ID Number:

UKOSS

UK Obstetric Surveillance System

Diagnosis of PE in Pregnancy Study 02/15

Data Collection Form - DIAGNOSED PE

Please report any woman delivering on or after 1st March 2015 and before 1st October 2016.

Inclusion:

Please check the following criteria and tick the boxes below for the participant. The answer should be YES for one of the questions for the candidate to meet the case criteria.

EITHER PE is confirmed using suitable imaging (angiography, computed tomography, echocardiography, magnetic resonance imaging or ventilation-perfusion scan) showing a high probability of PE Yes ☐ No ☐

OR PE is confirmed at surgery or postmortem Yes ☐ No ☐

OR a clinician has made a diagnosis of PE with signs and symptoms consistent with PE present, and the patient has received a course of anticoagulation therapy (>1 week) Yes ☐ No ☐

Please return the completed form to:

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

Fax: 01865 617775
Phone: 01865 289714

Case reported in: _____

Royal College of Obstetricians and Gynaecologists
Bringing to life the best in women's health care

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 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 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: _____

*For guidance please see back cover

Section 3: Previous Medical History

Please indicate whether any of the following were present:

3.1 **Is there a history of thrombosis in first degree relatives?** Yes ☐ No ☐

3.2 **Does the woman have a history of varicose veins?** Yes ☐ No ☐

3.3 **Does the woman have a history of recreational intravenous drug use?** Yes ☐ No ☐

3.4 **Does the woman have a known thrombophilia?[3]*** Yes ☐ No ☐

If Yes, please give details: _____

3.5 **Did the woman have surgery in the 4 weeks prior to PE in this pregnancy?** Yes ☐ No ☐

3.6 **Did the woman have a significant injury in the 4 weeks prior to PE in this pregnancy?[4]*** Yes ☐ No ☐

3.7 **Does the woman have a past history of thrombosis (either in previous pregnancies or when not pregnant)?** Yes ☐ No ☐

If Yes, was this when she was pregnant/postpartum? Yes ☐ No ☐

3.8 **Did the woman have any other previous or pre-existing medical problem[5]*** Yes ☐ No ☐

If Yes, please specify: _____

Section 4:

Section 4a: This Pregnancy

4a.1 **Final Estimated Date of Delivery (EDD):[6]*** D D / M M / Y Y

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

If Yes, please specify number of fetuses: ☐

4a.3 **Was there a history of long-haul (4 hours or more) travel during this pregnancy?** Yes ☐ No ☐

If Yes, please specify duration and date(s) ☐☐ hrs D D / M M / Y Y

☐☐ hrs D D / M M / Y Y

4a.4 **Period of immobility/bed rest during this pregnancy? (3 days or more)** Yes ☐ No ☐

If Yes, please specify duration of immobility and ☐☐ days D D / M M / Y Y

date(s) of first day of immobility ☐☐ days D D / M M / Y Y

4a.5 **Was thromboprophylaxis used at the time of her PE?** Yes ☐ No ☐

If Yes, please indicate below the measures used (tick all that apply)

TED stockings	☐
Pneumatic compression stockings	☐

	Name of drug	Dose and units	Schedule	Date Started
Antiplatelet agent ☐	_____	_____	_____	h h m m

Table continues overleaf...

*For guidance please see back cover

	Name of drug	Dose and units	Schedule	Date Started
Low molecular weight heparin ☐				hh:mm 24hr
Unfractionated heparin ☐				hh:mm 24hr
Warfarin ☐				hh:mm 24hr
Other ☐				hh:mm 24hr

4a.6 **Did this woman have a thrombotic event (e.g. DVT) in this pregnancy prior to her PE?** Yes ☐ No ☐

If Yes, please specify date of event DD/MM/YY

and anticoagulant treatment

	Name of drug	Dose and units	Schedule	Date Started
Low molecular weight heparin ☐				hh:mm 24hr
Unfractionated heparin ☐				hh:mm 24hr
Warfarin ☐				hh:mm 24hr
Other ☐				hh:mm 24hr

4a.7 **Were there any other problems in this pregnancy?[2]*** Yes ☐ No ☐

If Yes, please specify _____

Section 4b: Presenting features (where repeated measures have been taken, please record the value at presentation)

4b.1 **Did the woman have any of the following presenting features?** Yes ☐ No ☐

If Yes, please tick all that apply

- Pleuritic chest pain ☐
- Other (non-pleuritic) chest pain ☐
- Shortness of breath on exertion ☐
- Shortness of breath at rest ☐
- Haemoptysis ☐
- Other productive cough ☐
- Syncope ☐
- Palpitations ☐
- Other symptoms ☐

If Yes, please specify _____

If No, was this an asymptomatic woman with PE detected as an incidental finding? Yes ☐ No ☐

4b.2 **Heart rate (beats/min)** ☐☐☐ Not recorded ☐

4b.3 **Respiratory rate (n/min)** ☐☐☐ Not recorded ☐

4b.4 **Oxygen saturation on room air? (%)** ☐☐☐ Not recorded ☐

4b.5 **Systolic/Diastolic blood pressure (mmHg)** ☐☐☐/☐☐☐ Not recorded ☐

*For guidance please see back cover

4b.6 Temperature (°C) ☐☐.☐ Not recorded ☐

4b.7 Clinical signs of DVT? Yes ☐ No ☐ None recorded ☐

4b.8 What was the result of an ECG ? Normal ☐ Abnormal ☐ Not performed ☐

If Abnormal, please give details _____

4b.9 What was the result of an X-ray? Normal ☐ Abnormal ☐ Not performed ☐

If Abnormal, please give details _____

4b.10 Did the woman require immediate life support on presentation (chest compressions and assisted ventilation)? Yes ☐ No ☐

4b.11 What was considered the most likely diagnosis after initial clinical assessment?

_____

4b.12 Was a D-Dimer test performed? Yes ☐ No ☐

If Yes, what was the result (ng/mL) ☐☐☐☐

And the normal range (ng/mL) Min ☐☐☐☐ Max ☐☐☐☐

Section 4c: Diagnosis of PE

4c.1 Date of PE D D / M M / Y Y

4c.2 What imaging was undertaken to confirm the diagnosis of PE?

Please give date of all investigations and give details of findings in the table below:

Test performed (e.g. CTPA, VQ scan)	Date	Did the test confirm the diagnosis? Please indicate High (H)/Intermediate (I)/ Low (L) probability or Indeterminate (X)	Findings *(please continue in section 7 if necessary)*
	D D / M M / Y Y		
	D D / M M / Y Y		
	D D / M M / Y Y		

4c.3 Did the woman have a leg Doppler scan at any time in this pregnancy? Yes ☐ No ☐

If Yes, please give date of scan D D / M M / Y Y

And was this positive for DVT? Yes ☐ No ☐

Section 4d: Therapy

4d.1 Was therapeutic anticoagulation used? Yes ☐ No ☐

If Yes, please specify drug(s) used below

	Name of drug	Dose and units	Schedule	Date Started
Low molecular weight heparin ☐				h h m m
Unfractionated heparin ☐				h h : m m
Warfarin ☐				h h m m
Other ☐				h h : m m

Did the therapy last for more than 7 days? Yes ☐ No ☐

*For guidance please see back cover

4d.2 Was any other medication given? e.g. thrombolytic therapy Yes ☐ No ☐

If Yes, please specify name(s) of drugs used _____

4d.3 Was the PE managed with surgery? Yes ☐ No ☐

If Yes, was PE confirmed? Yes ☐ No ☐

Please give details of surgery _____

and any operative findings _____

Section 5: Delivery

5.1 Did this woman have a miscarriage? Yes ☐ No ☐

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

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

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

If Yes to 5.1 or 5.2, please now complete sections 6a, 7 and 8

5.3 Is this woman still undelivered? Yes ☐ No ☐

If Yes, will she be receiving the rest of her antenatal care at your hospital? Yes ☐ No ☐

If No, please indicate the name of the hospital providing future care

_____

Will she be delivered at your hospital? Yes ☐ No ☐

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

_____

5.4 Was delivery by caesarean section? Yes ☐ No ☐

If Yes, please state:

Grade of urgency[7]* ☐

Indication for caesarean section _____

Method of anaesthesia Regional ☐ General ☐

Section 6: Outcomes
Section 6a: Woman

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

If Yes, please specify 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?[8]* Yes ☐ No ☐

If Yes, please specify: _____

6a.3 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, did the examination confirm the certified cause of death/diagnosis? Yes ☐ No ☐ Not known ☐

*For guidance please see back cover

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 Sex of infant Male ☐ Female ☐ Indeterminate ☐

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

If Yes, *please go to section 7.*

6b.6 5 min Apgar ☐☐

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

6b.8 Did any other major infant complications occur?[9]* Yes ☐ No ☐

If Yes, please specify: _____

6b.9 Did this infant 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.) _____

Section 7:

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

_____

_____

_____

_____

_____

_____

Section 8:

8.1 Name of person completing the form: _____

8.2 Designation: _____

8.3 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:

Amniotic fluid embolism
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. Disorders with associated thrombophilia, including:

Antiphospholipid syndrome
Antithrombin deficiency
Factor V Leiden
Persisting antiphospholipid antibodies (lupus anticoagulant and/or anticardiolipin antibodies and/or anti-beta2-glycoprotein I antibodies present on two occasions more than 12 weeks apart)
Protein C deficiency
Protein S deficiency
Prothrombin gene variant

4. Definition of "significant injury":

Any injury which has impaired normal function of daily living for a week or more

5. 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

6. Estimated date of delivery (EDD)

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

7. 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

8. 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

9. 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,
Exchange transfusion