

**Previous PPH****Study 01/18****Case Report Form – CASE**

Please report all women meeting the case definition AND admitted for labour care in the midwifery unit on or after 1st August 2018 and before 31st July 2019

Case Definition:

Any woman with a postpartum haemorrhage (PPH) ≥ 500 ml or who received a blood transfusion for a PPH before discharge home in a previous pregnancy of ≥ 24 weeks gestation and who was admitted for labour care in the midwifery unit

Section 1. Case definition

Please complete this section first. These questions will confirm whether this woman fits our case definition or not. If your responses indicate that this woman is NOT a case you will not need to enter any further data and should contact the UKMidSS office.

1.1 Was this woman admitted for labour care to the midwifery unit/birth centre?

Yes/No

If Yes, go to **1.1.1** If No, NOT A CASE, no further questions [This woman is NOT a case, please contact the UKMidSS office. Do NOT enter any further data for this Case ID]

1.1.1. In which month was this woman admitted for labour care to the midwifery unit/birth centre?

Month and year

1.2 Did this woman have a postpartum haemorrhage (PPH) ≥ 500 ml or receive a blood transfusion for a PPH before discharge home in a previous pregnancy?

Yes/No

If Yes, go to **1.3** If No, NOT A CASE, no further questions [This woman is NOT a case, please contact the UKMidSS office. Do NOT enter any further data for this Case ID]

1.3 Did this woman have a PPH ≥ 500 ml in more than one previous pregnancy?

Yes/No

Section 2. Previous PPH

If this woman has had a PPH in more than one previous pregnancy ≥ 24 weeks gestation please complete these questions about the PPH with the largest volume of blood loss.

2.1 What was the estimated blood loss (total ml)?

_____ or not recorded

2.2 What treatment did the woman receive?

Please tick all that apply [at least one option must be ticked, "Not recorded" cannot be ticked with any other option]

01. Uterotonics, e.g. syntocinon, ergometrine, prostaglandin
02. Invasive procedure, e.g. intra-abdominal packing, intrauterine balloons or packing, interventional radiology, brace suture
03. Blood products/transfusion or iron transfusion
04. Other If Other please specify
05. Not recorded

2.3 What was the mode of birth in the pregnancy with PPH?

01. Spontaneous vertex birth
02. Vaginal breech
03. Ventouse
04. Forceps
05. Caesarean section
06. Not recorded

2.4 What was the primary underlying cause of the PPH?

01. Uterine atony
02. Genital tract trauma
03. Retained products / morbidly adherent placenta
04. Other, please specify _____
05. Not recorded

Section 3. Woman's details

3.1 What was the woman's age at delivery (years)?

3.2 What was the woman's ethnic group?

01. White British
02. White Irish
03. Any other White background
04. Mixed White & Black Caribbean
05. Mixed White & Black African
06. Mixed White & Asian
07. Any other mixed background

- 08. Indian
- 09. Pakistani
- 10. Bangladeshi
- 11. Any other Asian background
- 12. Black Caribbean
- 13. Black African
- 14. Any other Black background
- 15. Chinese
- 16. Any other ethnic group
- 17. Not recorded

3.3 Is the woman currently in paid employment?

Yes/No/Not recorded

If Yes, Woman's occupation _____

3.4 Is the woman's partner currently in paid employment?

Yes/No/No partner/Not recorded

If Yes, Partner's occupation _____

3.5 Children in Low-income Families Measure score

0.000 [note: link to an external look-up website where users can enter postcode to derive the CLFM score which can then be entered in the form]

3.6 What was the woman's height at booking (cm)?

_____ (cm) or not recorded

3.7 What was the woman's weight at booking (kg)?

_____ (kg) or not recorded

3.8 What was the woman's smoking status at delivery?

- 01. Never smoked
- 02. Gave up prior to pregnancy
- 03. Gave up during pregnancy
- 04. Current smoker
- 05. Not recorded

Section 4. Pregnancy/antenatal history

Please complete this section and the remainder of this form (Sections 3-7) in relation to the woman's current pregnancy.

4.1 How many completed pregnancies ≥ 24 weeks has this woman had, prior to this pregnancy?

4.2 How many pregnancy losses <24 weeks has this woman had, prior to this pregnancy?

4.3 In addition to previous PPH, was this woman known to have had any complications in previous pregnancies?

Please tick all that apply [at least one option must be ticked, “none of the above” cannot be ticked with any other option]

01. Retained placenta requiring manual removal
02. Caesarean section
03. Other, please specify _____
04. None of the above

4.4 Was this current pregnancy conceived through assisted conception?

Yes/No

4.5 What was the final Estimated Date of Delivery for the current pregnancy (EDD)?

DD/MM/YY _____

4.5.1. What was the gestation at admission (in completed weeks) for the current pregnancy?

4.6 Immediately prior to the onset of labour was this woman known to have any medical conditions?

Please tick all that apply [at least one option must be ticked, “none of the above” cannot be ticked with any other option]

01. Group B Streptococcus
02. Essential hypertension
03. Confirmed cardiac disease
04. Thromboembolic disorder
05. Atypical antibodies
06. Hyperthyroidism
07. Diabetes
08. Renal disease
09. Epilepsy
10. Other, please specify _____
11. None of the above

4.7 Were any current pregnancy risk factors identified antenatally, prior to admission in labour?

Please tick all that apply [at least one option must be ticked, “none of the above” cannot be ticked with any other option]

01. BMI at booking >35kg/m²
02. Post-term (>42 weeks)

03. Pre-eclampsia / pregnancy induced hypertension
04. Gestational diabetes
05. Malpresentation (breech or transverse lie)
06. Other, please specify _____
07. None of the above

Section 5. Labour and birth care

Please complete this section and the remainder of this form (Sections 3-7) in relation to the woman's current pregnancy

5.1 Dates and times

Please click here and go to separate web page to enter key labour and birth care dates and times.

DD/MM/YY hh:mm (24 hr clock)

(See sample web page)

5.2 Was this woman's labour induced?

Yes/No/Not recorded

5.3 On initial assessment at the start of labour care were any of the following identified?

Please tick all that apply [at least one option must be ticked, "none of the above" cannot be ticked with any other option]

01. Maternal tachycardia
Essential Hypertension
02. Proteinuria
03. Maternal pyrexia
04. Vaginal blood loss
05. Prolonged rupture of membranes
If Yes, please specify duration
06. Significant meconium
07. Reported pain differing from pain normally associated with contractions
08. Abnormal presentation, including cord presentation
09. Transverse or oblique lie
10. High or free-floating head
11. Suspected fetal growth restriction or macrosomia
12. Suspected anhydramnios or polyhydramnios
13. Fetal heart rate abnormality
14. Deceleration in fetal heart rate
15. Reduced fetal movements in the last 24 hours
16. None of the above

5.4 What was the stage of labour at the start of labour care?

01. Latent stage
02. Active 1st stage
03. Passive 2nd stage
04. Active 2nd stage

5.5 Did this woman use immersion in water for pain relief at any time during labour?

Yes/No

5.6 Was this woman transferred to the care of an obstetrician at any time during labour care or immediately after the birth?

Yes/No [if yes go to 5.6.1; if no go to 5.7]

5.6.1. When was the woman transferred?

01. Before birth
02. After birth

5.6.2. Was the woman transferred because of PPH?

5.6.2.1. What was the primary reason for transfer?

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Significant meconium
05. Confirmed delay in first stage of labour
06. Confirmed delay in second stage of labour
07. Epidural/other pain relief request
08. Fetal heart rate abnormalities in first stage
09. Fetal heart rate abnormalities in second stage
10. Retained placenta
11. Repair of perineal trauma
12. Other, please specify _____

5.6.3. Was labour augmented with syntocinon?

Yes / No

5.6.4. Did this woman have an epidural or spinal?

Yes / No

5.6.5. Did this woman have a general anaesthetic?

Yes / No

5.7 Where did this woman give birth?

01. Midwifery unit, under midwifery care
02. Midwifery unit, under care of obstetrician
03. Obstetric unit, under midwifery care
04. Obstetric unit, under care of obstetrician

5.8 What was the mode of birth?

- 01.Spontaneous vertex birth
- 02.Vaginal Breech
- 03.Ventouse
- 04.Forceps
- 05.Caesarian Section

5.8.1 What was the grade of urgency of Caesarean Section?

Category 1: Immediate threat to life of woman or fetus

Category 2 Maternal or fetal compromise which is not immediately life-threatening

Category 3 Needing early delivery but no maternal or fetal compromise

Category 4 At a time to suit the woman and maternity team

5.8.2 What was the primary reason for Caesarean section?

- 01. Abnormal presentation
- 02. Fetal compromise
- 03.Maternal compromise
- 04. Slow progress
- 05.Other
- 06. Not known

5.9 Did this woman give birth in water?

Yes/No

5.10 Did this woman receive syntocinon or syntometrine as a component of active management of the 3rd stage?

Yes/No

Section 6. Maternal outcomes

6.1 Did this woman have any perineal trauma involving the anal sphincter (3rd/4th degree tear)?

Yes/No

6.2 Within the first 48 hours after giving birth was this woman admitted to a higher level of care, e.g. high dependency or intensive care?

Yes/No [if yes go to **6.2.1**; if no go to **6.3**]

6.2.1. Where was the woman admitted?

- 01. High dependency unit or area

02. Intensive care unit

03. Other higher level care, please specify (free text) _____

6.2.2. What was the main reason for admission to HDU/ICU?

Free text _____

6.2.3. What was the total duration of stay in HDU/ICU?

Hours OR days

6.3 Was this woman recorded as having a PPH \geq 500ml within 24 hours of birth?

Yes/No [If Yes, go to **6.3.31**; if No go to **6.4**]

6.3.1. What was the estimated blood loss?

_____ or Not recorded

6.3.2. What treatment did the woman receive?

Please tick all that apply [at least one option must be ticked, "Not recorded" cannot be ticked with any other option]

- 01. Uterotonics, e.g. syntocinon, ergometrine, prostaglandin
- 02. Invasive surgical procedure, e.g. intra-abdominal packing, intrauterine balloons or packing, interventional radiology , brace suture
- 03. Blood products/transfusion or iron transfusion
- 04. Other If other please specify
- 05. Not recorded

6.3.3. What was the primary underlying cause of the PPH?

- 01. Uterine atony
- 02. Genital tract trauma
- 03. Retained products / morbidly adherent placenta
- 04. Other, please specify _____
- 05. Not recorded

6.4 Was there any other maternal morbidity?

Yes/No If Yes, please specify _____

6.5 Did this woman die?

Yes/No. If No go to **Section 7**

6.5.1. What was the underlying cause of maternal death?

Free text _____ /Not yet known

Section 7. Baby outcomes

7.1 What was the baby's birthweight?

[grams] _____

7.2 What was the sex of the baby?

01. Male
02. Female
03. Indeterminate

7.3 Was the baby stillborn?

Yes/No [If Yes, go to 7.3.1; if No, go to 7.4]

7.3.1. When did the baby die?

01. Before the start of care in labour
02. After the start of care in labour

7.4 What was the Apgar score at 5 minutes?

7.5 Was the baby breastfed at least once before discharge home?

Yes/No

7.6 Was the baby admitted to a neonatal unit or any other paediatric high level care within 48 hours of birth?

Yes/No [If Yes, go to 7.6.1; if No, go to 7.7]

7.6.1. What was the duration of stay in the neonatal unit?

Hours OR Days _____

7.6.2 What was the main reason for admission to the neonatal unit?

01. Hypoxic-ischaemic encephalopathy
02. Birth trauma
03. Feeding problems
04. Other, please specify _____

7.7 Was there any other neonatal morbidity?

Yes/No If Yes, please specify _____

7.8 Did this baby die after birth?

Yes/No [If Yes, go to 7.8.1; if No, go to Section 8]

7.8.1. How old was the baby when they died?

Hours OR days _____

7.8.2. What was the primary cause of neonatal death?

01. Congenital anomaly
02. Antepartum infection
03. Immaturity related conditions
04. Intrapartum asphyxia, anoxia or trauma
05. Infection
06. Other _____

07. Not yet known

Section 8. Any other information

8.1 Please enter any other information you feel may be important

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