

Obstetricians and Gynaecologists



UK Obstetric Surveillance System

NEWSLETTER 32 - January 2013

Incidence and Risk Factors for Placenta Accreta/Increta/ Percreta in the UK: A National Case-control Study

The results of the UKOSS Placenta Accreta/Increta/ Percreta study will be published shortly. Placenta accreta/increta/percreta is associated with major pregnancy complications and is thought to be becoming more common. The aims of this study were to estimate the incidence of placenta accreta/increta/percreta in the UK and to investigate and quantify the associated risk factors.

A national case-control study using the UK Obstetric Surveillance System was undertaken, including 134 women diagnosed with and 256 control women.

We identified 134 women with placenta accreta/increta/ percreta between May 2010 and April 2011, giving an estimated incidence of 1.7 cases per 10,000 maternities overall. The incidence was over 300 times higher in women with both a previous caesarean delivery and placenta praevia; 577 per 10,000. Women who had a previous caesarean delivery (adjusted odds ratio (aOR) 14.41, 95%CI 5.63-36.85), other previous uterine surgery (aOR 3.40, 95%CI 1.30-8.91), an IVF pregnancy (aOR 32.13, 95%CI 2.03-509.23) and placenta praevia diagnosed antepartum (aOR 65.02, 95%CI 16.58-254.96) had raised odds of having placenta accreta/ increta/percreta. There was also a raised odds of placenta accreta/increta/percreta associated with older maternal age in women without a previous caesarean delivery (aOR 1.30, 95%CI 1.13-1.50 for every one year increase in age).

The study shows that women with both a prior caesarean delivery and placenta praevia have a high incidence of placenta accreta/increta/percreta. There is thus a need to maintain a high index of suspicion of abnormal placental invasion in such women and make preparations for delivery accordingly.

THIS MONTH

Reference: Fitzpatrick KE, Sellers S, et al. The management and outcomes of placenta accreta/increta/ percreta in the UK. PLoS One (in press - due for publication January 2013).



UKOSS Regional Card Return Rates -Sept 2012 – Nov 2012



Funding: This study is representative of 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). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

> - New study - Pregnancy outcomes in women with artificial heart valves



- Myeloproliferative Disorders final reporting

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 Barnet and Chase Farm Hospitals NHS Trust, Enfield Barnet General Hospital, Barnet Barnsley District General Hospital, Barnsley Basildon Hospital, Basildon Bassetlaw District General Hospital, Worksop Birmingham City Hospital, Birmingham Birmingham Heartlands Hospital, Birmingham Birmingham Women's Hospital, Birmingham Borders General Hospital, Borders Bradford Royal Infirmary, Bradford Bronglais Hospital, Aberystwyth Caithness General Hospital, Wick Causeway Hospital, Coleraine Chelsea & Westminster Hospital, London 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 Darlington Memorial Hospital, Darlington Derby Hospitals NHS Foundation Trust, Derby Derriford Hospital, Plymouth 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 Ealing Hospital, London East Surrey Hospital, Redhill Epsom General Hospital, Epsom Erne Hospital, Enniskillen Forth Valley Royal Hospital, Larbert Friarage Hospital, Northallerton Frimley Park Hospital, Camberley George Eliot Hospital, Nuneaton Good Hope Hospital, Sutton Coldfield Harrogate District Hospital, Harrogate Hereford County Hospital, Hereford Hillingdon Hospital, Uxbridge Hinchingbrooke Hospital, Huntingdon Hull Royal Infirmary, Hull Ipswich Hospital, Ipswich James Cook University Hospital, Middlesbrough James Paget Hospital, Great Yarmouth Jersey General Hospital, St Helier King George Hospital, Ilford King's Mill Hospital, Sutton in Ashfield Kingston Hospital, Kingston upon Thames Lancashire Women and Newborn Centre, Burnley Lincoln County Hospital, Lincoln Lister Hospital, Stevenage Luton & Dunstable Hospital, Luton Macclesfield District General Hospital, Macclesfield Manor Hospital, Walsall Mater Infirmorum Hospital, Belfast Medway Maritime Hospital, Gillingham Milton Keynes General Hospital, Milton Keynes Nevill Hall Hospital, Abergavenny New Cross Hospital, Wolverhampton Newham General Hospital, London

North Manchester General Hospital, Manchester North Middlesex Hospital, London Northampton General Hospital, Northampton Northwick Park Hospital, Harrow Peterborough City Hospital, Peterborough Poole Hospital, Poole Prince Charles Hospital, Methyr Tydfil Princess Alexandra Hospital, Harlow Princess Elizabeth Hospital, St Martins Princess Royal Hospital, Haywards Heath Princess Royal Maternity Hospital, Glasgow Queen Alexandra Hospital, Portsmouth Queen Charlotte's and Chelsea Hospital, London Queen Elizabeth Hospital, Gateshead Queen Elizabeth Hospital, London Queen Elizabeth the Queen Mother Hospital, Margate Queen's Hospital, Burton upon Trent Queen's Hospital, Romford Raigmore Hospital, Inverness Rosie Maternity Hospital, Cambridge 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 Gwent Hospital, Newport Royal Jubilee Maternity Service, Belfast Royal Oldham Hospital, Oldham Royal Preston Hospital, Preston Royal Surrey County Hospital, Guildford Royal United Hospital, Bath Royal Victoria Infirmary, Newcastle-upon-Tyne Russells Hall Hospital, Dudley Scarborough Hospital, Scarborough Scunthorpe General Hospital, Scunthorpe Simpson Centre for Reproductive Health, Edinburgh Singleton Hospital, Swansea South Tyneside District Hospital, South Shields Southend Hospital, Westcliff-on-Sea Southmead Hospital, Bristol St George's Hospital, London St Helier Hospital, Carshalton St John's Unit at Howden, Livingston St Mary's Hospital, Manchester St Michael's Hospital, Bristol St Peter's Hospital, Chertsey Staffordshire General Hospital, Stafford Stepping Hill Hospital, Stockport Stoke Mandeville Hospital, Aylesbury Tameside General Hospital Ashton-under-Lyne Taunton and Somerset Hospital, Taunton The Great Western Hospital, Swindon The Jessop Wing, Sheffield The Portland Hospital, London The Tunbridge Wells Hospital, Tunbridge Wells Torbay Hospital, Torquay Ulster Hospital, Belfast University College Hospital, London University Hospital Lewisham, London University Hospital of North Durham, Durham University Hospital of North Tees, Stockton-on-Tees University Hospital of Wales, Cardiff Victoria Hospital, Blackpool Victoria Hospital, Kirkcaldy Wansbeck General Hospital, Ashington Warrington Hospital, Warrington 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 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 Ayrshire Maternity Unit, Kilmarnock Conquest Hospital, St Leonards-on-Sea Croydon University Hospital, Thornton Heath Cumberland Infirmary, Carlisle Eastbourne District General Hospital, Eastbourne Glan Clwyd District General Hospital, Rhyl Gloucestershire Royal Hospital, Gloucester Guy's and St Thomas' Hospital, London Homerton University Hospital, London Horton Hospital, Banbury John Radcliffe Hospital, Oxford Kettering General Hospital, Kettering King's College Hospital, London Leeds General Infirmary, Leeds Leicester Royal Infirmary, Leicester Liverpool Women's Hospital, Liverpool Nobles Hospital, Douglas Nottingham University Hospitals NHS Trust, Nottingham Pilgrim Hospital, Boston Princess Anne Hospital, Southampton Queen Elizabeth Hospital, Kings Lynn Rotherham District General Hospital, Rotherham Royal Free Hospital, London Royal Glamorgan Hospital, Llantrisant Royal Hampshire County Hospital, Winchester Royal Lancaster Infirmary, Lancaster Royal Shrewsbury Hospital, Shrewsbury Royal Sussex County Hospital, Brighton Salisbury District Hospital, Salisbury Southport & Ormskirk Hospital NHS Trust, . Ormskirk St James's University Hospital, Leeds St Mary's Hospital, London St Mary's Hospital, Newport St Richard's Hospital, Chichester University Hospital of Coventry & Warwickshire, Coventry University Hospital of North Staffordshire, Stoke on Trent Wishaw General Hospital, Wishaw Bedford Hospital, Bedford Broomfield Hospital, Chelmsford Colchester General Hospital, Colchester Furness General Hospital, Barrow-in-Furness Leighton Hospital, Crewe North Hampshire Hospital, Basingstoke Princess of Wales Hospital, Bridgend Princess Royal University Hospital, Orpington Queen Elizabeth II Hospital, Welwyn Garden City Royal London Hospital, London Southern General Hospital, Glasgow Calderdale Royal Hospital, Halifax Leicester General Hospital, Leicester Nottingham City Hospital, Nottingham

Pinderfields General Hospital, Wakefield

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



Ninewells Hospital & Medical School, Dundee

North Devon District Hospital, Barnstaple

Norfolk & Norwich University Hospital, Norwich

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New study – Artificial Heart Valves in Pregnant Women

Background: Women with mechanical prosthetic heart valves require lifelong anticoagulation, usually with warfarin, to prevent valve thrombosis. During pregnancy their thrombotic risk increases, thus, the need for effective anticoagulation is greater. Warfarin treatment throughout pregnancy appears to have the lowest risk of maternal thrombotic complications¹ but is associated with a higher fetal loss rate and can have damaging effects on the fetus¹. In contrast, unfractionated heparin or low molecular weight heparin are safe for the fetus, but doubts have been expressed about their efficacy in preventing maternal thrombotic complications². The aim of this study is to provide population based estimates of the incidence of maternal and fetal complications with the different anticoagulant regimes in order to inform the future management of pregnant women with artificial valves and to help optimise outcomes for mother and baby.

Surveillance Period: 1st February 2013 – 31st January 2015

Case definition: All women with artificial mechanical prosthetic heart valves in the UK, who become pregnant during the study period, irrespective of the outcome of the pregnancy.

This includes any woman in whom one or more heart valves have been replaced with an artificial mechanical prosthetic heart valve eg Starr-Edwards ball in cage, Bjork-Shiley tilting disc or St Jude's bi-leaflet valve.

EXCLUDED

Women with a bioprosthetic valve eg Carpentier-Edwards, Medtronic Intact or Hancock, women with a homograft or women who have had a valvotomy or valvoplasty (unless they also have an artificial mechanical prosthetic heart valve).

Funding: Wellbeing of Women

Investigators: Dr. Sarah Vause, Prof. Bernard Clarke, Dr. Clare Tower, Dr. Charles Hay, Central Manchester University Hospitals NHS Trust; Prof. Marian Knight, NPEU

References:

1. Chan WS, Anand S, Ginsberg JS. Anticoaglation of pregnant women with mechanical heart valves: A systematic review of the literature . Arch Intern Med 2000; 160:191

2. Roberts N, Ross D, Flint SK, Arya R, Blott M. Thromboembolism in pregnant women with mechanical prosthetic heart valves anticoagulated with low molecular weight heparin. BJOG 2001; 108:327-9

Suberopert summary for summit studies up until Bessinder 2012				
Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases (%)	Expected number of confirmed cases
Adrenal Tumours	19	16 (84)	6 (38)	35
Amniotic Fluid Embolism*	165	157 (95)	112 (71)	94
Anaphylaxis*	4	0 (0)	0 (0)	5
Cardiac Arrest in Pregnancy (CAPS)	74	52 (72)	27 (52)	38
Gastric Banding in Pregnancy	189	139 (74)	82 (59)	128
Massive Transfusion	88	40 (45)	31 (78)	84
Myeloproliferative Disorders	79	65 (82)	42 (65)	146
Pituitary Tumours	107	101 (92)	75 (74)	138
Stage 5 Chronic Kidney Disease	19	8 (42)	3 (38)	34

Case report summary for current studies up until December 2012

Funding: *This study represents 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). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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UKOSS Myeloproliferative Disorders in Pregnancy

The Myeloproliferative Disorders in Pregnancy study is due to end this month. Please can all UKOSS reporters check that they have reported all cases of myeloproliferative disorder in pregnancy that occurred between the 1st January 2010 and 1st January 2013. Thank you

Meet a UKOSS Reporter

Melanie Workman, the UKOSS/UKNeS Programme Manger, interviews Stephen Hiles.

Stephen Hiles works at Northwick Park Hospital as a Senior Information Analyst and has been reporting to UKOSS since 2009.

MW: Who is your employer and what is your job title?

SH: I am employed by North West London Hospitals NHS Trust as a Senior Information Analyst

MW: How long have you held this position?

SH: I have held this particular position for 8 months, although I have been at the trust for over 10 years now, employed in various roles including Healthcare and Midwifery Assistant, Birth Rate Plus Co-ordinator and Information Manager for Women's and Children's Services.

MW: What are the main duties/responsibilities of your current role?

SH: The main duties of my current role are to produce and maintain a number of dashboards for various departments within the trust. I also return data to a number of outside organisations including The Department of Health, The Health and Social Care Information Centre, local PCT's and Commissioning Partnerships as well as completing Freedom of Information enquiries and ad hoc queries from members of hospital staff. The most recent addition to my responsibilities is to participate in the Together To Improve Value Programme run by NHS London.

MW: What do you like best about your current job?

SH: The best aspect of my job is the variety of reports I produce and the knowledge I gain by completing them. I enjoy the challenge of producing data in different formats to suit the organisation or individual requesting it.

MW: What do you think is particularly good about your maternity unit?

SH: In my opinion the depth and breadth of experience, skills and expertise of the midwives and management make the maternity unit of Northwick Park outstanding.

MW: What aspects of being a UKOSS reporter do you most enjoy?

SH: Being a UKOSS reporter has given me valuable knowledge and insight especially when looking at unusual and complex pregnancies. When I complete the forms for a case I have reported I feel a sense of pride that the work I am doing could help to produce guidelines for these conditions in the future.

Chocolate Box



Chocolates this month go to Linda Edwards from George Eliot Hospital, Nuneaton for timely return of cards and forms and Julie Harland from Taunton and Somerset Hospital for identifying outstanding gastric banding cases.

Many thanks to you both!

MW: Do you have any hobbies/what are your interests outside of work?

SH: One of my biggest interests outside work is cooking, I love to serve something new to the table and when my family give me a thumbs up its worth all the time and energy spent on it. Another interest is reading fantasy novels especially by Terry Pratchet, they're a great way to escape and wind down at the end of the day.

MW: How do you manage/co-ordinate the UKOSS reporting in your hospital?

SH: Through strategic time management and organisation the extra work load created by being a UKOSS reporter is achieved. I have regular meetings with one of our Consultant Obstetricians to discuss the cases that need to be reported. Then when I receive the forms I collect the medical files from the records department, review the files and extract the relevant data required before returning the completed forms to UKOSS.

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

SH: I would strongly recommend becoming a UKOSS reporter to anyone as it gives a broader insight into the different ways information is collected and then used in order to produce

guidelines for the benefit of future pregnancies. In addition to this the UKOSS reporter will be contributing to the improvements being made to the current health system.



Stephen Hiles - Northwick Park Hospital



Email: UKOSS@npeu.ox.ac.uk Web: www.npeu.ox.ac.uk/UKOSS

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Admin team: 01865 289714