



Royal College of
Obstetricians
and Gynaecologists

Severe Maternal Sepsis in the UK: a National Case-Control Study

The results of the UKOSS Sepsis study have just been published. There were 365 confirmed cases of severe maternal sepsis between June 2011 and May 2012, an incidence of 4.7 (95% CI 4.2–5.2) per 10,000 maternities. Seventy-one (19.5%) women developed septic shock; and five (1.4%) women died. Genital tract infection (31.0%) and the organism *E. coli* (21.1%) were most common.

Women had significantly increased adjusted odds of severe sepsis if they were black or other ethnic minority (aOR = 1.82; 95% CI 1.82–2.51), were primiparous

(aOR = 1.60; 95% CI 1.17–2.20), had a pre-existing medical problem (aOR = 1.40; 95% CI 1.005–1.94), had febrile illness or were taking antibiotics in the two weeks prior to presentation (aOR = 12.07; 95% CI 8.11–17.97). All forms of operative delivery were associated with increased risk of sepsis.

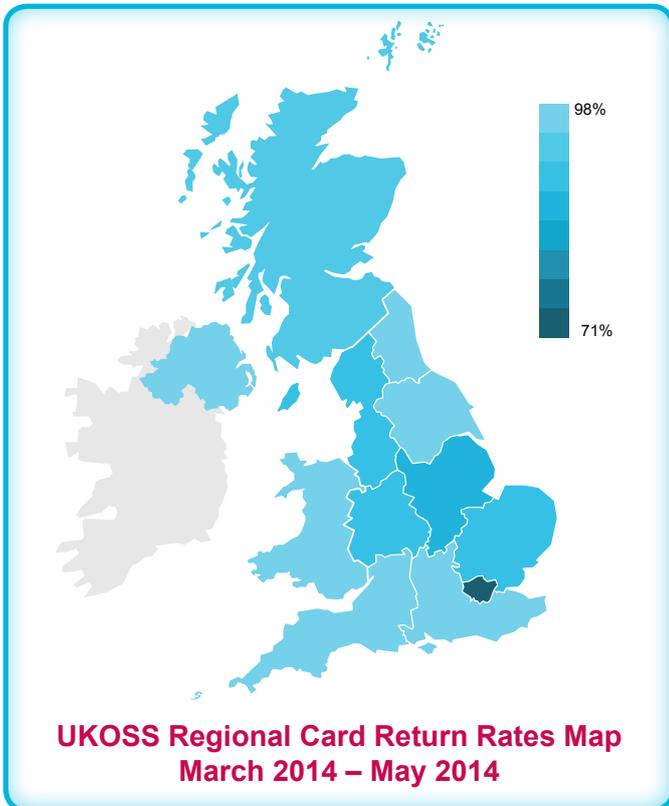
Multiple pregnancy (aOR = 5.75; 95% CI 1.54–21.45) and infection with group A streptococcus (aOR = 4.84; 2.17–10.78) were associated with progression to septic shock.

This study suggests that for each maternal sepsis death, approximately 50 women have life-threatening morbidity from sepsis. Follow-up to ensure infection is eradicated is important. The rapid progression to severe sepsis highlights the



importance of following the international Surviving Sepsis Campaign guideline of early administration of high-dose intravenous antibiotics within one hour of admission to hospital for any woman with suspected sepsis. Signs of severe sepsis in peripartum women, particularly with confirmed or suspected group A streptococcal infection, should be regarded as an obstetric emergency.

Reference: Acosta CD, Kurinczuk JJ, Lucas DN, Tuffnell DJ, Sellers S, et al. (2014) Severe Maternal Sepsis in the UK, 2011–2012: A National Case-Control Study. *PLoS Med* 11(7): e1001672. doi:10.1371/journal.pmed.1001672



THIS MONTH

- UKOSS Steering Committee - Fetal Medicine Specialist vacancy
- Interview with a UKOSS reporter



Thanks to the following hospitals who have returned cards for the last three months
(February, March and April 2014):

Aberdeen Maternity Hospital, Aberdeen
Airedale General Hospital, Keighley
Alexandra Hospital, Redditch
Altnagelvin Area Hospital, Londonderry
Arrowe Park Hospital, Wirral
Barnet and Chase Farm NHS Trust Maternity Unit, Barnet
Barnsley Hospital NHS Foundation Trust, Barnsley
Basildon Hospital, Canvey Island
Bassetlaw District General Hospital, Worksop
Bedford Hospital, Bedford
Birmingham City Hospital, Birmingham
Birmingham Women's Hospital, Birmingham
Borders General Hospital, Borders
Bradford Royal Infirmary, Bradford
Bronglais Hospital, Aberystwyth
Broomfield Hospital, Chelmsford
Calderdale Royal Hospital, Halifax
Causeway Hospital, Coleraine
Chesterfield & North Derbyshire Royal Hospital, Chesterfield
City Hospitals Sunderland NHS Trust, Sunderland
Colchester General Hospital, Colchester
Countess of Chester Hospital, Chester
Craigavon Area Hospital, Portadown
Croydon University Hospital, Thornton Heath
Cumberland Infirmary, Carlisle
Daisy Hill Hospital, Newry
Darent Valley Hospital, Dartford
Darlington Memorial Hospital, Darlington
Derby Hospitals NHS Foundation Trust, Derby
Dewsbury and District Hospital, Dewsbury
Diana Princess of Wales Hospital, Grimsby
Doncaster Royal Infirmary, Doncaster
Dorset County Hospital, Dorchester
Dr Gray's Hospital, Elgin
Dumfries & Galloway Royal Infirmary, Dumfries
Ealing Hospital NHS Trust, London
East Surrey Hospital, Redhill
Epsom General Hospital, Epsom
Forth Valley Royal Hospital, Larbert
Friarage Hospital, Northallerton
Frimley Park Hospital, Camberley
George Eliot Hospital, Nuneaton
Glan Clwyd District General Hospital, Bodelwyddan
Gloucestershire Royal Hospital, Gloucester
Good Hope Hospital, Sutton Coldfield
Guy's and St Thomas' Hospital, London
Harrogate District Hospital, Harrogate
Hereford County Hospital, Hereford
Hinchingbrooke Hospital NHS Trust, Huntingdon
Homerton University Hospital, London
Horton Maternity Hospital, Banbury
Hull Royal Infirmary, Hull
Ipswich Hospital, Ipswich
James Cook University Hospital, Middlesbrough
James Paget University Hospitals Trust, Great Yarmouth
Jersey General Hospital, St Helier
Kettering General Hospital, Kettering
King's Mill Hospital, Sutton in Ashfield
Lancashire Women and Newborn Centre, Burnley
Leeds General Infirmary, Leeds
Leicester General Hospital, Leicester
Leighton Hospital, Crewe
Lincoln County Hospital, Lincoln
Luton & Dunstable Hospital, Luton
Liverpool Women's Hospital, Liverpool
Lister Hospital, Stevenage
Manor Hospital, Walsall
Medway Maritime Hospital, Gillingham
Milton Keynes Hospital NHS Foundation Trust, Milton Keynes
Nevill Hall Hospital, Abergavenny
New Cross Hospital, Wolverhampton
Norfolk & Norwich University Hospital, Norwich
North Devon District Hospital, Barnstaple
Northampton General Hospital, Northampton
Northwick Park Hospital, Harrow
Nottingham University Hospitals NHS Trust, Nottingham
Peterborough City Hospital, Peterborough
Pilgrim Hospital, Boston
Pinderfields General Hospital, Wakefield
Poole Hospital, Poole
Prince Charles Hospital, Methyr Tydfil
Princess Alexandra Hospital, Harlow
Princess Elizabeth Hospital, St Martins
Princess Royal Hospital, Haywards Heath
Princess Royal Maternity Hospital, Glasgow
Princess Royal University Hospital, Orpington
Queen Charlotte's and Chelsea Hospital, London
Queen Elizabeth Hospital, Gateshead
Queen Elizabeth Hospital, Kings Lynn
Queen Elizabeth the Queen Mother Hospital, Margate
Queen's Hospital, Burton upon Trent
Raigmore Hospital, Inverness
Rotherham District General Hospital, Rotherham
Royal Albert Edward Infirmary, Wigan
Royal Alexandra Hospital, Paisley
Royal Berkshire Hospital, Reading
Royal Cornwall Hospital, Truro
Royal Free Hospital, London
Royal Gwent Hospital, Newport
Royal Jubilee Maternity Service, Belfast
Royal Oldham Hospital, Oldham
Royal Preston Hospital, Preston
Royal Surrey County Hospital, Guildford
Royal Sussex County Hospital, Brighton
Royal United Hospital, Bath
Royal Victoria Infirmary, Newcastle-upon-Tyne
Russells Hall Hospital, Dudley
Salisbury District Hospital, Salisbury
Scarborough Hospital, Scarborough
Scunthorpe General Hospital, Scunthorpe
Simpson Centre for Reproductive Health, Edinburgh
Singleton Hospital, Swansea
South Tyneside NHS Foundation Trust, South Shields
South West Acute Hospital, Enniskillen
Southeast University Hospital NHS FT, Westcliff-on-Sea
Southern General Hospital, Glasgow
Southmead Hospital, Bristol
St George's Hospital, London
St Helier Hospital, Carshalton
St John's Hospital, Livingston
St Mary's Hospital, Manchester
St Mary's Hospital, Newport
St Michael's Hospital, Bristol
St Peter's Hospital, Chertsey
St Richard's Hospital, Chichester
Staffordshire General Hospital, Stafford
Stepping Hill Hospital, Stockport
Stoke Mandeville Hospital, Aylesbury
Tameside General Hospital, Ashton-under-Lyne
Taunton and Somerset Hospital, Taunton
The Great Western Hospitals NHS Foundation Trust, Swindon
The Jessop Wing, Sheffield
The Portland Hospital, London
The Tunbridge Wells Hospital, Tunbridge Wells
Ulster Hospital, Belfast
University Hospital Lewisham, London
University Hospital of Coventry & Warwickshire, Coventry
University Hospital of North Staffordshire, Stoke on Trent
University Hospital of North Tees, Stockton-on-Tees
University Hospital of Wales, Cardiff
Victoria Hospital, Blackpool
Victoria Hospital, Kirkcaldy
Wansbeck General Hospital, Ashington
Warrington and Malton Hospitals NHS FT, Warrington
Warwick Hospital, Warwick
Watford General Hospital, Watford
West Middlesex University Hospital, Isleworth
West Suffolk Hospital, Bury St Edmunds
West Wales General Hospital, Carmarthen
Western Isles Hospital, Stornoway
Wexham Park Hospital, Slough
Whiston Hospital, Prescot
Whittington Hospital, London
Wishaw General Hospital, Wishaw
Withybush Hospital, Haverfordwest
Worthing Hospital, Worthing
Wrexham Maelor Hospital, Wrexham
Wythenshawe Hospital, Manchester
Yeovil Women's Hospital, Yeovil
York Hospital, York
Ysbyty Gwynedd District General Hospital, Bangor
Antrim Hospital, Antrim
Ayrshire Maternity Unit, Kilmarnock
Birmingham Heartlands Hospital, Birmingham
Caithness General Hospital, Wick
Chelsea & Westminster Hospital, London
Conquest Hospital, St Leonards-on-Sea
Derriford Hospital, Plymouth
John Radcliffe Hospital, Oxford
King's College Hospital, London
Kingston Hospital, Kingston upon Thames
Macclesfield District General Hospital, Macclesfield
Newham General Hospital, London
Nobles Hospital, Douglas
North Manchester General Hospital, Manchester
North Middlesex University Hospital, London
Princess Anne Hospital, Southampton
Princess of Wales Hospital, Bridgend
Queen Elizabeth Hospital, London
Rosie Maternity Hospital, Cambridge
Royal Bolton Hospital, Bolton
Royal Devon & Exeter Hospital, Exeter
Royal Glamorgan Hospital, Llantrisant
Royal Hampshire County Hospital, Winchester
Royal Lancaster Infirmary, Lancaster
Southport & Ormskirk Hospital NHS Trust, Ormskirk
St James's University Hospital, Leeds
St Mary's Hospital, London
The Hillingdon Hospitals NHS Foundation Trust, Uxbridge
Torbay Hospital, Torquay
University Hospital of North Durham, Durham
West Cumberland Hospital, Whitehaven
William Harvey Hospital, Ashford
Furness General Hospital, Barrow-in-Furness
Leicester Royal Infirmary, Leicester
Ninewells Hospital & Medical School, Dundee
North Hampshire Hospital, Basingstoke
Queen's Hospital, Romford
Nottingham City Hospital, Nottingham
Queen Alexandra Hospital, Portsmouth
Royal London Hospital, London
Royal Shrewsbury Hospital, Shrewsbury
University College Hospital, London
Whipps Cross University Trust Hospital, London

Returned all three cards. Returned two cards. Returned one card. No Cards Returned.



Follow us

@NPEU_UKOSS

Applications sought for UKOSS Steering Committee: Specialist in Fetal Medicine

UKOSS currently has a vacancy for a specialist in fetal medicine on its Steering Committee.

The UKOSS Steering Committee is multi-disciplinary and meets three times a year. Its main roles are to consider applications for inclusion of new studies on the UKOSS programme and to monitor the progress of ongoing studies. Membership is not remunerated but meetings may be considered as part of continuing professional development.

The applications will be assessed on the basis of the following criteria:

1. Evidence of contribution to and/or interest in UKOSS
2. Evidence of forging links within and without one's own professional group
3. Research or audit experience in obstetrics/maternity care
4. Experience of committee work

For an informal discussion about the role, please contact Melanie Workman, UKOSS Programme Manager (melanie.workman@npeu.ox.ac.uk) or Marian Knight, Head of UKOSS (marian.knight@npeu.ox.ac.uk).

If you are interested in applying, please submit a two page CV and a short covering letter stating why you would like to undertake the role to UKOSS at ukoss@npeu.ox.ac.uk.

The closing date for applications is 31 July 2014.

Extension to the ITP study

Please note that the UKOSS Severe Primary Immune Thrombocytopenia (ITP) study has been extended until 31st January 2015. Therefore, the study will continue on the monthly report cards.

We would be grateful if you could check that all cases of ITP have been reported, since the study started on 1st February 2013, using the following definition (we welcome retrospective reporting):

"Any pregnant woman who has been diagnosed with thrombocytopenia with a platelet count of $<50 \times 10^9/l$ at any point in her pregnancy prior to delivery where obstetric and hereditary causes for thrombocytopenia have been excluded (ie. pre-eclampsia, HELLP syndrome, acute fatty liver of pregnancy, known antiphospholipid antibody syndrome or other hereditary thrombocytopenias).

OR

Any pregnant woman with an isolated thrombocytopenia where a clinical decision to treat the thrombocytopenia prior to delivery of the infant has been made.

Excluded: Women with secondary immune thrombocytopenia."

If you have any queries regarding the above, please do not hesitate to contact ukoss@npeu.ox.ac.uk

Chocolate Box



Chocolates this month go to Fiona Dyson from New Cross Hospital, Wolverhampton and Amy Robb from Simpson Centre for Reproductive Health, Edinburgh for good form completion.

Many thanks to you both!

Cardiac Arrest in Pregnancy and Advanced Maternal Age Studies

These studies are both due to end on 30th June 2014. Please could you double check that all cases have been reported and ensure that all data collection forms are completed and returned as soon as possible.

We are extremely grateful for all your help and support.

Read more online

To read this on your phone or to access our complete archive:
Open the BARCODE READER APP* on your phone and scan the code here

*Search your app store for 'qrcode'



Case report summary for current studies up until the end of May 2014

Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases (%)	Expected number of confirmed cases
Adrenal Tumours	32	28 (88)	10 (36)	62
Advanced Maternal Age*	269	193 (72)	138 (72)	275
Amniotic Fluid Embolism*	191	186 (97)	127 (68)	112
Anaphylaxis*	34	31 (91)	21 (68)	50
Artificial Heart Valves	52	41 (79)	31 (76)	86
Aspiration in Pregnancy*	4	3 (75)	1 (33)	11
Cardiac Arrest in Pregnancy (CAPS)	161	134 (83)	62 (46)	79
Epidural Haematoma or Abscess	6	3 (50)	3 (100)	1
Gastric Bypass in Pregnancy	12	1 (8)	1 (100)	6
Primary ITP	100	76 (76)	54 (71)	91

Funding: * This study represents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Programme Grant RP-PG-0608-10038)

Meet a UKOSS Reporter

Melanie Workman, the UKOSS/UKNeS Programme Manager, interviews Elaine Peachey who currently reports to UKOSS.

MW: Who is your employer and what is your job title?

EP: I am employed by Poole NHS Foundation Trust as a Maternity Manager for Risk.

MW: How long have you held this position?

EP: I have been employed in this role since November 2011 and prior to this I was employed as a Midwifery Matron.

MW: What are the main duties/responsibilities of your current role?

EP: The main responsibilities of my role are to manage the risk strategy for the Maternity Services acting as a source of expertise and advice on maternity risk issues.

I act as a resource for clinical and professional issues ensuring the support and development of staff. Also, in conjunction with the senior midwifery management team and medical colleagues, I ensure standards of practice support a safe, quality service within available resources. I also participate in local and national audit as and when required.

I am the central point within the maternity services for the receipt of all adverse incidents/near miss report forms and I co-ordinate investigations, ensuring they are timely and effective and that lessons are learned and appropriate action taken. This includes the investigation and response to serious clinical incidents within the Maternity Services. Of course an important part of the role is to provide emotional and professional support to midwives following serious incidents.

MW: What do like best about your current job?

EP: Working as part of an effective management team in partnership with the lead obstetrician for risk to ensure a high standard of care is provided and seeing the changes that take place as a result of the approach we have adopted.

MW: What do you think is particularly good/positive about your maternity unit?

EP: The open and honest working relationships that staff have, the support from colleagues and the friendly atmosphere.

MW: How long have you been a UKOSS reporter?

EP: Just over two years.

MW: How does being a UKOSS reporter add to your role at work (if at all)?

EP: I feel it is my opportunity to participate in national research and enables me to look in depth at the management of care for particular situations that may not have been identified as an issue and adds to my awareness.

MW: How do you manage/co-ordinate the UKOSS reporting in your hospital?

EP: I personally report the cases included in the current studies and then complete the data collection forms.

MW: Would you recommend becoming a UKOSS reporter to others and why?

EP: Yes I would, it gives you a different investigation mechanism and contributes to UKOSS as well as to the knowledge of your own service.

MW: Do you have any hobbies/what are your interests outside of work?

EP: I am lucky enough to live very close to the New Forest and enjoy long walks there especially seeing the difference in the seasons and the changes that occur in the landscape.

Elaine Peachey -
Poole NHS Foundation Trust



UNIVERSITY OF
OXFORD

Admin team: 01865 289714

Email: UKOSS@npeu.ox.ac.uk Web: www.npeu.ox.ac.uk/UKOSS

Studies are additionally funded by Wellbeing of Women, NHS Blood and Transplant, Lauren Page Charity and SPARKS.

