

UK Obstetric Surveillance System

Eclampsia Study 04/05

Data Collection Form - CASE

Case Definition:

The occurrence of convulsions during pregnancy or in the first ten days postpartum, together with at least **two** of the following features within 24 hours after the convulsions:

hypertension (a booking diastolic pressure of <90 mmHg, a maximum diastolic of ≥ 90 mmHg, and a diastolic increment of ≥ 25 mmHg)

proteinuria (at least + protein in a random urine sample or ≥ 0.3 g in a 24hr collection)

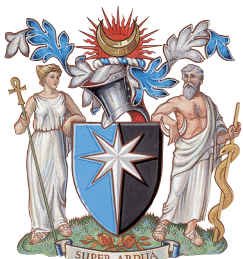
thrombocytopenia (platelet count of less than $100 \times 10^9/l$)

an increased plasma alanine aminotransferase (ALT) concentration (≥ 42 iu/l) or an increased plasma aspartate transaminase aminotransferase (AST) concentration (≥ 42 iu/l).

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 you do not know the answers to some questions, please indicate this in section 7.
8. 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

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 Pregnancies

2.1 Gravidity

Number of completed pregnancies beyond 24 weeks

Number of 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

2.3 Previous history of pre-eclampsia

Yes No

If Yes, please indicate below.

Gestation at onset (completed weeks)

Pregnancy 1

Pregnancy 2

Gestation at delivery (completed weeks)

Was labour spontaneous?

Yes

Yes

Was delivery induced/expedited due to pre-eclampsia?

Yes

Yes

2.4 Previous history of eclampsia

Yes No

If more than two previous pregnancies with pre-eclampsia, please add details in Section 7.

Section 3: Previous Medical History

Please indicate whether any of the following were present

3.1 Previous or pre-existing medical problems^{3*}

Yes No

If Yes, please specify

3.2 Current or past history of epilepsy

Yes No

If Yes, please specify

*For guidance please see back cover

3.3 Current or previous essential hypertension

Yes No

If Yes, please specify medication at booking

agent

daily dose (mg)

Section 4a: This Pregnancy

4a.1 Final Estimated Date of Delivery (EDD)**

/ /

4a.2 Was this pregnancy a multiple pregnancy?

Yes No

If Yes, please specify number of fetuses

4a.3 Were there problems in this pregnancy?***

Yes No

If Yes, please specify

4a.4 Was pre-eclampsia diagnosed prior to eclampsia?

Yes No

If Yes, please specify date of diagnosis

/ /

4a.5 Was treatment for hypertension commenced/changed during this pregnancy?

Yes No

If Yes, please indicate treatments used (please tick all that apply)

	agent	date treatment commenced
Anti-hypertensive medication	Yes <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"/>
Magnesium sulphate	Yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Other anti-convulsant	Yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Other medication	Yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section 4b: Antenatal Visits

Please specify all visits, including those to Day Assessment Units and those leading to admission. Please continue on a separate page if necessary.

Date	Blood pressure	Proteinuria	Admitted? (Y/N)	If Yes, specify date of discharge

*For guidance please see back cover

Section 4c: Signs immediately prior to eclamptic episode

4c.1 Blood pressure in preceding week

Please specify highest diastolic recording
with date

		/			/		

or tick if no record available/not measured in preceding week

4c.2 Proteinuria in preceding week

Please specify highest proteinuria of + or more on dipstick
or >0.3g/24hr recorded

		.					
		/			/		

with date

or tick if no record available/not measured in preceding week

4c.3 Prodromal symptoms immediately prior to eclamptic episode (please tick all that occurred in the week preceding eclamptic episode)

Visual Disturbance

Headaches

Epigastric pain

Section 4d: Diagnosis of eclampsia

(please record features noted in 24 hours prior to or immediately following first eclamptic episode)

4d.1 Date and time of first eclamptic episode

		/			/			:		
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4d.2 Was this

antepartum

intrapartum

postpartum

4d.3 Where did eclampsia occur?

hospital

community hospital

home

4d.4 Proteinuria Specify maximum dipstick recording or g/24hr recorded

		.			

4d.5 Hypertension Specify maximum diastolic blood pressure

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4d.6 Lowest platelet count Specify ($\times 10^9/l$)

--	--	--

4d.7 Highest plasma aspartate aminotransferase (AST)

Specify (iu/l)

--	--	--

 or tick if none

4d.8 Highest plasma alanine aminotransferase (ALT)

Specify (iu/l)

--	--	--

 or tick if none

4d.9 Total number of seizures

Section 4e: Treatment of eclamptic episode

4e.1 Was magnesium sulphate given before eclamptic episode?

Yes No

4e.2 Was magnesium sulphate given after eclamptic episode?

Yes No

4e.3 Were other anticonvulsants given after eclamptic episode?

Yes No

If Yes, please specify agent(s) _____

4e.4 Were antihypertensives used following eclamptic episode

Yes No

If Yes, please specify agent(s) _____

4e.5 Please record the highest measured creatinine level ($\mu\text{mol/l}$)

Date highest level was recorded

		/			/		

Section 5: Delivery

5.1 Was delivery induced?

Yes No

If Yes, please state indication _____

5.2 Did the woman labour?

Yes No

5.3 Was delivery by caesarean section?

Yes No

If Yes, please state whether

elective ORemergency

and give indication for caesarean section _____

Method of anaesthesia/analgesia

regional ORgeneral anaesthetic

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU/HDU?

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.2 Did any other major maternal morbidity occur?^{5*}

Yes No

If Yes, please specify _____

6a.3 Did the woman die?

Yes No

If Yes, please specify date of death

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

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

 / / :

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 Was the infant stillborn?

Yes No

If Yes, go to section 7

6b.5 5 min Apgar

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

Yes No

If Yes, duration of stay (days)

Or Tick if infant is still in NICU/SBCU Or Tick if infant was transferred to another hospital

6b.7 Did any major infant complications occur?^{7*}

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.

If you are unable to make a copy please tick the box

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
Amniotic fluid embolism
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
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: Major maternal medical complications, 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

6: 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