ID Number:

UKOSS

UK Obstetric Surveillance System

Therapies or Prophylaxis for Peripartum Haemorrhage
Study 04/07

Data Collection Form - CASE

Please report all women delivering after 1st September 2007

and before 1st October 2008

Case Definition:

A woman treated with **any** of the following therapies for management of peripartum haemorrhage:

EITHER Factor VIIa

OR B-Lynch or other brace suture

OR Arterial ligation or embolisation or intra-arterial ballons (including prophylactic catheter placement prior to delivery)

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

Case reported in: _____

Royal College of Obstetricians and Gynaecologists

npeu National Perinatal Epidemiology Unit

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 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 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.*

If the woman has had previous pregnancies please indicate whether any of the following were present:

Pregnancy or delivery problems[2]* Yes ☐ No ☐

If Yes, please specify _____

Any previous deliveries by caesarean section Yes ☐ No ☐

If Yes, please specify number in total

Was the immediately preceding delivery by caesarean section? Yes ☐ No ☐

*For guidance please see back cover

Section 3: Previous Medical History

3.1 Did the woman have any previous or pre-existing medical problems?[3*] Yes ☐ No ☐

If Yes, please specify _____

3.2 Previous uterine surgery Yes ☐ No ☐

If Yes, please specify type and number of operations

Evacuation of retained products of conception (ERPC)	Yes ☐	Number ☐
Dilatation and curettage	Yes ☐	Number ☐
Surgical termination of pregnancy	Yes ☐	Number ☐
Myomectomy	Yes ☐	Number ☐
Manual removal of placenta	Yes ☐	Number ☐
Other[4*]	Yes ☐	Number ☐

If Other, please specify

_____

3.3 Previous uterine perforation Yes ☐ No ☐

If Yes, please specify treatment of perforation, if any

_____

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery *(EDD)[5*]* D D / M M / Y Y

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 _____

4.4 Was placenta praevia diagnosed prior to delivery? Yes ☐ No ☐

If Yes, please specify grade ☐

4.5 Was placenta accreta/increta/percreta suspected prior to delivery? Yes ☐ No ☐

If Yes, how was it diagnosed? Ultrasound ☐ MRI ☐ Other ☐

If Other, please specify _____

Section 5: Delivery

5.1 Was delivery induced? Yes ☐ No ☐

If Yes, please state indication _____

Was vaginal prostaglandin/misoprostol used? Yes ☐ No ☐

5.2 Did the woman labour? Yes ☐ No ☐

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

Was syntocinon used during labour? Yes ☐ No ☐

Duration of syntocinon during labour ☐☐ hrs ☐☐ mins

5.3 Was delivery by caesarean section? Yes ☐ No ☐

If Yes, please state grade of most senior operator _____

What was the indication for caesarean section? _____

Method of anaesthesia *(tick all that apply)*

Epidural ☐ Single-shot spinal ☐ Continuous spinal ☐ CSE ☐ General ☐

*For guidance please see back cover

5.4 What was used for third stage prophylaxis? *(tick all that apply)*

None ☐ Syntocinon ☐ Syntometrine ☐ Other ☐ *(please specify)*

_____

Haemorrhage

5.5 What was the estimated blood loss (total mls)? ☐☐☐☐☐

5.6 Please indicate what treatments were undertaken

	Tick all that apply	Please rank the therapies in the order in which they were first used (1, 2, 3 etc)	Was this therapy used for prophylaxis (P) or treatment (T)[6*]. Please tick (P) or (T)	
			(P)	(T)
Syntocinon infusion	☐	☐☐	☐	☐
Ergometrine	☐	☐☐	☐	☐
Prostaglandin F2α	☐	☐☐	☐	☐
Misoprostol	☐	☐☐	☐	☐
Intra-abdominal packing	☐	☐☐	☐	☐
Intrauterine balloons	☐	☐☐	☐	☐
Intrauterine packing	☐	☐☐	☐	☐
Recombinant factor VIIa	☐	☐☐	☐	☐
Vessel embolisation/ligation	☐	☐☐	☐	☐
Intra-arterial balloons	☐	☐☐	☐	☐
B-Lynch or other brace suture	☐	☐☐	☐	☐
Hysterectomy (please tick) Total ☐ Subtotal ☐	☐	☐☐	☐	☐
Other (please specify) _____	☐	☐☐	☐	☐

5.7 Was a B-Lynch or other compression suture used? Yes ☐ No ☐

If No, *please go question 5.8*

If Yes, what technique was used *(please tick)*

Unclear ☐

Classical B-Lynch ☐

Modified B-Lynch (Two vertical sutures, uterus not opened) ☐

Multiple vertical compression sutures ☐

Square sutures ☐

Systematic devascularisation of uterus ☐

Other ☐

If Other, please specify _____

Date and time of procedure D D / M M / Y Y h h : m m (24hr)

How many units of blood had been transfused by the start of the procedure? ☐☐

What was the time between the decision to use a compression suture and the time the suture was placed *(min)* ☐☐☐

*For guidance please see back cover

5.8 Was recombinant factor VIIa (Novoseven) used? Yes ☐ No ☐

If No, *please go question 5.9*

If Yes, **please indicate total number of units transfused before rf VIIa was given**

Blood ☐☐

Fresh Frozen Plasma (FFP) ☐☐

Platelets ☐☐

Cryoprecipitate ☐☐

Date and time rf VIIa first used? D D / M M / Y Y h h : m m (24hr)

Dose of rf VIIa given *(first) (mg)* ☐☐.☐

What was the time between the decision to use rfVIIa and the time it was first given? *(min)* ☐☐☐

Total number of doses ☐ Total dose given (mg) ☐☐.☐

5.9 Is arterial embolisation (interventional radiology) routinely available in your unit? Yes ☐ No ☐

If Yes, when and where is it available *(tick all that apply)*

Same hospital ☐ Different hospital ☐

During normal working hours ☐ Out of hours ☐

5.10 Was major blood vessel catheterisation or ligation carried out on this woman? Yes ☐ No ☐

If No, *please go to question 5.11*

If Yes, which technique was used? Balloon ☐ Embolisation ☐ Ligation ☐

When were catheters placed? D D / M M / Y Y h h : m m (24hr)

Which vessels were occluded? _____

If embolisation was carried out, what material was used? _____

Where was the procedure performed? Same hospital ☐ Different hospital ☐

Date and time of procedure? D D / M M / Y Y h h : m m (24hr)

How many units of blood had been transfused by the start of the procedure? ☐☐

What was the time between the decision to perform embolisation/ligation and the time the procedure was performed *(min)* ☐☐☐

5.11 What was the primary underlying cause of haemorrhage *(please tick one only)*

Uterine atony ☐

Placenta praevia ☐

Placenta accreta/increta/percreta ☐

Placental abruption ☐

Uterine infection ☐

Uterine rupture ☐

If Yes, please specify pre-labour ☐ during labour ☐ traumatic ☐

Extension of incision at time of caesarean section ☐

Extension of previous caesarean section scar at the time of caesarean section ☐

Genital tract trauma/tears ☐

Other cause ☐

If Other, please specify _____

5.12 Did the woman refuse transfusion of blood products? Yes ☐ No ☐

5.13 Please record the amounts of blood products received in total by this woman (units)

	Total (units)
Whole blood or packed red cells	☐☐
Fresh Frozen Plasma (FFP)	☐☐
Platelets	☐☐
Cryoprecipitate	☐☐
Cell salvaged blood *(ml)*	☐☐☐☐

5.14 Was the woman actively warmed during treatment for haemorrhage? Yes ☐ No ☐

5.15 Were the intravenous fluids actively warmed? Yes ☐ No ☐

5.16 Was the woman's temperature monitored? Yes ☐ No ☐

If Yes, what was her lowest recorded temperature? ☐☐.☐

5.17 Was CVP monitoring used? Yes ☐ No ☐

5.18 Was intra-arterial monitoring used? Yes ☐ No ☐

Section 6: Outcomes

Section 6a: Woman

6a.1 Please indicate whether any of the following morbidities occurred *(tick all that apply)*

Adult respiratory distress syndrome ☐

Pulmonary oedema ☐

Disseminated intravascular coagulopathy (DIC) ☐

Renal failure requiring dialysis ☐

Cardiac arrest ☐

Pulmonary embolism ☐

DVT ☐

Other thrombosis ☐

If Other thrombosis, please specify _____

6a.2 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.3 Did any other major maternal morbidity occur?[8]* Yes ☐ No ☐

If Yes, please specify _____

6a.4 Did the woman 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?

_____

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 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 Was the infant stillborn? Yes ☐ No ☐

If Yes, was this Antepartum ☐ OR Intrapartum ☐

Please go to section 7

6b.5 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

6b.6 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.

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

*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. Current or previous pregnancy problems, including:

Pre-eclampsia (hypertension and proteinuria)
Eclampsia
Thrombotic event
Amniotic fluid embolism
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

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

Essential hypertension
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
Epilepsy
Diabetes
Autoimmune diseases
Cancer
HIV

4. Examples of other previous uterine surgery:

Myomectomy
Endometrial resection/ablation
Septal resection
Polypectomy

5. Estimated date of delivery (EDD):

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

6. Definition of prophylaxis and treatment:

(P) Prophylaxis or support: following haemorrhage, other treatments given and considered successful, but this therapy add ‘just in case’ to support other interventions.

(T) Treament/rescue: following haemorrhage, other treatments given and considered to have failed, so this therapy is given as rescue.

7. Major maternal medical complications, including:

Persistent vegetative state
Cerebrovascular accident
Pulmonary oedema
Mendelson’s syndrome
Renal failure
Thrombotic event
Septicaemia
Required ventilation