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## NEWSLETTER 54 - July 2018

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# WHO GLOSS STUDY URGENT REQUEST

\*\*We now require all outstanding WHO GLOSS data collection forms - please complete and send in as soon as possible. Thank you.\*\*

#### Reminder on reporting instructions

This is just a quick reminder to all reporters that at the beginning of every month you should receive a report request email from <code>ukoss@npeu.ox.ac.uk</code> containing a unique link. Clicking the link will take you to the online reporting page. The report request will be sent out early each month asking you to report for the previous month, eg you will be sent July 2018's report request in early August 2018.

The reporting page shows a list of the studies UKOSS is collecting data for that month. For each study please fill in each box with the number of cases for your hospital. It is important that you insert something in every box, even if there are no cases. When you have no cases for a particular study **please enter 0 in the box**.

Please report on the following:	
If nothing to report please enter 0	
Amniotic Fluid Embolism	
Seasonal Influenza	
Cirrhosis in pregnancy	
High Neuraxial Block in Pregnancy (email will be sent to confirm case type)	
Low Maternal Plasma Fibrinogen	
Near-Miss Suicide in Pregnancy	
— General —	
Please detail any additional information you would like to provide:	
d	Submit

When you have submitted your report you should receive the following:

Cases	
Amniotic Fluid Embolism study:	0
Seasonal Influenza study:	0
Cirrhosis in Pregnancy study:	0
High Neuraxial Block study:	0
Low Maternal Plasma Fibrinogen study:	0
Near-Miss Suicide in Pregnancy study:	0

Cases		
Amniotic Fluid Embolism study:	0	
Seasonal Influenza study:	0	
Cirrhosis in Pregnancy study:	0	
High Neuraxial Block study:	0	
Low Maternal Plasma Fibrinogen study:	0	
Near-Miss Suicide in Pregnancy study:	0	

More details on how to submit reports can be found on the website at

https://www.npeu.ox.ac.uk/ukoss/reporting-to-ukoss.

If you are having difficulties please re-acquaint yourself with this.

THIS MONTH

- Meet the new Steering Committee members
  - DiPEP publication



#### Thanks to the following hospitals who have returned reports for March, April and May 2018:

Aberdeen Maternity Hospital Airedale General Hospital Altnagelvin Area Hospital Antrim Hospital

Antrim Hospital Arrowe Park Hospital Ayrshire Maternity Unit

Barnsley Hospital NHS Foundation Trust

Basildon Hospital Bedford Hospital

Birmingham Women's Hospital Borders General Hospital Bradford Royal Infirmary Bronglais Hospital Broomfield Hospital Caithness General Hospital Calderdale Royal Hospital Causeway Hospital

Chesterfield & North Derbyshire Royal Hospital

City Hospitals Sunderland NHS Trust Colchester General Hospital Countess of Chester Hospital Craigavon Area Hospital Cumberland Infirmary

Daisy Hill Hospital
Darent Valley Hospital
Derby Hospitals NHS Foundation Trust

Diana Princess of Wales Hospital
Doncaster Royal Infirmary
Dorset County Hospital
Dr Gray's Hospital

Dumfries & Galloway Royal Infirmary

Epsom General Hospital Forth Valley Royal Hospital Frimley Park Hospital Furness General Hospital George Eliot Hospital

Glan Clwyd District General Hospital Gloucestershire Royal Hospital

Good Hope Hospital

Guy's and St Thomas' Hospital Harrogate District Hospital Hinchingbrooke Hospital NHS Trust

Hull Royal Infirmary Ipswich Hospital

James Cook University Hospital
James Paget University Hospitals Trust

Jersey General Hospital
John Radcliffe Hospital
Kettering General Hospital
King's Mill Hospital
Kingston Hospital

Lancashire Teaching Hospitals Leeds General Infirmary Leicester Royal Infirmary

Lister Hospital

Luton & Dunstable Hospital

Manor Hospital

Milton Keynes Hospital NHS Foundation Trust

Musgrove Park Hospital Nevill Hall Hospital New Cross Hospital Newham General Hospital

Nobles Hospital

Norfolk & Norwich University Hospital North Devon District Hospital North Manchester General Hospital Northampton General Hospital

Northumbria Specialist Emergency Hospital

Northwick Park Hospital Nottingham City Hospital Peterborough City Hospital Pinderfields General Hospital

Poole Hospital

Princess Alexandra Hospital Princess Anne Hospital Princess Elizabeth Hospital Princess of Wales Hospital Princess Royal Hospital

Princess Royal University Hospital Queen Alexandra Hospital

Queen Elizabeth Hospital

Queen Elizabeth the Queen Mother Hospital

Queen's Hospital Queen's Medical Centre Raigmore Hospital Rosie Maternity Hospital

Rotherham District General Hospital Royal Albert Edward Infirmary Royal Alexandra Hospital Royal Berkshire Hospital Royal Bolton Hospital Royal Cornwall Hospital Royal Devon & Exeter Hospital

Royal Free Hospital

Royal Free London NHS Foundation Trust

Royal Glamorgan Hospital Royal Jubilee Maternity Service Royal London Hospital Royal Oldham Hospital Royal Victoria Infirmary Russells Hall Hospital

Scarborough Hospital Scunthorpe General Hospital

Simpson Centre for Reproductive Health

Singleton Hospital

South Tyneside NHS Foundation Trust

South West Acute Hospital

Southend University Hospital NHS FT

St Helier Hospital

St James's University Hospital

St John's Hospital St Mary's Hospital St Mary's Hospital St Michael's Hospital St Peter's Hospital St Richard's Hospital Stoke Mandeville Hospital Tameside General Hospital

The Jessop Wing
The Tunbridge Wells Hospital

Ulster Hospital

University Hospital of Coventry & Warwickshire

University Hospital of North Durham University Hospital of North Tees University Hospital of Wales

Victoria Hospital Victoria Hospital

Warrington and Halton Hospitals NHS FT

Warwick Hospital

West Middlesex University Hospital

West Suffolk Hospital
West Wales General Hospital
Western Isles Hospital
Wexham Park Hospital
Whiston Hospital
Whittington Hospital

William Harvey Hospital Wishaw General Hospital Worcestershire Royal Hospital

Worthing Hospital Wrexham Maelor Hospital Wythenshawe Hospital Yeovil Women's Hospital York Hospital

Ysbyty Gwynedd District General Hospital

Birmingham Heartlands Hospital Chelsea & Westminster Hospital Croydon University Hospital Darlington Memorial Hospital Derriford Hospital

East Surrey Hospital

East Sussex Healthcare NHS Trust Hereford County Hospital Homerton University Hospital Leicester General Hospital

Leighton Hospital

North Middlesex University Hospital

Pilgrim Hospital

Princess Royal Maternity Hospital Queen Charlotte's and Chelsea Hospital

Queen Elizabeth Hospital Queen Elizabeth Hospital Royal Surrey County Hospital Royal United Hospital

Sandwell & West Birmingham NHS Trust Southport & Ormskirk Hospital NHS Trust

St George's Hospital St Mary's Hospital Stepping Hill Hospital

The Great Western Hospitals NHS Foundation

Trust

The Hillingdon Hospitals NHS Foundation Trust

The Portland Hospital Torbay Hospital

University Hospital Lewisham
University Hospital of North Midlands

West Cumberland Hospital

Bassetlaw District General Hospital

King's College Hospital

Macclesfield District General Hospital Ninewells Hospital & Medical School

North Hampshire Hospital Prince Charles Hospital Princess Royal Hospital Royal Hampshire County Hospital

Royal Sussex County Hospital Southern General Hospital Southmead Hospital Watford General Hospital

Lancashire Women and Newborn Centre

Lincoln County Hospital
Liverpool Women's Hospital
Medway Maritime Hospital
Queen's Hospital

Royal Gwent Hospital
Royal Lancaster Infirmary
Salisbury District Hospital
University College Hospital

Whipps Cross University Trust Hospital

Returned all three reports. Returned two reports. Returned one report. No reports returned.

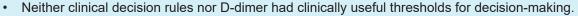


### **DiPEP Publication**

#### The Pulmonary Embolism Study has now been published.

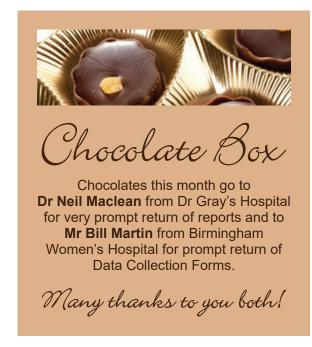
- Pulmonary embolism (PE) is the leading direct cause of death in pregnancy and postpartum. However, many pregnant and postpartum women with suspected PE undergo negative investigation. The decision to undertake imaging could be informed by clinical decision rules.
- The aim of this study was to use a UKOSS study of confirmed PE together with a prospective study of women with suspected PE to identify the clinical features associated with pulmonary embolism (PE) diagnosis and determine the accuracy of decision rules and D-dimer for diagnosing suspected PE in pregnant/postpartum women.
- 324 pregnant/postpartum women with suspected PE were compared to 198 pregnant/postpartum women with diagnosed PE.
- The only clinical features associated with PE on multivariate analysis were age (odds ratio 1.06; 95% CI 1.01–1.11), previous thrombosis (3.07; 1.05–8.99), family history of thrombosis (0.25; 0.14, 0.00), thrombosis (2.22; 4.26; 2.01).

thrombosis (0.35; 0.14–0.90), temperature (2.22; 1.26–3.91), systolic blood pressure (0.96; 0.93–0.99), oxygen saturation (0.87; 0.78–0.97) and PE-related chest x-ray abnormality (13.4; 1.39–130.2).



• This study showed that clinical decision rules and D-dimer should not be used to select pregnant or postpartum women with suspected PE for further investigation. Clinical features and chest x-ray appearances may have counter-intuitive associations with PE in this context.

**Reference:** Goodacre S, Horspool K, Nelson-Piercy C, Knight M, Shephard N, Lecky F, Thomas S, Hunt BJ, Fuller G. The DiPEP study: an observational study of the diagnostic accuracy of clinical assessment, D-dimer and chest x-ray for suspected pulmonary embolism in pregnancy and postpartum. BJOG 2018; https://doi.org/10.1111/1471-0528.15286.





### Case report summary for current studies up until the end of June 2018

Disorder	Actual number of reported cases	Data collection forms returned (%)	Expected number of confirmed cases
Amniotic Fluid Embolism	274	256 (93)	160
Cirrhosis in Pregnancy	30	21 (70)	50
High Neuraxial Block	47	35 (74)	74
Low Maternal Plasma Fibrinogen	78	58 (74)	104
Near Miss Suicide in Pregnancy	5	2(40)	4
Seasonal Influenza	551	349 (63)	80

#### Read more online

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



## Meet three new Steering Committee members following our recent advertisement for new members

#### **Claire Williams**

I have been a Consultant Obstetric Anaesthetist at The Rosie Hospital in Cambridge since 2011, having trained in the East of England. The Rosie, part of Cambridge University NHS Foundation Trust is a tertiary referral obstetric unit caring for mothers with all high risk medical conditions. I took over as the UKOSS lead reporter for The Rosie a couple of years ago and have enjoyed making a contribution to this important area of maternal medicine. I hope to bring my anaesthetic and critical care experience to the UKOSS Steering Committee to ensure studies continue to focus on the multidisciplinary care patients with rare conditions of pregnancy receive.

#### **Katie Cranfield**

I am an ST6 dual trainee in anaesthesia and intensive care medicine in the North East of England. I have a particular interest in high risk obstetric anaesthesia and maternal critical care and aspire to have a career combining these two interests. I feel both honoured and excited to be joining the UKOSS steering committee and can't wait to meet everyone. I'm looking forward to getting involved in some of the really interesting projects that are underway and in the pipeline for the future. I really hope that my interest in both maternal critical care and obstetric anaesthesia will be of use to the committee and provide a slightly different view point on many of the topics under surveillance. I live in Newcastle with my husband and 17-month old daughter. Outside of work I enjoy baking, swimming, running around after my little girl and exploring the beautiful area surrounding us in the North East.

#### Rhiannon D'Arcy

I am an ST3 Trainee in Obstetrics and Gynaecology currently working in Buckinghamshire. At present my clinical training gives me a broad exposure to all aspects of Women's Health Care, and alongside this I am actively developing my longstanding interests in Public Health and research. As a newly-qualified doctor I was fortunate to spend some time at the NPEU, where my interest in UKOSS was sparked by contributing to a study investigating anaphylaxis in pregnancy. I think UKOSS is an excellent example of how research can have a really positive impact on improving clinical practice, and I'm very excited to be able to contribute to this process. I am also greatly looking forward to having opportunities to learn more about the important, yet under-researched conditions that affect the health of women and their children. When I'm not at work, I greatly enjoy reading and swimming, however, the combination of a very energetic dog and a very inquisitive toddler seems to take up most of my free time at the moment!

## **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 <a href="mailto:ukoss@npeu.ox.ac.uk">ukoss@npeu.ox.ac.uk</a> and we will post one to you.



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