



Royal College of
Obstetricians
and Gynaecologists

NEWSLETTER 59 - October 2019

Zika Virus study results published

Increasing evidence of an association of Zika virus (ZIKV) infection in pregnancy with infant microcephaly and other neurological disorders emerged in late 2015, leading to a declaration of a Public Health Emergency of International Concern by the WHO on 1st February 2016. At the early stage of the epidemic, little was known about the clinical presentation or the level of risk that ZIKV infection posed to pregnant women travelling to affected areas.

Several systems in addition to UKOSS exist within the UK to facilitate a rapid response to public health emergencies and surveillance of rare congenital infections. This study combined results from UKOSS surveillance with those from the British Paediatric Surveillance Unit and the Public Health England Rare and Imported Pathogens Laboratory to establish the number of pregnant women potentially exposed, identify affected children, estimate the risk to the travelling UK population and to help further knowledge on the natural history of congenital Zika syndrome.

From 1 March 2016 to 28 February 2017, 827 women were reported to have travelled from the UK to countries with active Zika transmission during pregnancy or in the four weeks prior to conception. A combined total of 11 women experiencing adverse pregnancy outcomes after possible Zika virus exposure were reported by the three surveillance systems; five women had miscarriages, two had stillborn babies and four had children with clinical presentations potentially associated with ZIKV infection. Sixteen women were diagnosed with ZIKV infection during pregnancy in the UK. Amongst the offspring of these women, there was unequivocal laboratory evidence of infection in only one child.



Employing established surveillance systems at an early stage of the outbreak facilitated information on the risk to the travelling UK population and showed that in the UK, the number and risk of congenital ZIKV infection for travellers returning from Zika-affected countries is very small. The prompt and effective response of these separate surveillance systems provided reassurance that suitable approaches are in place to respond to similar threats in a coordinated effort in the future.

Reference: Oeser C, Aarons E, Heath P et al. (2019). Surveillance of congenital Zika syndrome in England and Wales: Methods and results of laboratory, obstetric and paediatric surveillance. *Epidemiology and Infection*, 147, E262. doi:10.1017/S0950268819001535

Returning Data Collection Forms

Please **do not** print the data collection forms directly from the UKOSS website as these are just samples and will not have individual case IDs or reporting months on the front. When we receive a completed form it is essential that it contains the correct case ID so that we can ensure it is logged against the relevant hospital. Therefore, once you have reported a case, please wait for the data collection form to arrive in the post and contact ukoss@npeu.ox.ac.uk if you don't receive it within a week of reporting. Many thanks!

THIS MONTH

- New study started this month
- DKA Control Forms



Thanks to the following hospitals who have returned reports for June, July and August 2019:

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

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



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New study started this month: Extremely preterm prelabour rupture of membranes (EPPROM)

Background: Extremely preterm prelabour rupture of membranes (EPPROM) is a rare complication of pregnancy that carries significant maternal morbidity, neonatal morbidity and neonatal mortality. The true incidence of women undergoing ongoing conservative management for 'prolonged EPPROM' is difficult to establish from current literature due to different inclusion criteria and gestational age windows. It is unclear how this group of women is counselled and managed as there is currently a paucity of good quality data available and guidance for clinicians. Expectant mothers in the UK are presented with huge variation in information on prognosis and advice on termination. When conservative management is chosen, variation exists in location of management, use of monitoring, antibiotics and steroids. There is urgent need to develop and understanding of the characteristics of babies that survive EPPROM and accurate complication rates.

Surveillance period: 1st September 2019 – 31st August 2020

Case Definition: Any pregnant woman who has experienced rupture of membranes between 16⁺⁰ to 22⁺⁶ weeks gestation.

Excludes: Women in which membranes ruptured before 16⁺⁰ but were only diagnosed in the 16⁺⁰ – 22⁺⁶ period.

Investigators: Angharad Care, Zarko Alfirevic and Laura Goodfellow, Liverpool Women's Hospital.

All reporters have been emailed the relevant study information but please contact the team at ukoss@npeu.ox.ac.uk if you did not receive the email or if you have any queries.



Chocolate Box

Chocolates this month go to **Fiona Dyson, New Cross Hospital**, for prompt return of monthly reports and data collection forms and **Sue Heaton, Medway Maritime Hospital**, for prompt return of data collection forms for the impacted fetal head study.

Many thanks to you both!

Case report summary for current studies up until the end of September 2019

| Disorder | Actual number of reported cases | Data collection forms returned (%) | Expected number of confirmed cases |
|-------------------------------------|---------------------------------|------------------------------------|------------------------------------|
| Amniotic Fluid Embolism | 288 | 277 (96) | 175 |
| Antithrombin / Protein C deficiency | 8 | 2 (25) | 21 |
| Cirrhosis in Pregnancy | 56 | 50 (89) | 113 |
| DKA | 40 | 29 (73) | 33 |
| Fontan and Pregnancy | 7 | 5 (71) | 13 |
| High Neuraxial Block | 126 | 108 (86) | 199 |
| Hyponatraemia in Pregnancy | 34 | 21 (62) | 67 |
| Impacted Fetal Head | 634 | 430 (68) | 501 |

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*Search your app store for 'qrcode'



Impacted Fetal Head Reminder!

The reporting for this study has now ended, thank you to everyone who has contributed to the study so far. However, there are still a number of reports outstanding. Please can we ask you one final time to double check your reporting for Impacted Fetal Head between 1st March – 31st August 2019. Here is a reminder of the data required for each month:

1) Second Stage Caesarean Sections (numbers only)

Any woman with a singleton fetus in cephalic presentation who had an emergency caesarean section during the second stage of labour (ie. when the cervix was fully dilated)

2) Second Stage Caesarean Sections with prior attempt at operative vaginal delivery (numbers only)

Any woman with a singleton fetus in cephalic presentation who had an emergency caesarean section during the second stage of labour (ie. when the cervix was fully dilated after a prior attempt at operative vaginal delivery)

3) Second Stage Caesarean Sections with Impacted Fetal Head (data collection form to be completed)

Any woman with a singleton fetus in cephalic presentation who had an emergency caesarean section during the second stage of labour (ie. when the cervix was fully dilated) in whom delivery required tocolysis or a technique to assist delivery of the fetal head (prophylactically or as a result of difficulty with delivery) or where the operating surgeon deemed there to be 'difficulty' in delivering the fetal head

If you are unable to provide us with accurate data for any reason, please do let us know so that we can document this.

Please can we also ask that data collection forms for this study are returned **as soon as possible**.

This study is part of a wider project entitled MIDAS (management of an impacted fetal head during emergency caesarean section). It is important that the dataset is as complete as possible in order to fully determine the incidence and consequences of impacted fetal head at the time of caesarean section at full dilatation in the UK.

Please contact ukoss@npeu.ox.ac.uk if you have any queries regarding the above.

DKA Study: Identifying controls

The DKA study is a case - control study and we are now beginning to request data for the controls. All reporters should have already received an email regarding identifying controls but please let us know if you haven't received an email or have any queries. We will be sending the forms out to all units within the next two weeks.

GMC Revalidation and NMC Continuing Professional Development



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