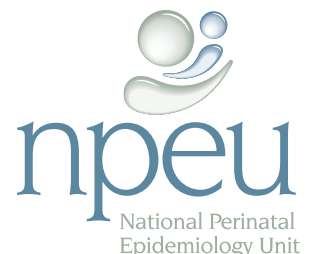
Please return the completed form to:

UKOSS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF
Fax: 01865 289701
Phone: 01865 289714



Royal College of
Obstetricians and
Gynaecologists

Case reported in: _____



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 _____

*For guidance please see back cover

Section 3: Previous Medical History

Please indicate whether any of the following were present prior to pregnancy:

3.1 Previous or pre-existing medical problems^{3*} Yes No

If Yes, please specify _____

3.2 Known essential hypertension Yes No

3.3 Previous cardiovascular disease Yes No

If Yes, please specify

Date of diagnosis / /

Disease details _____

3.4 Previous aortic dissection/dissecting aortic aneurysm Yes No

If Yes, please specify

Type of diagnosis (*tick one*) Type A (involving the arch and ascending aorta)

OR Type B (from left subclavian to descending aorta)

OR Type AB (involving the arch and descending aorta)

Date of diagnosis / /

How was the aortic dissection managed? Conservatively Repaired

3.5 Is there a history of:

	Yes	No	Date of diagnosis
Marfan's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Connective tissue disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Turner's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Aortic coarctation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Bicuspid aortic valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

3.6 Is there a history of repair of the aorta or aortic valve? Yes No

If Yes, please specify date of repair / /

3.7 Is there a family history of aortic dissection? Yes No

3.8 Was pre-pregnancy counselling given? Yes No Not documented

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD)^{4*} / /

4.2 Was antenatal care undertaken in the usual hospital for this woman's area of residence? Yes No

If No, please indicate reasons for care at a different hospital (*tick all that apply*)

Referred to a tertiary centre because of underlying medical condition

Patient preference

Other

If Other, please specify _____

4.3 Was this pregnancy a multiple pregnancy? Yes No

If Yes, please specify number of fetuses

*For guidance please see back cover

4.4 Were there problems in this pregnancy?^{2*} Yes No

If Yes, please specify _____

4.5 Did the woman present with aortic dissection during this pregnancy? Yes No

If No, please go to section 5d

Section 5: Presentation with Aortic Dissection During this Pregnancy

Section 5a: Symptoms at Presentation

5a.1 When did the woman first present with aortic dissection? / /

5a.2 What were the symptoms at presentation?

Anterior chest pain

Neck/jaw/shoulder pain

Syncope/collapse

Cardiac arrest

Back pain

Limb ischaemia

Neurological symptoms

Visceral ischaemia (i.e. acute abdominal pain, acute renal failure, fetal distress)

Other

If Other, please specify _____

5a.3 Was the blood pressure taken on admission? Yes No

If Yes, what was the blood pressure? /

5a.4 What was the highest blood pressure recorded following admission?

Date of recording and highest systolic BP / /

Date of recording and highest diastolic BP / /

5a.5 Was a recording of blood pressure in both arms undertaken? Yes No

If Yes, was there a difference? Yes No

5a.6 Were radial pulses assessed in both arms? Yes No

If Yes, was there a difference? Yes No

Section 5b: Diagnosis of Aortic Dissection During this Pregnancy

5b.1 Were any of the following performed?

	Yes	No	Date	Abnormalities found
Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>
CT scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>
MRI scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Transthoracic/transoesophageal echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Please specify any abnormalities _____

5b.2 Was the woman treated for another condition before aortic dissection was diagnosed?

Yes No

If Yes, please state

The condition _____

Treatment given _____

5b.3 What type of aortic dissection/dissecting aortic aneurysm was diagnosed?

Type of diagnosis (*tick one*)

Type A (involving the arch and ascending aorta)

OR Type B (from left subclavian to descending aorta)

OR Type AB (involving the arch and descending aorta)

5b.4 Date of diagnosis

/ /

Section 5c: Management of Aortic Dissection During this Pregnancy

5c.1 Please indicate which of the following specialists were involved in the care of the woman during this pregnancy (*tick all that apply*)

		Date first consulted
Cardio-thoracic Surgeon	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Cardiologist	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Vascular Surgeon	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
General Obstetrician	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Maternal Medicine Specialist	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Obstetric Physician	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Obstetric Anaesthetist	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
General Medical Physician	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Interventional Radiologist	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Please specify _____	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

5c.2 Was the woman initially treated with anti-hypertensive agent(s)?

Yes No

If Yes,

Were they given

Intravenously OR Orally

Specify agents used _____

5c.3 How was the blood pressure monitored?

Intravenously OR Non-invasively

5c.4 How was the aortic dissection managed?

Conservatively OR Repaired

If Repaired,

Please state type of repair _____

Date and time of repair / / :

Was the woman managed with endovascular stenting?

Yes No

If Yes, please state date stenting done

/ /

What was the blood pressure on induction of anaesthesia?

/

What type of anaesthetic was used for aortic repair?

Regional General

Section 5d: Delivery

5d.1 Did this woman have a miscarriage?

Yes No

If Yes, please specify date

/ /

5d.2 Did this woman have a termination of pregnancy?

Yes No

If Yes, please specify date

/ /

5d.3 Is this woman still undelivered?

Yes No

If Yes, will she be receiving the rest of her antenatal care from your hospital?

Yes No

If No, please indicate name of hospital providing future care

Will she be delivered at your hospital?

Yes No

If No, please indicate name of delivery hospital, then *go to section 7*

5d.4 When was the delivery?

Before the aortic repair

At the same time as the aortic repair

After the aortic repair

5d.5 What type of anaesthetic was used for the delivery of the baby?

Epidural Single-shot spinal Continuous spinal CSE General

Section 6: Outcomes

Section 6a: Woman

6a.1 Was ITU admission planned prior to delivery?

Yes No

6a.2 Was the woman admitted to ITU/HDU/obstetric HDU/Coronary care unit?

Yes No

If Yes, duration of stay

days

Or Tick if woman is still in ITU/HDU

Or Tick if woman was transferred to another hospital

6a.3 Did any other major maternal morbidity occur?^{5*}

Yes No

If Yes, please specify _____

6a.4 Total duration of maternal postnatal stay

days

6a.5 Was Marfan's disease diagnosed during the admission?

Yes No

6a.6 Was a connective tissue disease diagnosed during the admission?

Yes No

6a.7 Did the woman die?

Yes No

If Yes, please specify date and time of death

/ / :

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

(Please state if not known.) _____

Section 6b: Infant 1

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

/ / :
24hr

6b.2 Mode of delivery

Spontaneous vaginal Ventouse Lift-out forceps Rotational forceps
Pre-labour caesarean section Caesarean section after onset of labour

6b.3 Birthweight

g

6b.4 Was the infant stillborn?

Yes No

If Yes, please go to section 7.

6b.5 5 min Apgar

6b.6 Was the infant admitted to the neonatal unit?

Yes No

6b.7 Did any other major infant complications occur?*

Yes No

If Yes, please specify _____

6b.8 Did this infant die?

Yes No

If Yes, please specify date of death

/ /

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 / /

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:

Thrombotic event
Amniotic fluid embolism
Eclampsia
3 or more miscarriages
Preterm birth or mid trimester loss
Neonatal death
Stillbirth
Baby with a major congenital abnormality
Small for gestational age (SGA) infant
Large for gestational age (LGA) infant
Infant requiring intensive care
Puerperal psychosis
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

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

Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. hypo or hyperthyroidism
Psychiatric disorders
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Autoimmune diseases
Cancer
HIV

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. Major maternal medical complications, including:

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

6. Fetal/infant complications, including:

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