



UK Obstetric Surveillance System

Multiple Repeat Caesarean Section Study 01/09

Data Collection Form - CASE

**Please report any woman delivering between 1st January 2009
and 31st December 2009.**

Case Definition:

Any woman giving birth to an infant via her **5th or more** elective or emergency caesarean section (i.e. who has previously undergone **four or more** other caesarean procedures).

Please return the completed form to:

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



Royal College of
Obstetricians and
Gynaecologists

Fax: 01865 289701
Phone: 01865 289714

Case reported in: _____

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 Obstetric History

2.1 Gravidity

Number of completed pregnancies 24 weeks and beyond

Number of pregnancies less than 24 weeks

2.2 Did the woman have any previous pregnancy problems?^{2*}

Yes No

If Yes, please specify

2.3 Has the woman had any previous vaginal deliveries?

Yes No

If Yes, please specify

	Month/Year	Spontaneous (please tick)	Instrumental (please tick)
1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 Total previous caesarean sections

	Month/Year	Indication for caesarean section	Type of section (e.g. Classical/LSCS/T)	Any intraoperative complications? ^{3*}
1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
3	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
4	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
5	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
6	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
7	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			

*For guidance please see back cover

Section 3: Previous Medical History

Please indicate whether any of the following were present:

- 3.1 Previous or pre-existing medical problems^{4*}** Yes No
If Yes, please specify _____
- 3.2 Has the woman had any other previous uterine surgery?** Yes No
If Yes, please specify type and number of operations
- Myomectomy Yes Number
If Yes, Was the cavity breached? Yes No
Dilatation and curettage Yes Number
Surgical termination of pregnancy Yes Number
Evacuation of retained products of conception (ERPC) Yes Number
Other^{5*} Yes Number
If Other, please specify _____
- 3.3 Did the woman have a previous uterine perforation?** Yes No
If Yes, was any treatment given for the perforation? Yes No
If Yes, please specify _____

Section 4: This Pregnancy

- 4.1 Final Estimated Date of Delivery (EDD)^{6*}** / /
- 4.2 Was this pregnancy a multiple pregnancy?** Yes No
If Yes, please specify number of fetuses
- 4.3 Was placenta praevia diagnosed prior to delivery?** Yes No
If Yes, please specify the grade
- 4.4 Was placental invasion diagnosed prior to delivery?** Yes No
If Yes, was this accreta percreta increta
How was this diagnosed? USS MRI
Were any pre-operative interventional radiology measures taken? Yes No
- 4.5 Were there other problems in this pregnancy?^{2*}** Yes No
If Yes, please specify _____
- 4.6 Gestation at which delivery was planned to occur (weeks)**

Section 5: Delivery

- 5.1 Is this woman still undelivered?** Yes No
If No, please *continue*
If Yes, *go to section 7*
- 5.2 Did the woman labour?** Yes No
If Yes, please state date and time of diagnosis of labour / / : :
Did the woman receive syntocinon? Yes No
If Yes, Duration of syntocinon : :
- 5.3 What was the indication for caesarean section?** _____
- 5.4 Was the c-section** LSCS or classical

*For guidance please see back cover

5.5 What was the grade of urgency?^{7*}

5.6 What was the grade of operator? _____

5.7 What was the grade of anaesthetist? _____

5.8 Were any of the following diagnosed **intra-operatively**?

(please record all that apply)

Uterine dehiscence
disruption of uterine muscle with intact serosa Yes No

Uterine rupture
disruption or tear of uterine muscle & visceral peritoneum or a separation of uterine muscle with extension to the bladder or broad ligament Yes No

Placenta praevia Yes No
If Yes, please specify the grade

Placental invasion Yes No
If Yes, was this accreta percreta increta

5.9 Did the woman have a postpartum haemorrhage? Yes No

If Yes, what was the estimated blood loss (mls)?

What was the underlying cause of any haemorrhage? (please tick all that apply)

Uterine atony

Placenta accreta

Uterine infection

Uterine rupture

Other

If Other, please specify _____

5.10 Did the woman refuse blood products? Yes No

If No, were blood products given? Yes No

If Yes, please state total units of each

Whole blood or packed red cells

Fresh Frozen Plasma (FFP)

Platelets

Cryoprecipitate

5.11 Were any of the following required?

Intra-abdominal balloon catheter Yes No

B-Lynch suture Yes No

Uterine packing Yes No

Hysterectomy Yes No

Factor VIIa Yes No

5.12 Were any of the following structures damaged intra-operatively?

Bladder Yes No

Ureter Yes No

Ovary Yes No

Bowel Yes No

5.12 Was the woman sterilised? Yes No

Section 6: Outcomes

Section 6a: Woman

6a.1 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.2 Did any other major maternal morbidity occur?^{8*}

Yes No

If Yes, please specify _____

6a.3 Was post natal counselling documented?

Yes No

If Yes, please state advice given _____

6a.4 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?

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 Birthweight

g

6b.3 Was the infant stillborn?

Yes No

If Yes, Please go to section 7

6b.4 5 min Apgar

6b.5 Was the infant admitted to the neonatal unit?

Yes No

If Yes, duration of stay (days)

6b.6 Did any major infant complications occur?^{9*}

Yes No

If Yes, please specify _____

6b.7 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) _____

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:

Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Thrombotic event
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis
Pre-eclampsia (hypertension and proteinuria)
Significant antepartum haemorrhage
Gestational diabetes
Placental abruption
Cardiac problems

3: Intraoperative complications, including:

Damage to bowel
Damage to bladder
Uterine rupture
Infection
Return to theatre

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

Essential hypertension
Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. hypo or hyperthyroidism
Psychiatric disorders

Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia

Inflammatory disorders e.g. inflammatory bowel disease

Epilepsy

Diabetes

Autoimmune diseases

Cancer

HIV

5: Examples of other previous uterine surgery:

Endometrial resection/ablation

Septal resection

Polypectomy

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

7: RCA/RCOG/CEMACH/CNST Classification for urgency of caesarean section:

1. Immediate threat to life of woman or fetus
2. Maternal or fetal compromise which is not immediately life-threatening
3. Needing early delivery but no maternal or fetal compromise
4. At a time to suit the woman and maternity team

8: Major maternal medical complications, including:

Persistent vegetative state
Cardiac arrest
Cerebrovascular accident
Adult respiratory distress syndrome
Disseminated intravascular coagulopathy
Pulmonary oedema
Mendleson's syndrome
Renal failure
Thrombotic event
Septicaemia
Required ventilation

9: Fetal/infant complications, including:

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