ID Number:

UKOSS

UK Obstetric Surveillance System

Antenatal Pulmonary Embolism
Study 03/05

Data Collection Form - CASE

Case Definition:

EITHER PE is confirmed using suitable imaging (angiography, computed tomography, echocardiography, magnetic resonance imaging or ventilation-perfusion scan showing a high probability of PE)

OR PE is confirmed at surgery or postmortem

OR a clinician has made a diagnosis of PE with signs and symptoms consistent with PE present, and the patient has received a course of anticoagulation therapy (>1 week duration).

Please return the completed form to:

UKOSS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Fax: 01865 289701
Phone: 01865 289714

Case reported in: _____

Royal College of Obstetricians and Gynaecologists

npeu National Perinatal Epidemiology Unit

Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.

2. Please record the ID number from the front of this form against the woman's name on the Clinician's Section of the blue card retained in the UKOSS folder.

3. Fill in the form using the information available in the woman's case notes.

4. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 7.

5. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18.37

6. If codes or examples are required, some lists (not exhaustive) are included on the back page of the form.

7. If the woman has not yet delivered, please complete the form as far as you are able, excluding delivery and outcome information, and return to the UKOSS Administrator. We will send these sections again for you to complete two weeks after the woman's expected date of delivery.

8. If you do not know the answers to some questions, please indicate this in section 7.

9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 7 to describe the problem.

Section 1: **Woman's details**

1.1 **Year of birth** ☐☐☐☐

1.2 **Ethnic group[1]*** (enter code, please see back cover for guidance) ☐☐

1.3 **Marital status** single ☐ married ☐ cohabiting ☐

1.4 **Was the woman in paid employment at booking?** Yes ☐ No ☐

If Yes, what is her occupation

_____

If No, what is her partner's (if any) occupation

_____

1.5 **Height at booking (cm)** ☐☐☐

1.6 **Weight at booking (kg)** ☐☐☐.☐

1.7 **Smoking status** never ☐ gave up prior to pregnancy ☐ current ☐ gave up during pregnancy ☐

Section 2: **Previous Pregnancies**

2.1 **Gravidity**

Number of completed pregnancies beyond 24 weeks ☐☐

Number of pregnancies less than 24 weeks ☐☐

If no previous pregnancies, *please go to section 3.*

2.2 **Did the woman have any previous pregnancy problems[2]*** Yes ☐ No ☐

If Yes, please specify

_____

Section 3: **Previous Medical History**

Please indicate whether any of the following were present

3.1 **History of thrombosis in first degree relatives** Yes ☐ No ☐

3.2 **Previous surgery for varicose veins** Yes ☐ No ☐

3.3 **Previous or pre-existing medical problems[3]*** Yes ☐ No ☐

If Yes, please specify

_____

3.4 **Known history of thrombophilia[4]*** Yes ☐ No ☐

If Yes, please specify

_____

*For guidance please see back cover

Section 4: Past history of thrombosis (either in previous pregnancies or when not pregnant)

4.1 Past history of thrombosis Yes ☐ No ☐

If No, *please go to section 5*

If Yes, please specify details

4.1a *First* thrombotic event

Date of occurrence ☐☐/☐☐/☐☐

Site (e.g. DVT/PE/axillary thrombosis/cerebral thrombosis)

Occurred during/following (please tick all that apply)

- Pregnancy ☐
- Surgery ☐
- Combined oral contraceptive pill (oestrogen + progesterone) ☐
- Fracture/trauma ☐
- Other, please specify ☐

4.1b *Second* thrombotic event

Date of occurrence ☐☐/☐☐/☐☐

Site (e.g. DVT/PE/axillary thrombosis/cerebral thrombosis)

Occurred during/following (please tick all that apply)

- Pregnancy ☐
- Surgery ☐
- Combined oral contraceptive pill (oestrogen + progesterone) ☐
- Fracture/trauma ☐
- Other, please specify ☐

If more than two previous thrombotic events please attach details on a separate sheet

Section 5a: This Pregnancy

5a.1 Final Estimated Date of Delivery (EDD)[5]* ☐☐/☐☐/☐☐

5a.2 Was this pregnancy a multiple pregnancy? Yes ☐ No ☐

If Yes, please specify number of fetuses ☐

5a.3 Were there problems in this pregnancy?[2]* Yes ☐ No ☐

If Yes, please specify

5a.4 History of long haul travel during this pregnancy (4hrs or more) Yes ☐ No ☐

If Yes, please specify duration and date(s) ☐☐ hrs ☐☐/☐☐/☐☐

☐☐ hrs ☐☐/☐☐/☐☐

5a.5 Period of immobility/bed rest during this pregnancy (4 days or more) Yes ☐ No ☐

If Yes, plese specify duration of immobility and date(s) of first day of immobility ☐☐ days ☐☐/☐☐/☐☐

☐☐ days ☐☐/☐☐/☐☐

*For guidance please see back cover

5a.6 Was thromboprophylaxis used? Yes ☐ No ☐

If Yes, please indicate below all measures used (please tick all that apply)

TED Stockings Yes ☐

		Name of drug	Dose	Schedule
Antiplatelet agent (e.g.aspirin)	Yes ☐			
Low molecular weight heparin	Yes ☐			
Unfractionated heparin	Yes ☐			
Warfarin	Yes ☐			
Other	Yes ☐			

5a.7 Did this woman have a thrombotic event (e.g. DVT) in this pregnancy prior to her PE? Yes ☐ No ☐

If Yes, specify date and anticoagulant treatment ☐☐/☐☐/☐☐

		Name of drug	Dose	Schedule
Low molecular weight heparin	Yes ☐			
Unfractionated heparin	Yes ☐			
Warfarin	Yes ☐			
Other	Yes ☐			

If more than one event, please add details in section 7

Section 5b: **Diagnosis of PE**

5b.1 Date of PE ☐☐/☐☐/☐☐

5b.2 Site (e.g. left/right/basal/apical) _____

5b.3 Did the woman have symptoms and signs consistent with PE? Yes ☐ No ☐

If Yes, please briefly describe the findings

_____

5b.4 How was the diagnosis confirmed? (please tick all that apply)

		Date	Did the result support the diagnosis? Yes	No
Chest X-ray	Yes ☐	☐☐/☐☐/☐☐	☐	☐
VQ scan	Yes ☐	☐☐/☐☐/☐☐	☐	☐
CT scan	Yes ☐	☐☐/☐☐/☐☐	☐	☐
Echocardiogram	Yes ☐	☐☐/☐☐/☐☐	☐	☐
MRI scan	Yes ☐	☐☐/☐☐/☐☐	☐	☐
Pulmonary angiogram	Yes ☐	☐☐/☐☐/☐☐	☐	☐

Section 5c: **Therapy**

5c.1 Was therapeutic anticoagulation used? Yes ☐ No ☐

If Yes, please specify drug(s) used in table below

		Name of drug	Dose	Schedule
Low molecular weight heparin	Yes ☐			
Unfractionated heparin	Yes ☐			
Warfarin	Yes ☐			
Other	Yes ☐			

Did the therapy last for more than 7 days? Yes ☐ No ☐

5c.2 Any other medication e.g. thrombolytic therapy Yes ☐ No ☐

If Yes, please specify name(s) of drugs used

_____

5c.3 Surgical management Yes ☐ No ☐

If Yes, please specify type of surgery _____

and operative findings _____

Section 6: **Outcomes**

Section 6a: **Woman**

6a.1 Is this woman still undelivered? Yes ☐ No ☐

If Yes, will she be receiving the rest of her antenatal care from the current hospital?

Yes ☐ No ☐

If care will be provided at a different hospital, please indicate name of hospital providing future care, then *go to section 7* _____

If No, *please continue*

6a.2 Did this woman have a miscarriage? Yes ☐ No ☐

If Yes, please specify date ☐☐/☐☐/☐☐

6a.3 Did this woman have a termination of pregnancy? Yes ☐ No ☐

If Yes, please specify date ☐☐/☐☐/☐☐

6a.4 Was delivery induced? Yes ☐ No ☐

If Yes, please state indication _____

6a.5 Did the woman labour? Yes ☐ No ☐

6a.6 Was delivery by caesarean section? Yes ☐ No ☐

If Yes, please state whether elective ☐ **OR** emergency ☐

and give indication for caesarean section _____

6a.7 Was the woman admitted to ITU/HDU? Yes ☐ No ☐

If Yes, duration of stay (days) ☐☐

Or Tick if woman is still in ITU/HDU ☐

Or Tick if woman was transferred to another hospital ☐

6a.8 Did any other major maternal morbidity occur?[6]* Yes ☐ No ☐

If Yes, please specify _____

6a.9 Was a thrombophilia diagnosed during or after this pregnancy?[4]* Yes ☐ No ☐

If Yes, please specify _____

6a.10 Did the woman die? Yes ☐ No ☐

If Yes, please specify date of death ☐☐/☐☐/☐☐

What was the primary cause of death as stated on the death certificate?

_____

Was a post mortem examination undertaken? Yes ☐ No ☐

If Yes, did the examination confirm the diagnosis? Yes ☐ No ☐

*For guidance please see back cover

Section 6b: **Infant 1**

NB: **If more than one infant**, for each additional infant, please photocopy the infant section of the form (**before filling it in**) and attach extra sheet(s) or download additional forms from the website: www.npeu.ox.ac.uk/ukoss

6b.1 Date and time of delivery ☐☐/☐☐/☐☐ ☐☐:☐☐

6b.2 Mode of delivery

spontaneous vaginal ☐ ventouse ☐ lift-out forceps ☐ rotational forceps ☐

breech ☐ pre-labour caesarean section ☐ caesarean section after onset of labour ☐

6b.3 Birthweight (g) ☐☐☐☐

6b.4 Was the infant stillborn? Yes ☐ No ☐

If Yes, *go to section 7*

6b.5 5 min Apgar ☐☐

6b.6 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

If Yes, duration of stay (days) ☐☐

Or Tick if infant is still in NICU/SBCU ☐

Or Tick if infant was transferred to another hospital ☐

6b.7 Did any major infant complications occur?[7]* Yes ☐ No ☐

If Yes, please specify _____

6b.8 Did this infant die? Yes ☐ No ☐

If Yes, please specify date of death ☐☐/☐☐/☐☐

What was the primary cause of death as stated on the death certificate?

(please state if not known) _____

Section 7

Please use this space to enter any other information you feel may be important

_____

_____

_____

_____

_____

_____

_____

Section 8:

Name of person completing the form _____

Designation _____

Today's date ☐☐/☐☐/☐☐

You may find it useful in the case of queries to keep a copy of this form.

If you are unable to make a copy please tick the box ☐

Definitions

1. UK Census Coding for ethnic group

WHITE
- 01. British
- 02. Irish
- 03. Any other white background

MIXED
- 04. White and black Caribbean
- 05. White and black African
- 06. White and Asian
- 07. Any other mixed background

ASIAN OR ASIAN BRITISH
- 08. Indian
- 09. Pakistani
- 10. Bangladeshi
- 11. Any other Asian background

BLACK OR BLACK BRITISH
- 12. Caribbean
- 13. African
- 14. Any other black background

CHINESE OR OTHER ETHNIC GROUP
- 15. Chinese
- 16. Any other ethnic group

2: Previous or current pregnancy problems, including:

3 or more miscarriages
Amniocentesis
Amniotic fluid embolism
Baby with a major congenital abnormality
Gestational diabetes
Haemorrhage
Hyperemesis requiring admission
Infant requiring intensive care
Neonatal death
Placenta praevia
Placental abruption
Post-partum haemorrhage requiring transfusion
Pre-eclampsia (hypertension and proteinuria)
Premature rupture of membranes
Preterm birth or mid trimester loss
Puerperal psychosis
Severe infection e.g. pyelonephritis
Stillbirth
Surgical procedure in pregnancy

3: Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired)
Diabetes
Epilepsy
Endocrine disorders e.g. hypo or hyperthyroidism
Essential hypertension
Haematological disorders e.g. sickle cell disease
Inflammatory disorders e.g. inflammatory bowel disease
Psychiatric disorders
Renal disease

4: Disorders with associated thombophilia, including:

Anticardiolipin antibodies
Antiphospholipid syndrome
Antithrombin deficiency
Factor V Leiden
Gross varicose veins
Inflammatory disorders e.g. inflammatory bowel disease
Lupus anticoagulant
Myeloproliferative disorders e.g. essential thrombocythaemia, polycythaemia vera
Other medical disorders e.g. nephrotic syndrome, cardiac disease
Paraplegia
Protein C deficiency
Protein S deficiency
Prothrombin gene variant
Sickle cell disease

5. Estimated date of delivery (EDD):

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

6: Major maternal medical complications, including:

Adult respiratory distress syndrome
Cardiac arrest
Cerebrovascular accident
Disseminated intravascular coagulopathy
HELLP
Mendelson's syndrome
Persistent vegetative state
Renal failure
Required ventilation
Septicaemia

7: Infant complications, including:

Chronic lung disease
Exchange transfusion
Intraventricular haemorrhage
Jaundice requiring phototherapy
Major congenital anomaly
Necrotising enterocolitis
Neonatal encephalopathy
Respiratory distress syndrome
Severe infection e.g. septicaemia, meningitis