

Royal College of Obstetricians and Gynaecologists



Newsletter 25: April 2011

New published results - Mode of delivery for women with extreme obesity

A further analysis of the UKOSS extreme obesity study, published in BJOG last month, contributes additional information to the debate about mode of delivery for obese pregnant women. Evidence suggests that the risk of caesarean delivery is increased in obese pregnant women and anecdotally, there appears to be an increasing move to recommend planned caesarean delivery to avoid the perceived risks of emergency caesarean delivery in this group of women.

The aim of this study was to investigate, using data from the UKOSS national cohort of pregnant women with a BMI 50kg/m² or over, the factors associated with mode of birth, and to compare the outcomes in women planned to deliver vaginally with those planned to deliver by caesarean.

Key results:

- After adjustment, there were no significant differences in anaesthetic, postnatal or neonatal complications between women with planned vaginal delivery and planned caesarean delivery, with the exception of shoulder dystocia (3% versus 0%, P = 0.019).
- There were no significant differences in any outcomes in the subgroup of women who had no identified medical or antenatal complications.
- This study does not, therefore, provide any evidence to support a routine policy of caesarean delivery for extremely obese women on the basis of concern about higher rates of delivery complications, but does support a policy of individualised decision-making on the mode of delivery based on a thorough assessment of potential risk factors for poor delivery outcomes.



Epidemiology Unit

Reference:

• Homer, C. S., Kurinczuk, J. J., Spark, P., Brocklehurst, P., Knight, M. Planned vaginal delivery or planned caesarean delivery in women with extreme obesity. BJOG (2011). 118(4): 480-487.

Case report summary for current studies up until 15 March 2011

Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases	Expected number of confirmed cases
Amniotic Fluid Embolism	131	122 (93)	82	73
Aortic Dissection	12	10 (83)	5	72
Severe Obstetric Cholestasis	530	360 (66)	254	269
Myeloproliferative Disorders	18	15 (83)	10	58
Pregnancy in Non-renal Solid Organ Transplant Recipients	83	72 (87)	54	85
Pituitary Tumours	35	20 (57)	7	50
Placenta Accreta	128	72 (56)	62	149
Pulmonary Vascular Disease	77	65 (84)	28	43
Sickle Cell Disease	113	64 (57)	48	269

Thanks to the following hospitals who have returned cards for the last three months:

Aberdeen Maternity Hospital, Aberdeen Airedale General Hospital, Keighley Alexandra Hospital, Redditch Altnagalvin Area Hospital, Londonderry Antrim Hospital, Antrim Arrowe Park Hospital, Wirral Ayrshire Maternity Unit, Kilmarnock Barnet and Chase Farm Hospitals NHS Trust, Enfield Bamsley District General Hospital, Bamsley Basildon Hospital, Basildon Birmingham City Hospital, Birmingham Birmingham Heartlands Hospital, Birmingham Birmingham Women's Hospital, Birmingham Borders General Hospital, Melrose Bradford Royal Infirmary, Bradford Bronglais Hospital, Aberystwyth Burnley General Hospital, Burnley Chelsea & Westminster Hospital, London Chesterfield & North Derbyshire Royal Hospital, Chesterfield City Hospitals Sunderland NHS Trust, Sunderland Colchester General Hospital, Colchester Conquest Hospital, St Leonards-on-Sea Countess of Chester Hospital, Chester Craigavon Area Hospital, Portadown Croydon University Hospital, Thornton Heath Cumberland Infirmary, Carlisle Daisy Hill Hospital, Newry Darent Valley Hospital, Dartford Darlington Memorial Hospital, Darlington Derby Hospitals NHS Foundation Trust, Derby Derriford Hospital. Plymouth Dewsbury and District Hospital, Dewsbury Diana Princess of Wales Hospital, Grimsby Dorset County Hospital, Dorchester Dr Gray's Hospital, Elgin Ealing Hospital, London East Surrey Hospital, Redhill Epsom General Hospital, Epsom Erne Hospital, Enniskillen Fairfield General Hospital, Bury Forth Park Hospital, Kirkcaldy Friarage Hospital, Northallerton Frimley Park Hospital, Camberley Fumess General Hospital, Barrow-in-Fumess George Eliot Hospital, Nuneaton Glan Clwyd District General Hospital, Rhyl Gloucestershire Royal Hospital, Gloucester Good Hope Hospital, Sutton Coldfield Harrogate District Hospital, Harrogate Hereford County Hospital, Hereford Hinchingbrooke Hospital, Huntingdon Homerton University Hospital, London Hope Hospital, Manchester Horton Hospital, Banbury Hull Royal Infirmary, Hull Ipswich Hospital, Ipswich James Cook University Hospital, Middlesbrough James Paget Hospital, Great Yarmouth Jersey General Hospital, St Helier John Radcliffe Hospital, Oxford Kettering General Hospital, Kettering King's College Hospital, London King's Mill Hospital, Sutton in Ashfield Kingston Hospital, Kingston upon Thames Leeds General Infirmary, Leeds Leicester General Hospital, Leicester Leicester Royal Infirmary, Leicester Leighton Hospital, Crewe Lincoln County Hospital, Lincoln Lister Hospital, Stevenage Macclesfield District General Hospital, Macclesfield Maidstone General Hospital, Maidstone Manor Hospital, Walsall Medway Maritime Hospital, Gillingham

Milton Keynes General Hospital, Milton Keynes Nevill Hall Hospital, Abergavenny New Cross Hospital, Wolverhampton Ninewells Hospital & Medical School, Dundee Nobles Hospital, Douglas Norfolk & Norwich University Hospital, Norwich North Devon District Hospital, Barnstaple North Manchester General Hospital, Manchester North Middlesex Hospital, London Northwick Park Hospital, Harrow Nottingham University Hospitals NHS Trust, Nottingham Peterborough City Hospital, Peterborough Pilgrim Hospital, Boston Pinderfields General Hospital, Wakefield Prince Charles Hospital, Methyr Tydfil Princess Alexandra Hospital, Harlow Princess Anne Hospital, Southampton Princess Elizabeth Hospital, St Martins Princess Roval Hospital, Havwards Heath Princess Royal Maternity Hospital, Glasgow Princess Royal University Hospital, Orpington Queen Alexandra Hospital, Portsmouth Queen Charlotte's and Chelsea Hospital, I ondon Queen Elizabeth Hospital, Gateshead Queen Elizabeth Hospital, Kings Lynn Queen Elizabeth II Hospital, Welwyn Garden City Queen Elizabeth the Queen Mother Hospital, Margate Queen's Hospital, Burton upon Trent Queen's Hospital, Romford Raigmore Hospital, Inverness Rochdale Infirmary, Rochdale Rosie Maternity Hospital, Cambridge Rotherham District General Hospital, Rotherham Royal Albert Edward Infirmary, Wigan Royal Alexandra Hospital, Paisley Royal Berkshire Hospital, Reading Royal Bolton Hospital, Bolton Royal Cornwall Hospital, Truro Royal Devon & Exeter Hospital, Exeter Royal Free Hospital, London Royal Glamorgan Hospital, Llantrisant Royal Gwent Hospital, Newport Royal Hampshire County Hospital, Winchester Royal Lancaster Infirmary, Lancaster Royal London Hospital, London Royal Oldham Hospital, Oldham Royal Shrewsbury Hospital, Shrewsbury Royal Surrey County Hospital, Guildford Royal Sussex County Hospital, Brighton Royal United Hospital, Bath Royal Victoria Infirmary, Newcastle-upon-Tyne Russells Hall Hospital, Dudley Salisbury District Hospital, Salisbury Scarborough Hospital, Scarborough Scunthorpe General Hospital, Scunthorpe Sharoe Green Unit, Preston Simpson Centre for Reproductive Health, Edinburgh Singleton Hospital, Swansea South Tyneside District Hospital, South Shields Southend Hospital, Westcliff-on-Sea Southern General Hospital, Glasgow Southmead Hospital, Bristol Southport & Ormskirk Hospital NHS Trust, Ormskirk St George's Hospital, London St Helier Hospital, Carshalton St James's University Hospital, Leeds St John's Hospital, Chelmsford St John's Unit at Howden, Livingston St Mary's Hospital, London

St Mary's Hospital, Newport St Michael's Hospital, Bristol St Richard's Hospital, Chichester Staffordshire General Hospital, Stafford Stepping Hill Hospital, Stockport Stirling Royal Infirmary, Stirling Stoke Mandeville Hospital, Aylesbury Tameside General Hospital, Ashton-under-Lyne Taunton and Somerset Hospital, Taunton The Great Western Hospital, Swindon The Jessop Wing, Sheffield Torbay Hospital, Torquay Ulster Hospital, Belfast University College Hospital, London University Hospital Lewisham, London University Hospital of Coventry & Warwickshire, Coventry University Hospital of North Durham, Durham University Hospital of North Tees, Stockton-on-Tees University Hospital of Wales. Cardiff Victoria Hospital, Blackpool Warwick Hospital, Warwick Watford General Hospital, Watford West Cumberland Hospital, Whitehaven West Middlesex University Hospital, Isleworth West Suffolk Hospital, Bury St Edmunds West Wales General Hospital, Carmarthen Western Isles Hospital, Stornaway Wexham Park Hospital, Slough Whipps Cross University Trust Hospital, London Whiston Hospital, Prescot Whittington Hospital, London William Harvey Hospital, Ashford Wishaw General Hospital, Wishaw Withybush Hospital, Haverfordwest Worcestershire Royal Hospital, Worcester Worthing Hospital, Worthing Wrexham Maelor Hospital, Wrexham Wythenshawe Hospital, Manchester Yeovil Women's Hospital, Yeovil York Hospital, York Ysbyty Gwynedd District General Hospital, Bangor

Bassetlaw District General Hospital, Worksop Bedford Hospital, Bedford Caithness General Hospital, Wick Doncaster Royal Infirmary, Doncaster Dumfries & Galloway Royal Infirmary, Dumfries Eastbourne District General Hospital, Eastbourne

Hillingdon Hospital, Uxbridge King George Hospital, Ilford Liverpool Women's Hospital, Liverpool Mater Infirmorum Hospital, Belfast North Hampshire Hospital, Basingstoke Northampton General Hospital, Northampton Nottingham City Hospital, Nottingham Poole Hospital, Poole Princess of Wales Hospital, Bridgend Royal Jubilee Maternity Service, Belfast St Peter's Hospital, Chertsey The Portland Hospital, London Wansbeck General Hospital, Ashington Warrington Hospital, Warrington

Calderdale Royal Hospital, Halifax Causeway Hospital, Coleraine Luton & Dunstable Hospital, Luton Newham General Hospital, London Queen Elizabeth Hospital, London University Hospital of North Staffordshire, Stoke on Trent

St Mary's Hospital, Manchester

New studies:

Adrenal Tumours

This study will investigate the current incidence of rare adrenal tumours including Phaeochromocytomas, those associated with Conn's Syndrome and Cushing's Syndrome. It will describe their current management and the associated outcomes for women and their infants and develop guidelines for their optimal management.

Surveillance Period: March 2011-February 2012

Case definition: Any pregnant women in the UK with a functioning adrenal neuroendocrine tumour, including women diagnosed pre-pregnancy who have not undergone surgery to remove the tumour. **INCLUDED**

PHAEOCHROMOCYTOMA

CONN'S SYNDROME

EXCLUDED

CUSHING'S SYNDROME

Neuroendocrine adrenal tumour secreting catecholamines (dopamine, nor-adrenaline, adrenaline, metadrenaline and normetadrenaline). Adrenal cortex tumour secreting excessive amounts of cortisol. Adrenal cortex adenoma secreting excessive amounts of aldosterone. Women with a non-functioning adrenal tumour.

Investigators: Catherine Williamson, Kimberly Lambert, Mandish Dhanjal, Imperial College London; David McCance, Royal Victoria Hospital

HELLP

This study will estimate the incidence of HELLP syndrome in the UK and will investigate and quantify the associated risk factors, management and outcomes and will also explore whether any factors are associated with poor outcomes.

Surveillance Period: June 2011-May 2012

Case definition: All pregnant women in the UK identified as having HELLP syndrome defined as new onset of the following:

Elevated liver enzymes, defined as:

Serum aspartate aminotransferase (AST) ≥70 U/L *OR* Gamma-glutamyltransferase (γ-GT) ≥70 U/L *OR* Alanine aminotransferase (ALT) ≥70 U/L

AND

Low platelets, defined as platelet count < 100 x10⁹/l.

AND

EITHER

Haemolysis, defined by abnormal peripheral blood smear or serum lactate dehydrogenase (LDH levels \geq 600 U/L or total bilirubin \geq 20.5 µmol/l **OR** Hypertension, defined as a systolic blood pressure \geq 140 mmHg or a diastolic blood pressure \geq 90 mmHg **OR** Proteinuria, defined as 1+ (0.3 g/l) or more on dipstick testing, a protein:creatinine ratio of 30 mg/mmol or more on a random sample, or a urine protein excretion of 300 mg or more per 24 hours.

UK National Maternal Near-miss Surveillance Programme (UKNeS); www.npeu.ox.ac.uk/uknes



Funding: This study presents independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0608-10038).

Chocolate Box

Chocolates this month go to Helen Nhapshott, Frimley Park Hospital, Fiona Dyson, Newcross Hospital and Lynn Crawford, Aberdeen Maternity Hospital All returned their forms and cards on time and fully completed. Thank you!

Coming soon – UKOSS study of severe maternal sepsis

Maternal sepsis is becoming of widespread concern in the UK, particularly following the latest report of the Confidential Enquiry into maternal deaths, which places sepsis as the leading cause of direct maternal death. Additional study of women who suffer from severe sepsis but do not die will provide further understanding of the risk factors for maternal sepsis and will help to better target potential points of clinical intervention. The aims of the UKOSS sepsis study are to investigate the incidence and risk factors for severe maternal sepsis in the UK, the main causative organisms, the outcomes for mother and infant and any factors potentially associated with poor outcomes. Data collection for the UKOSS sepsis study is expected to begin July 2011.

Funding: This study presents independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0608-10038).

MBRRACE-UK

The National Patient Safety Agency (NPSA) have informed us that the NPSA, Department of Health in England and representatives from the devolved administrations have decided to discontinue the procurement process for the Maternal and Newborn Clinical Outcomes Review Programme with immediate effect. This decision follows from strategic and policy changes in healthcare across the United Kingdom, which the funding stakeholders agreed necessitated a review of the objectives of the work to ensure the best possible support is provided for maternal and newborn health.

The NPSA and funding stakeholders acknowledged that this decision does not affect their views on the excellence of ongoing research and surveillance programmes at the National Perinatal Epidemiology Unit at the University of Oxford or other members of the MBRRACE-UK collaboration, to whom the service was intended to transfer. The decision will not impact on the continuation of existing programmes of work, including UKOSS, dedicated to improving care for woman and their babies at the NPEU.

The NPSA/HQIP will be contacting units with details of interim and future arrangements for submitting data about maternal and perinatal deaths.



Studies are funded by the NIHR, Wellbeing of Women, the Obstetric Anaesthetists Association, Guy's and St Thomas' Charity, SPARKS, Heart UK and the Edgar Research Fellowship Fund of the Royal College of Obstetricians and Gynaecologists.