





NEWSLETTER 47 - October 2016

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Advanced Maternal Age study results published

A total of 233 women of advanced maternal age (≥48 years at delivery) were notified to UKOSS along with 454 comparison women. The median age of the older women was 49 years (range 48-61 years) while the median age of the comparison women was 31 years (range 16-46 years). Older women were significantly more likely than comparison women to be overweight (33% v 23%, p=0.0011) or obese (23% v 19%, p=0.0318), to be non-smokers (99% v 90%, p=0.004), have had previous uterine surgery not including previous caesarean section (26% v 7%, P<0.0001), have previous or pre-existing medical condition(s) (44% v 28%, p<0.0001), be nulliparous (53% v 44%, p=0.0299), have a multiple pregnancy (18% v 2%, p<0.0001), and have conceived following assisted conception (78% v 4%, p<0.0001). Unadjusted analysis suggested

that older women were more likely than comparison women to have a range of complications. However, after adjustment for use of assisted conception and multiple pregnancy,

older women were only at higher risk of gestational diabetes (adjusted odds rario [aOR] 4.81, 95% CI 1.93-12.00), caesarean delivery (aOR 2.78, 95% CI 1.44-5.37) and

admission to an intensive care unit (aOR 33.53, 95% CI 2.73-412.24). Many of the increased risks thus appear to be explained by multiple pregnancy or use of assisted conception.

Reference: Fitzpatrick KE, Tuffnell D, Kurinczuk JJ, Knight M. Pregnancy at very advanced maternal age: a UK population-based cohort study. BJOG, 2016: DOI:10.1111/1471-0528.14269. [Epub ahead of print]

96% Silvin Bis, and B

UKOSS regional Card returns map June - August 2016

Chocolate Box



Chocolates this month go to Bill Martin at Birmingham Women's Hospital for timely return of monthly report cards and Catharine Atkinson from Hull Royal Infirmary for prompt return of completed epilepsy control forms.

Many thanks to you both!

THIS MONTH

- Important study reminders

- Meet a UKOSS Reporter



Thanks to the following hospitals who have returned cards for June, July and August 2016:

Aberdeen Maternity Hospital, Aberdeen Antrim Hospital, Antrim Arrowe Park Hospital, Wirral Birmingham Heartlands Hospital, Birmingham Birmingham Women's Hospital, Birmingham Borders General Hospital, Borders Bradford Royal Infirmary, Bradford Bronglais Hospital, Aberystwyth Caithness General Hospital, Wick Calderdale Royal Hospital, Halifax Causeway Hospital, Coleraine Chesterfield & North Derbyshire Royal Hospital, Chesterfield

City Hospitals Sunderland NHS Trust, Sunderland Countess of Chester Hospital, Chester Craigavon Area Hospital, Portadown Daisy Hill Hospital, Newry Darent Valley Hospital, Dartford Derby Hospitals NHS Foundation Trust, Derby Dewsbury and District Hospital, Dewsbury Diana Princess of Wales Hospital, Grimsby

Doncaster Royal Infirmary, Doncaster Dorset County Hospital, Dorchester Dr Gray's Hospital, Elgin

Dumfries & Galloway Royal Infirmary, Dumfries East Sussex Healthcare NHS Trust, St Leonards-on-Sea

Forth Valley Royal Hospital, Larbert Frimley Park Hospital, Camberley Furness General Hospital, Barrow-in-Furness George Eliot Hospital, Nuneaton Glan Clwyd District General Hospital, Bodelwyddan

Gloucestershire Royal Hospital, Gloucester Good Hope Hospital, Sutton Coldfield Hinchingbrooke Hospital NHS Trust, Huntingdon Homerton University Hospital, London Hull Royal Infirmary, Hull Ipswich Hospital, Ipswich James Cook University Hospital, Middlesbrough

Jersey General Hospital, St Helier Kettering General Hospital, Kettering King's Mill Hospital, Sutton in Ashfield Leicester General Hospital, Leicester Leicester Royal Infirmary, Leicester Lister Hospital, Stevenage Medway Maritime Hospital, Gillingham

Milton Keynes Hospital NHS Foundation Trust, Milton Keynes

New Cross Hospital, Wolverhampton Ninewells Hospital & Medical School, Dundee Nobles Hospital, Douglas

Norfolk & Norwich University Hospital, Norwich North Devon District Hospital, Barnstaple Northampton General Hospital, Northampton

Northwick Park Hospital, Harrow Nottingham City Hospital, Nottingham Pilgrim Hospital, Boston

Pinderfields General Hospital, Wakefield Prince Charles Hospital, Methyr Tydfil

Princess Elizabeth Hospital, St Martins Princess Royal Maternity Hospital, Glasgow

Queen Elizabeth Hospital, Gateshead Queen Elizabeth Hospital, Kings Lynn Queen Elizabeth Hospital, London

Queen Elizabeth the Queen Mother Hospital, Margate

Queen's Medical Centre, Nottingham Raigmore Hospital, Inverness Royal Alexandra Hospital, Paisley Royal Cornwall Hospital, Truro Royal Glamorgan Hospital, Llantrisant Royal Gwent Hospital, Newport Royal Oldham Hospital, Oldham

Royal Preston Hospital, Preston Royal Surrey County Hospital, Guildford Royal Sussex County Hospital, Brighton Royal United Hospital, Bath Russells Hall Hospital, Dudley Salisbury District Hospital, Salisbury Scarborough Hospital, Scarborough Scunthorpe General Hospital, Scunthorpe Simpson Centre for Reproductive Health, . Edinburgh

Singleton Hospital, Swansea South West Acute Hospital, Enniskillen Southend University Hospital NHS FT, Westcliff-on-Sea

Southern General Hospital, Glasgow Southmead Hospital, Bristol

St John's Hospital, Livingston St Mary's Hospital, Newport

St Peter's Hospital, Chertsey

Taunton and Somerset Hospital, Taunton The Great Western Hospitals NHS Foundation Trust, Swindon

The Hillingdon Hospitals NHS Foundation Trust, Uxbridge

The Tunbridge Wells Hospital, Tunbridge Wells Torbay Hospital, Torquay Ulster Hospital, Belfast

University Hospital Lewisham, London University Hospital of Coventry & Warwickshire, Coventry

University Hospital of Wales, Cardiff Victoria Hospital, Blackpool Victoria Hospital, Kirkcaldy Wansbeck General Hospital, Ashington Warrington and Halton Hospitals NHS FT, Warrington

Warwick Hospital, Warwick West Cumberland Hospital, Whitehaven West Middlesex University Hospital, Isleworth West Suffolk Hospital, Bury St Edmunds West Wales General Hospital, Carmarthen Western Isles Hospital, Stornoway Whiston Hospital, Prescot Wishaw General Hospital, Wishaw

Wrexham Maelor Hospital, Wrexham Wythenshawe Hospital, Manchester York Hospital, York

Ysbyty Gwynedd District General Hospital, Bangor

Airedale General Hospital, Keighley Altnagelvin Area Hospital, Londonderry Barnet and Chase Farm NHS Trust Maternity Unit, Barnet

Barnsley Hospital NHS Foundation Trust, Barnsley

Basildon Hospital, Canvey Island Broomfield Hospital, Chelmsford Croydon University Hospital, Thornton Heath Cumberland Infirmary, Carlisle

Darlington Memorial Hospital, Darlington Derriford Hospital, Plymouth

East Surrey Hospital, Redhill Epsom General Hospital, Epsom Guy's and St Thomas' Hospital, London Harrogate District Hospital, Harrogate James Paget University Hospitals Trust,

Great Yarmouth

King's College Hospital, London Kingston Hospital, Kingston upon Thames

Leighton Hospital, Crewe Manor Hospital, Walsall

Nevill Hall Hospital, Abergavenny North Manchester General Hospital, Manchester

Poole Hospital, Poole

Returned all three cards. Returned two cards. Returned one card. No Cards Returned.

Princess Alexandra Hospital, Harlow Princess Anne Hospital, Southampton Princess of Wales Hospital, Bridgend Queen Alexandra Hospital, Portsmouth Queen's Hospital, Romford Rosie Maternity Hospital, Cambridge Rotherham District General Hospital, Rotherham Royal Albert Edward Infirmary, Wigan Royal Berkshire Hospital, Reading Royal Free Hospital, London Royal Hampshire County Hospital, Winchester Royal Lancaster Infirmary, Lancaster Royal Victoria Infirmary, Newcastle-upon-Tyne South Tyneside NHS Foundation Trust, South Shields St Helier Hospital, Carshalton St James's University Hospital, Leeds St Michael's Hospital, Bristol Stepping Hill Hospital, Stockport Stoke Mandeville Hospital, Aylesbury The Portland Hospital, London University College Hospital, London Wexham Park Hospital, Slough Whittington Hospital, London William Harvey Hospital, Ashford

Lancashire Women and Newborn Centre, Burnley Macclesfield District General Hospital, Macclesfield

Chelsea & Westminster Hospital, London

Yeovil Women's Hospital, Yeovil Birmingham City Hospital, Birmingham

John Radcliffe Hospital, Oxford

North Hampshire Hospital, Basingstoke Princess Royal Hospital, Haywards Heath Princess Royal Hospital, Telford

Princess Royal University Hospital, Orpington Queen Charlotte's and Chelsea Hospital, London Royal Bolton Hospital, Bolton

Royal Devon & Exeter Hospital, Exeter Royal Jubilee Maternity Service, Belfast Southport & Ormskirk Hospital NHS Trust, Ormskirk

St George's Hospital, London St Mary's Hospital, London The Jessop Wing, Sheffield University Hospital of North Durham, Durham

University Hospital of North Staffordshire,

Stoke on Trent

Worcestershire Royal Hospital, Worcester Ayrshire Maternity Unit, Kilmarnock Bassetlaw District General Hospital, Worksop Bedford Hospital, Bedford Colchester General Hospital, Colchester

Hereford County Hospital, Hereford Horton Maternity Hospital, Banbury Leeds General Infirmary, Leeds Lincoln County Hospital, Lincoln

Liverpool Women's Hospital, Liverpool Luton & Dunstable Hospital, Luton Newham General Hospital, London

North Middlesex University Hospital, Edmonton Peterborough City Hospital, Peterborough Queen's Hospital, Burton upon Trent

Royal London Hospital, London St Mary's Hospital, Manchester St Richard's Hospital, Chichester

Tameside General Hospital, Ashton-under-Lyne University Hospital of North Tees,

Stockton-on-Tees Watford General Hospital, Watford

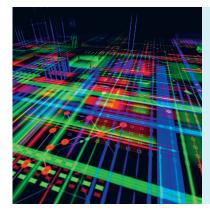
Whipps Cross University Trust Hospital, London Worthing Hospital, Worthing



Epilepsy Control Identification

We are aware that a number of units have yet to identify controls for the Severe Epilepsy study. We will soon be sending out posters to all units that have outstanding controls asking that anyone who delivers a woman who has epilepsy should notify their local reporter. Please could you ensure that these posters are displayed appropriately on the delivery suites/labour wards from 1st November 2016. Please let us know how we can further assist with control identification by contacting ukoss@npeu.ox.ac.uk.





Reminder that UKOSS reporting is going electronic!

In September we contacted all units requesting confirmation of current reporters and their email addresses. Please can all reporters ensure that they either return the contacts form or notify us via email so that we can make sure that we hold correct contact details for everyone. We are hoping to go live with electronic reporting for the January 2017 cases (therefore from 1st February); we will provide further information and training regarding the new reporting process within the next couple of months. In the meantime, if you have any queries then please contact ukoss@npeu.ox.ac.uk.

Female Genital Mutilation (FGM) Type 3 study due to start next month

We introduced the FGM study in the July newsletter. We are planning to begin by collecting prevalence data only from 1st October (so this will be included on the next monthly report card) for a four month period. We therefore require only the number of cases of Type 3 FGM (infibulation) and will not be sending out data collection forms initially. We will clarify reporting instructions and circulate the study protocol around all units this month. Please contact ukoss@npeu.ox.ac.uk if you have any queries at this stage.



Pulmonary Embolism (PE) study

This study is in the final month of reporting. Please can all reporters ensure that they have identified all cases of PE and completed all outstanding data collection forms as soon as possible so that we can begin to finalise the data for analysis.

Please contact us at ukoss@npeu.ox.ac.uk if you require replacement data collection forms or if you are experiencing problems with providing the requested data.



GMC Revalidation and NMC Continuing **Professional Development**

We are aware that as part of your GMC revalidation or NMC Continuing Professional Development you are required to provide evidence of participation in national audit and research. If any UKOSS reporters would like to receive a certificate confirming their contribution to UKOSS, please email us at ukoss@npeu.ox.ac.uk and we will post one to you.

Read more online

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To read this on your phone or to access our complete archive: Open the BARCODE READER APP* on your phone and scan the code here







Case report summary for current studies up until the end of September 2016

Disorder	Actual number of reported cases	Data collection forms returned (%)	Expected number of confirmed cases
Amniotic Fluid Embolism	227	218 (96)	140
Aspiration	13	13 (100)	45
Breast Cancer	41	22 (54)	61
Cystic Fibrosis	75	55 (73)	82
Epidural Haematoma or Abscess	17	15 (88)	5
Epilepsy in Pregnancy	216	170 (79)	505
Epilepsy controls	366 requested	126 (34)	N/A
Pulmonary Embolism	280	228 (81)	238
SHiP	11	7 (64)	11
Single Twin Demise	20	7 (35)	88
Zika Virus in Pregnancy	11	7 (64)	26



Meet Mr Osric Navti who assisted with resolving reporting issues at Leicester General Hospital.



Who is your employer and what is your job title?

I am a consultant in fetal and maternal medicine, formerly delivery suite lead at the Leicester General Hospital.

Can you give a brief summary of your career to date?

My primary medical qualification was at the College of Medicine, University of Lagos, Nigeria. I came to the UK and proceeded to specialty training in the East & West Midlands and completed CCT in 2006. I spent three years in sub-specialty training and was appointed Consultant in 2010.

What are the main duties/responsibilities of your current role? How do they relate to UKOSS reporting? I reported to UKOSS as delivery suite consultant.

Please outline the difficulties that Leicester General experienced in gathering information for UKOSS reports.

During my training we had had in-house departmental IT support. Part of their role was to ensure documentation on labour ward was completed electronically. We used the Euroking system for obstetrics and doctors were chased daily regarding incomplete reports; this ensured the accuracy of the dataset. The IT team could also pull the data for UKOSS. Changes to the Trust's IT contract led to outsourcing of services to an outside contractor.

How did you overcome these difficulties?

We ensured good communication with all medical and midwifery teams to highlight the UKOSS reports and their relevance. Posters were put up on labour ward and the clinic and scan areas. A list of reporters was drawn up including midwives and doctors. The in-house IT team has also been re-instated which is a massive help.

Now that it is up and running again, how do you manage/co-ordinate the UKOSS reporting in your hospital?

Monthly reminders regarding UKOSS and the current projects are sent by the IT team to all clinicians and midwives.

Have you found that there are additional benefits to reporting for UKOSS?

It is informative and keeps you up to date with topical issues in Obstetrics and Gynaecology.

Would you recommend becoming a UKOSS reporter to others and why?

Certainly. UKOSS is an important audit of practice in the UK that can inform the care provided to patients by highlighting areas for improvement.



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