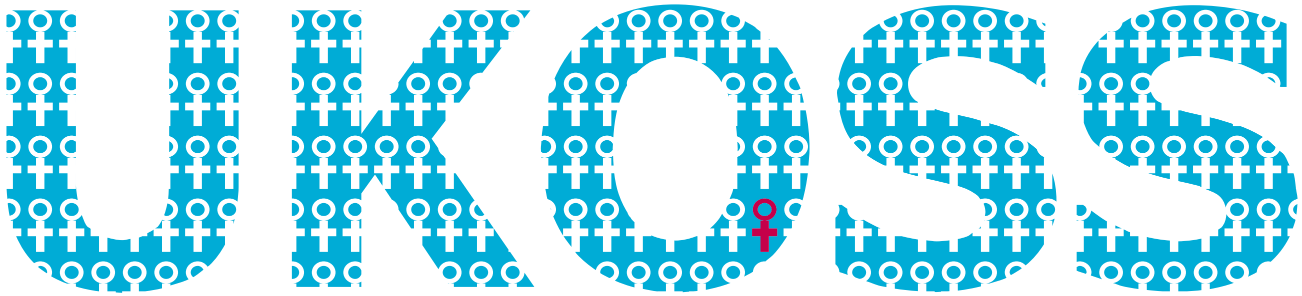
ID Number:



UK Obstetric Surveillance System

Uterine Rupture
Study 03/09

Data Collection Form - CASE

SAMPLE CASE

Please report any woman delivering between 1st April 2009 to 31st March 2010.

Case Definition:

Any woman in the UK identified as having a uterine rupture using the following definition:

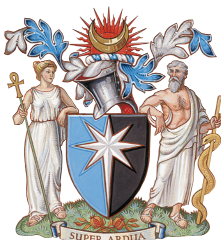
A complete separation of the wall of the pregnant uterus, with or without expulsion of the fetus, involving rupture of membranes at the site of the uterine rupture or extension into uterine muscle separate from any previous scar, and endangering the life of the mother or fetus.

Excluded: any asymptomatic palpable or visualised defect (for example dehiscence) noted incidentally at caesarean delivery.

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



Royal College of Obstetricians and Gynaecologists

Case reported in: ____________________

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

SAMPLE CASE

*For guidance please see back cover

Section 1: **Woman's details**

1.1 Year of birth ☐☐☐☐ (YYYY)

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 ☐☐

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 the woman had previous caesarean sections? Yes ☐ No ☐

If Yes, please specify number in total ☐☐

Was the immediately preceding delivery by caesarean section? Yes ☐ No ☐

Please indicate the following for each previous caesarean section:

Date of c-section		MM/YY	MM/YY	MM/YY	MM/YY
Gestation at delivery (weeks)		☐☐	☐☐	☐☐	☐☐
Indication for caesarean section					
In labour at the time of caesarean section	**Yes**	☐	☐	☐	☐
	No	☐	☐	☐	☐
Type of uterine incision (low transverse/low vertical/classical/other)					
Type of uterine closure (single layer/double layer/not known)					
Recorded postpartum febrile morbidity (endometritis/wound infection/other/none)					

*For guidance please see back cover

SAMPLE CASE

Section 3: **Previous Medical History**

Please indicate whether any of the following were present:

3.1 Previous or pre-existing medical problems[3]* 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[4]* 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)[5]* D D / M M / Y Y

4.2 Was this pregnancy a multiple pregnancy? Yes ☐ No ☐

If Yes, please specify number of fetuses ☐

4.3 Were there problems in this pregnancy?[2]* Yes ☐ No ☐

If Yes, please specify ______

4.4 What was the planned mode of delivery for this pregnancy? Vaginal (trial of labour) ☐

Abdominal (elective caesarean section) ☐

Section 5a: **Labour and Uterine Rupture**

5a.1 Was delivery induced? Yes ☐ No ☐

If Yes,

Please state indication ______

What was the Bishop score prior to induction? ☐

Was prostaglandin used Yes ☐ No ☐

If Yes, please specify type of prostaglandin given, dose and date & time administered in the table below:

Agent	Dose (mg)	Date	Time
		D D / M M / Y Y	h h : m m (24hr)
		D D / M M / Y Y	h h : m m (24hr)
		D D / M M / Y Y	h h : m m (24hr)
		D D / M M / Y Y	h h : m m (24hr)

SAMPLE CASE

*For guidance please see back cover

5a.2 Did the woman labour? Yes ☐ No ☐

If Yes,

Please state date and time of diagnosis of labour D D / M M / Y Y h h : m m (24hr)

What was the maximum contraction frequency (number of contractions in 10 mins)? ☐

Did the woman receive syntocinon? Yes ☐ No ☐

If Yes, please state duration of syntocinon h h : m m

5a.3 Date and time of diagnosis of uterine rupture D D / M M / Y Y h h : m m (24hr)

5a.4 Was there any asymptomatic palpable or visualised defect (for example a dehiscence) noted incidentally at caesarean delivery? Yes ☐ No ☐

5a.5 Please indicate what symptoms and signs were noted prior to diagnosis of rupture *(tick all that apply)*

- Abdominal pain ☐
- Altered uterine contractions ☐
- Haematuria ☐
- Vaginal bleeding ☐
- Fetal heart rate abnormality ☐

If ticked, please specify abnormality noted (tachycardia/bradycardia/early decelerations/variable decelerations/late decelerations) and time it was first noted

____________________ h h : m m (24hr)

- Other ☐

If Other, please specify ____________________

5a.6 Was rupture diagnosed before or after laparotomy? Before ☐ After ☐

5a.7 Position of rupture Fundal ☐ Lower segment ☐ Other ☐

If Other, please specify ____________________

5a.8 Position of fetus at time of laparotomy Abdomen ☐ Uterus ☐ Other ☐

If Other, please specify ____________________

SAMPLE CASE

Section 5b: Management of Uterine Rupture

5b.1 Please indicate how the uterine damage was repaired

- Laparotomy and primary repair ☐
- Hysterectomy ☐

If ticked, please specify date and time D D / M M / Y Y h h : m m (24hr)

- Other ☐

If Other, please specify ____________________

5b.2 Were any of the following organs damaged at rupture or removed during surgery? *(tick all that apply)*

- Ovaries ☐
- Bladder ☐
- Ureter ☐
- Bowel ☐

*For guidance please see back cover

5b.3 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)* ☐☐☐☐

SAMPLE CASE

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 Was the woman noted to have any fever after delivery? Yes ☐ No ☐

If Yes, please give diagnosis ____________________

6a.3 Did any other major maternal morbidity occur?[6]* Yes ☐ No ☐

If Yes, please specify ____________________

6a.4 Did the woman die? Yes ☐ No ☐

If Yes,

Please specify date of death D D / M M / Y Y

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

(please state if 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 D D / M M / Y Y h h : m m (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 Was the infant stillborn? Yes ☐ No ☐

If Yes, was this antepartum ☐ intrapartum? ☐

Please *go to section 7*

6b.5 5 min Apgar ☐☐

*For guidance please see back cover

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/SCBU ☐

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 D D / M M / Y Y

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 D D / M M / Y Y

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

SAMPLE CASE

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: 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

4: Examples of other previous uterine surgery:

Endometrial resection/ablation
Septal resection
Polpectomy

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:

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

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

SAMPLE CASE