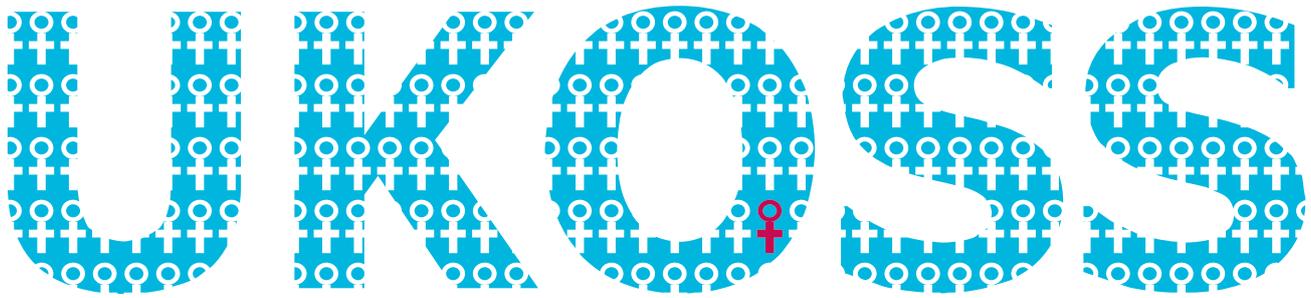


ID Number:



UK Obstetric Surveillance System

Spontaneous Haemoperitoneum in Pregnancy (SHiP) Study 01/16

Data Collection Form - CASE

Please report any woman delivering between 1st Jan 2016 and 31st Dec 2017.

Case Definition:

Any woman 20 weeks or more gestation with sudden intra-abdominal haemorrhage requiring surgery (CS, laparotomy, laparoscopy), without preceding trauma

EXCLUDE: women with uterine rupture, trauma.



Royal College of
Obstetricians
and Gynaecologists

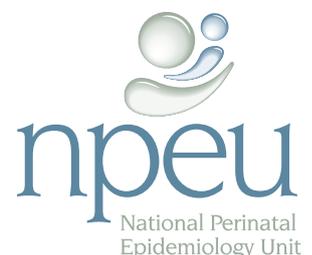
Bringing to life the best
in women's health care

Please return the completed form to:

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

Fax: 01865 617775
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 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:

1.4 Height at booking:

 cm

1.5 Weight at booking:

 . kg

1.6 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 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: _____

2.3 Has this woman had any previous deliveries by caesarean section? Yes No

Section 3: Previous Medical History

3.1 Does this woman have a known history of endometriosis? Yes No

If Yes, what year was it diagnosed:

OR tick if not known

Was it histologically confirmed? Yes No Not known

3.2 Has this woman had prior abdominal surgery? Yes No

If Yes, please specify surgery undertaken: _____

and indication: _____

Was this surgery for endometriosis? Yes No Not known

3.3 Did the woman have any other pre-existing medical problems^{3*}? Yes No

If Yes, please give details: _____

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD):^{4*} / /

4.2 Was this a multiple pregnancy? Yes No

If Yes, please specify number of fetuses:

4.3 What was the planned mode of delivery for this pregnancy prior to diagnosis of SHiP? Vaginal (including trial of labour)

Abdominal (elective caesarean section)

4.4 Did the woman receive any anticoagulation in this pregnancy? Yes No

If Yes, please indicate anticoagulants received and timing relative to diagnosis

Anticoagulant used <i>(please tick all that apply)</i>	Was this for prophylaxis (P) or Treatment (T)?	Was this anticoagulation received prior to diagnosis?
Aspirin <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heparin (inc. LMWH) <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Warfarin <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thrombolysis <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4.5 What date was SHiP was first diagnosed? / /

4.6 What were the symptoms prior to diagnosis? *(please tick all that apply)*

abdominal pain altered uterine contractions
haematuria vaginal bleeding
fetal heart rate abnormality Other

If Other, please specify: _____

4.7 What was the initial presumed diagnosis? _____

4.8 How was the haemoperitoneum diagnosed? *(please tick all that apply)*

Peritoneal lavage Ultrasound
CT CTPA
MRI At surgery

4.9 What mode of surgery was used to manage the haemorrhage? *(please tick one)*

laparoscopy planned caesarean section or hysterotomy
(i.e. delivery of baby intended at onset of surgery)
laparotomy emergency caesarean section or hysterotomy
(delivery of baby not planned at the start of laparotomy)

4.10 Were there signs of active endometriosis at the time of surgery for SHiP? Yes No

4.11 At the time of surgery, was the pregnancy noted to be: intrauterine extrauterine

4.12 What was the identified source/location of bleeding? _____

4.13 What was the estimated total blood loss? ml

4.14 What was the estimated intraperitoneal blood loss? <500ml ≥500ml

4.15 What was the woman's lowest measured haemoglobin value? . g/dl

OR tick if not measured

4.16 Did the woman refuse blood products?

Yes No

If No, were blood products given?

Yes No

If Yes, please state total units of each: *(enter zero if none given)*

Whole blood or packed red cells

Fresh Frozen Plasma (FFP)

Platelets

Cryoprecipitate

Cell salvaged blood (ml)

4.17 Were any haemostatic drugs used?

Yes No

If Yes, please tick all that apply:

fibrinogen Factor VII

Tranexamic acid Other

If Other, please specify: _____

4.18 Were there any other problems in this pregnancy?^{2*}

Yes No

If Yes, please specify: _____

Section 5: Delivery

5.1 Did this woman have a miscarriage?

Yes No

If Yes, please specify date:

 / /

5.2 Did this woman have a termination of pregnancy (including hysterotomy)?

Yes No

If Yes, please specify date:

 / /

If Yes to 5.1 or 5.2, please go to sections 6a, 7 and 8

5.3 Is this woman still undelivered?

Yes No

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

Yes No

If No, please indicate name of hospital providing future care:

Will she be delivered at your hospital?

Yes No

If No, please indicate name of delivery hospital, then go to Section 7

5.4 Was delivery induced?

Yes No

If Yes, please state indication: _____

5.5 Did the woman labour?

Yes No

5.6 Was delivery by caesarean section?

Yes No

If Yes, please state:

Grade of urgency:^{5*}

Indication for caesarean section: _____

Method of anaesthesia:

Regional General anaesthetic

5.7 Was any placental abnormality identified?

Yes No

If Yes, please tick which abnormalities were identified:

Praevia

Accreta

Increta/percreta

Other

If Other, please specify: _____

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU or level 3 care?

Yes No

If Yes, duration of stay:

days

OR Tick if woman is still in ITU or level 3 care:

OR Tick if woman was transferred to another hospital:

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

Yes No

If Yes, please specify: _____

6a.3 Did the woman die?

Yes No

If Yes, please specify date and time of death

/ / :
24hr

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

(Please state if not known.) _____

Was a post mortem examination undertaken?

Yes No

If Yes, did the examination confirm the certified cause of death/diagnosis?

Yes No Not known

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:

/ / :
24hr

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 Sex of infant:

Male Female Indeterminate

6b.5 Was the infant stillborn?

Yes No

If Yes, please go to section 7.

6b.6 5 min Apgar

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

Thrombotic event
Amniotic fluid embolism
Eclampsia
3 or more miscarriages
Preterm birth or mid trimester loss
Neonatal death
Stillbirth
Baby with a major congenital abnormality
Small for gestational age (SGA) infant
Large for gestational age (LGA) infant
Infant requiring intensive care
Puerperal psychosis
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

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

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
Autoimmune diseases
Cancer
HIV

4. Estimated date of delivery (EDD)

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

5. 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

6. Major maternal medical complications, including:

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

7. 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