



Royal College of
Obstetricians
and Gynaecologists



NEWSLETTER 56 - January 2019

New study - Fontan and Pregnancy

Background: The Fontan repair describes a palliative surgical procedure that is undertaken for patients born with a congenital heart defect that cannot support a biventricular circulation. Congenital heart disease is the most common congenital abnormality, affecting one in one hundred babies, and the number of adults who have undergone a Fontan repair is increasing. Historically women were advised against pregnancy because it was felt to be too high risk, but in the last 10 years we have more retrospective data to show that these women are able to carry a pregnancy, albeit with a relatively high rate of complications.

Women with a Fontan circulation are known to have a higher rate of miscarriage (some studies report rates of almost 70%) and a higher rate of postpartum haemorrhage than any other congenital heart disease group. There is no consensus on whether women with a Fontan circulation should routinely be offered anticoagulation during pregnancy (either at prophylactic or therapeutic dosing levels). It is also unknown whether pregnancy accelerates the progressive deterioration of the function of a Fontan circulation.

The aims of this study are to prospectively collect data on a cohort of women embarking upon pregnancy with a Fontan repair to describe current pregnancy management and outcomes and to evaluate if pregnancy has a detrimental impact upon cardiac function in the short term.

Surveillance Period: 1st January 2019 – 31st December 2021

Case Definition: All women with prior Fontan repair who have a pregnancy, regardless of outcome.

Investigators: Matthew Cauldwell and Mark Johnson, Chelsea and Westminster; Michael Gatzoulis, Royal Brompton; Philip Steer, Imperial College; Marian Knight, NPEU.

Further details about the study (including the full protocol) are available at www.npeu.ox.ac.uk/ukoss.

Thank you!

A special thank you goes to Bill Martin who is retiring from Birmingham Women's Hospital and therefore retiring as a UKOSS reporter. Bill has been an extremely reliable reporter, always completing monthly reports and returning data collection forms promptly and will be missed by the UKOSS team. We wish him a very happy retirement!



Reminder – Seasonal Influenza and Low Maternal Plasma Fibrinogen

The Seasonal Influenza and Low Maternal Plasma Fibrinogen studies have now ended; therefore, please ensure that you return all outstanding data collection forms as soon as possible so that we can begin collating the data for analysis. We would particularly like to remind you to complete the Influenza CONTROL forms as there are still a large number that have not yet been returned to us. Please contact us at ukoss@npeu.ox.ac.uk if you would like us to confirm which forms (if any) are still outstanding for your unit.

THIS MONTH

- Interview with a UKOSS Reporter
- Confirmed UKOSS studies starting this year



Thanks to the following hospitals who have returned reports for September, October and November 2018:

Aberdeen Maternity Hospital
Altnagelvin Area Hospital
Arrowe Park Hospital
Ayrshire Maternity Unit
Barnsley Hospital NHS Foundation Trust
Basildon Hospital
Bedford Hospital
Birmingham Heartlands Hospital
Birmingham Women's Hospital
Borders General Hospital
Bradford Royal Infirmary
Bronglais Hospital
Broomfield Hospital
Calderdale Royal Hospital
Causeway Hospital
Chesterfield & North Derbyshire Royal Hospital
City Hospitals Sunderland NHS Trust
Colchester General Hospital
Countess of Chester Hospital
Cumberland Infirmary
Daisy Hill Hospital
Darent Valley Hospital
Darlington Memorial Hospital
Derby Hospitals NHS Foundation Trust
Derriford Hospital
Diana Princess of Wales Hospital
Doncaster Royal Infirmary
Dorset County Hospital
Dumfries & Galloway Royal Infirmary
East Surrey Hospital
East Sussex Healthcare NHS Trust
Epsom General Hospital
Forth Valley Royal Hospital
Frimley Park Hospital
Furness General Hospital
George Eliot Hospital
Glan Clwyd District General Hospital
Good Hope Hospital
Harrogate District Hospital
Hereford County Hospital
Hinchingsbrooke Hospital NHS Trust
Homerton University Hospital
Hull Royal Infirmary
Ipswich Hospital
James Cook University Hospital
James Paget University Hospitals Trust
Jersey General Hospital
Kettering General Hospital
King's College Hospital
King's Mill Hospital
Kingston Hospital
Lancashire Teaching Hospitals
Lancashire Women and Newborn Centre
Leeds General Infirmary
Leicester Royal Infirmary
Lincoln County Hospital
Lister Hospital
Luton & Dunstable Hospital
Macclesfield District General Hospital
Manor Hospital
Medway Maritime Hospital
Milton Keynes Hospital NHS Foundation Trust
Musgrove Park Hospital
Nevill Hall Hospital
New Cross Hospital
Newham General Hospital
Nobles Hospital
Norfolk & Norwich University Hospital
North Devon District Hospital
North Manchester General Hospital
Northampton General Hospital
Northumbria Specialist Emergency Hospital
Nottingham City Hospital
Peterborough City Hospital
Pilgrim Hospital
Pinderfields General Hospital
Prince Charles Hospital
Princess Alexandra Hospital
Princess Anne Hospital
Princess Elizabeth Hospital
Princess of Wales Hospital
Princess Royal Hospital
Princess Royal Hospital
Princess Royal Maternity Hospital
Princess Royal University Hospital
Queen Alexandra Hospital
Queen Elizabeth Hospital
Queen Elizabeth Hospital
Queen Elizabeth Hospital
Queen Elizabeth the Queen Mother Hospital
Queen's Hospital
Queen's Medical Centre
Raigmore Hospital
Rosie Maternity Hospital
Royal Albert Edward Infirmary
Royal Alexandra Hospital
Royal Berkshire Hospital
Royal Bolton Hospital
Royal Cornwall Hospital
Royal Devon & Exeter Hospital
Royal Free London NHS Foundation Trust
Royal Glamorgan Hospital
Royal Gwent Hospital
Royal Jubilee Maternity Service
Royal Lancaster Infirmary
Royal Oldham Hospital
Royal Surrey County Hospital
Royal Victoria Infirmary
Russells Hall Hospital
Salisbury District Hospital
Sandwell & West Birmingham NHS Trust
Scarborough Hospital
Scunthorpe General Hospital
Simpson Centre for Reproductive Health
Singleton Hospital
South Tyneside NHS Foundation Trust
South West Acute Hospital
Southend University Hospital NHS FT
Southern General Hospital
St Helier Hospital
St James's University Hospital
St John's Hospital
St Mary's Hospital
St Michael's Hospital
St Peter's Hospital
St Richard's Hospital
Stoke Mandeville Hospital
The Great Western Hospitals NHS Foundation Trust
The Portland Hospital
Torbay Hospital
Ulster Hospital
University Hospital Lewisham
University Hospital of Coventry & Warwickshire
University Hospital of North Durham
University Hospital of North Midlands
University Hospital of North Tees
Victoria Hospital
Victoria Hospital
Warrington and Halton Hospitals NHS FT
Warwick Hospital
West Cumberland Hospital
West Middlesex University Hospital
West Suffolk Hospital
West Wales General Hospital
Western Isles Hospital
Wexham Park Hospital
Whiston Hospital
Whittington Hospital
William Harvey Hospital
Wishaw General Hospital
Worcestershire Royal Hospital
Worthing Hospital
Wrexham Maelor Hospital
Wythenshawe Hospital
Yeovil Women's Hospital
York Hospital
Ysbytu Gwynedd District General Hospital
Airedale General Hospital
Antrim Hospital
Bassetlaw District General Hospital
Chelsea & Westminster Hospital
Craigavon Area Hospital
Croydon University Hospital
Gloucestershire Royal Hospital
Leicester General Hospital
Ninewells Hospital & Medical School
North Middlesex University Hospital
Northwick Park Hospital
Poole Hospital
Queen Charlotte's and Chelsea Hospital
Rotherham District General Hospital
Royal Free Hospital
Royal Sussex County Hospital
Southport & Ormskirk Hospital NHS Trust
St George's Hospital
St Mary's Hospital
St Mary's Hospital
Stepping Hill Hospital
Tameside General Hospital
The Hillingdon Hospitals NHS Foundation Trust
The Jessop Wing
University College Hospital
Watford General Hospital
Whipps Cross University Trust Hospital
Guy's and St Thomas' Hospital
Leighton Hospital
Royal London Hospital
Southmead Hospital
The Tunbridge Wells Hospital
John Radcliffe Hospital
Liverpool Women's Hospital
North Hampshire Hospital
Queen's Hospital
Royal Hampshire County Hospital
Royal United Hospital
University Hospital of Wales

Returned all three reports. Returned two reports. Returned one report. No reports returned.



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BPSU Surveillance of invasive Listeria infections and neonatal herpes simplex disease

In September 2017, the British Paediatric Surveillance Unit (BPSU) began surveillance of listeria infection in infants less than 90 days. The study aims to establish the incidence of listeria infection in young infants, define whether some ethnic groups or geographical areas are more affected and describe the management and clinical outcome of the infected babies in the UK and Ireland. It is anticipated that the results will inform national antibiotic policy for young infants.

In addition, this year BPSU is also launching a new surveillance study to capture the incidence of neonatal herpes simplex disease in infants less than 90 days of age in the UK and Ireland as well as describe the presentation, management and outcomes.

For both these studies the BPSU has sought the assistance of UKOSS, although we anticipate the impact on UKOSS reporters will be minimal. Cases will be identified by paediatricians through BPSU and through collaborations with microbiologists and virologists. In some cases the maternal and birth details will not readily be available to paediatricians; it is therefore hoped that if approached by the paediatrician reporting the case, the UKOSS reporter will assist in obtaining the necessary information which the paediatrician will then use to complete the study proforma. **Please note that UKOSS reporters will not be required to report cases or complete data collection forms.**

The Listeria study is led by Dr Stefania Vergnano (Bristol Royal Hospital for Children) and Prof Paul Heath (SGUL). If you have any questions please contact Dr Stefania Vergnano at stefania.vergnano@uhbristol.nhs.uk and the HSV study is led by Dr Katy Fidler (Brighton and Sussex Medical School and Royal Alexandra Children's Hospital) and Prof Paul Heath (St George's University of London (SGUL)). If you have any questions please contact the study coordinator Dr Julia Dudley at Julia.Dudley@bsuh.nhs.uk.

Please contact UKOSS if you have any queries regarding the above.

New studies this year

Three new studies have been confirmed to start this year - **Diabetic Ketoacidosis, Hyponatraemia in Pregnancy and Impacted Fetal Head at caesarean section**. The study documentation for these is currently being finalised. More information will be circulated in due course but in the meantime if you have any queries then please do not hesitate to contact us at ukoss@npeu.ox.ac.uk.



Chocolate Box

Chocolates this month go to **Elizabeth Turner**, Norfolk and Norwich Hospital, and **Paquita Sanges**, Royal Gwent Hospital, for prompt return of reports and data collection forms.

Many thanks to you both!

Case report summary for current studies up until the end of November 2018

Disorder	Actual number of reported cases	Data collection forms returned (%)	Expected number of confirmed cases
Amniotic Fluid Embolism	279	268 (96)	167
Cirrhosis in Pregnancy	47	39 (83)	80
High Neuraxial Block	79	61 (77)	133
Low Maternal Plasma Fibrinogen	155	120 (77)	180
Near Miss Suicide in Pregnancy	20	13 (65)	34
Seasonal Influenza	572	482 (84)	100

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*Search your app store for 'qrcode'



Meet Sarah Davies who is a UKOSS reporter at Lancashire Women and Newborn Centre

Who is your employer and what is your job title?

East Lancashire NHS Trust – Consultant Obstetrician

Can you give a brief summary of your career to date?

I completed speciality training in the Northwest region in April 2018 and started work as a consultant obstetrician.

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

I currently have a joint diabetic antenatal clinic and a general antenatal clinic. I am the lead for the central birth suite for the trust. In this role I work alongside the obstetric risk team.

Please outline the difficulties that Lancashire Women and Newborn Centre have experienced in gathering information for UKOSS reports

Due to changes in personnel, there was period of time where UKOSS reporting within the trust temporarily ceased. Obtaining some of the cases retrospectively was very challenging, in particular flu cases in pregnancy. East Lancashire is a large trust based across two sites with the maternity and A&E services being situated separately. Admissions may be under a medical team with obstetric input at Blackburn or with the obstetric team based at Burnley. Confirmed flu cases are recorded but there is not record if the patients are pregnant at the time. There is no way of combining the current microbiology and maternity systems meaning it is likely some flu cases may have been missed in the period where reporting ceased. Other UKOSS reportable cases were easier to identify retrospectively through the risk management team and from individual clinicians.

Now that it is up and running again, how do you manage/co-ordinate the UKOSS reporting in your hospital?

There is better advertisement of the current UKOSS studies within the department with posters in all clinical areas.

We have a separate UKOSS email account which any staff member can use to report a confirmed or suspected case which can be followed up. This is particularly helpful in the case of suspected flu as all A&E attendances in pregnancy are logged and checked daily.

Each month an email is sent to all obstetric and anaesthetic consultants asking for any applicable cases.

Better communication with the quality and safety team and risk leads for both obstetrics and obstetric anaesthetics is now in place to improve detection.

There is now a link with the newly formed perinatal mental health clinic to improve detection rates of attempted suicide in pregnancy.

Have you found that there are additional benefits from reporting to UKOSS?

As a newly appointed consultant identifying and reporting cases to UKOSS has allowed me to develop a network with contacts across multiple specialities within the trust.

Would you recommend becoming a UKOSS reporter to others and if so, why?

Yes. The topics chosen are important, clinically relevant or rare. By collating information across the country useful recommendations can be used by all clinicians providing care. I have found it a useful educational resource for my ongoing personal development.

GMC Revalidation and NMC Continuing Professional Development



We are aware that as part of your GMC revalidation or NMC Continual Professional Development, you are required to provide evidence of participation in national audit and research. If any UKOSS reporters would like to receive a certificate confirming their contribution to UKOSS, please email us at ukoss@npeu.ox.ac.uk and we will get one posted out to you.



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