



UK Obstetric Surveillance System

Malaria in Pregnancy Study 04/08

Data Collection Form - CASE

Please report all women delivering between 1st November 2008 and 31st October 2011.

Case Definition:

Any women with a positive blood film for malaria parasites (or confirmed placental malaria) at any time during pregnancy or immediately postpartum (before discharge from hospital after delivery).

Please return the completed form to:

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



Royal College of
Obstetricians and
Gynaecologists

Fax: 01865 289701
Phone: 01865 289714

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 Born in the UK

Yes No

If No, please specify date of arrival in the UK

 / /

and country of origin _____

1.4 Marital status

single married cohabiting

1.5 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 24 weeks and beyond

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 _____

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 HIV co-infection

Yes No

Section 4: This Pregnancy

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

 / /

4.2 Was this pregnancy a multiple pregnancy?

Yes No

If Yes, please specify number of fetuses

4.3 Were there problems in this pregnancy?^{2*}

Yes No

If Yes, please specify _____

*For guidance please see back cover

4.4 Did the woman travel abroad whilst pregnant?

Yes No

If Yes, please complete the table below indicating dates of travel and return to the UK

Departure date from UK	Return date to UK	Country visited
DD / MM / YY	DD / MM / YY	_____
DD / MM / YY	DD / MM / YY	_____
DD / MM / YY	DD / MM / YY	_____
DD / MM / YY	DD / MM / YY	_____

If Yes, was malaria prophylaxis taken?

Yes No

If Yes, please indicate which :

Mefloquine (Iariam)

Yes No

Malarone

Yes No

Doxycycline

Yes No

Chloroquine (nivaquine/avlochlor)

Yes No

Proguanil (paludrine)

Yes No

Unknown

Yes No

Other (please specify)

Yes No

If Other, please specify _____

Date prophylaxis first started

DD / MM / YY

Date last prophylactic dose taken

DD / MM / YY

Diagnosis of Malaria

4.5 Date of onset of symptoms

DD / MM / YY

4.6 Symptoms at presentation _____

4.7 Date of diagnosis

DD / MM / YY

4.8 Method of diagnosis (please tick)

Blood film

Placental histology

Rapid Diagnostic test

Clinical (please specify) _____

4.9 What type of malaria was diagnosed (please tick one only)

Falciparum

Vivax

Ovale

Malariae

4.10 Was the haemoglobin level measured at presentation?

Yes No

Result (g/dL)

□□.□

4.11 Was treatment with anti-malarial drugs given as therapy? Yes No

If Yes, please complete the table below indicating drugs given, duration of treatment (days) and start date

Drug Name	Duration of treatment (days)	Route of administration	Start date
_____	<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"/> <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"/>	_____	<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"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

4.12 Did the woman have any complications of treatment? Yes No

If Yes, please specify _____

Section 5: Delivery

5.1 Did this woman have a miscarriage? Yes No

If Yes, please specify date / /

5.2 Did this woman have a termination of pregnancy? Yes No

If Yes, please specify date / /

5.3 Is this woman still undelivered? Yes No

If No, please go to Question 5.4

If Yes, will this woman receive all her antenatal care at your hospital? Yes No

If No, please indicate name of hospital

Will she be delivered at your hospital? Yes No

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

5.4 Was delivery induced? Yes No

If Yes, please state indication _____

Was vaginal prostaglandin used? Yes No

5.5 Did the woman labour? Yes No

5.6 Date of discharge / /

5.7 Was delivery by caesarean section? Yes No

If Yes, please state whether elective OR emergency
grade of urgency^{5*} _____

and give indication for caesarean section _____

Method of anaesthesia regional OR general anaesthetic

*For guidance please see back cover

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU?

Yes No

If Yes, duration of stay (days)

Or Tick if woman is still in ITU

Or Tick if woman was transferred to another hospital

6a.2 Did any other major maternal morbidity occur?^{6*}

Yes No

If Yes, please specify _____

6a.3 What was the date of discharge?

/ /

6a.4 Did the woman die?

Yes No

If Yes, please specify date of death

/ /

Was malaria listed as a contributing cause of death?

Yes No

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

breech

pre-labour caesarean section

caesarean section after onset of labour

6b.3 Birthweight

g

6b.3 Gender

Male Female

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

If Yes, duration of stay (days)

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) _____

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: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 medical complications, including:

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

7: 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