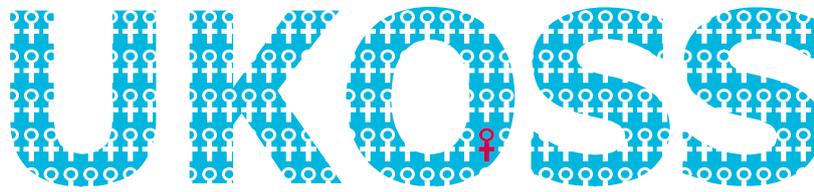




Royal College of
Obstetricians
and Gynaecologists



UK Obstetric Surveillance System



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NEWSLETTER 28 - January 2012

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Risk factors for progression from severe maternal morbidity to death: A national cohort study

The results of a study comparing women with severe maternal morbidity, identified through UKOSS, with women who died from the same conditions, identified from the UK Confidential Enquiries into Maternal Deaths between 2003 and 2008, have recently been published. Women were included if they had eclampsia, antenatal pulmonary embolism, amniotic fluid embolism, acute fatty liver of pregnancy or antenatal stroke. We identified 476 women who survived and 100 women who died. The women who died were older (age 35+ years aOR 2.36, 95%CI 1.22-4.56), more likely to be of black ethnicity (aOR 2.38, 95%CI 1.15-4.92), and unemployed, routine or manual occupation (aOR 2.19, 95%CI 1.03-4.68). It is not clear whether the increased risk of death was related to difficulties in access to maternal care through physical (location) or cultural factors. We also observed an association with obesity (BMI $\geq 30\text{kg/m}^2$ aOR 2.73, 95%CI 1.15-6.46).

Women from vulnerable populations in the UK thus remain at increased risk of maternal death in the presence of severe maternal morbidities. There is a place for more in depth studies to determine exactly why the presence of these factors makes women more likely to die, but it is clear that there is a clear place for public health action to reverse the rising trends in maternal age at childbirth and clinical action to mitigate its effects, and to reduce the burden of obesity in pregnancy. Further research is needed to address weight management prior to, during and after pregnancy. In addition, development and evaluation of services to mitigate the risk of dying associated with being of black Caribbean or African ethnicity and being unemployed or from routine or manual socioeconomic groups is essential.

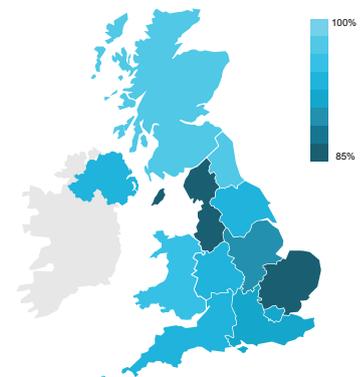
Funding: This study is representative of independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0608-10038). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Reference

Kayem G, Kurinczuk J, Lewis G, Golightly S, Brocklehurst P, et al. (2011) Risk Factors for Progression from Severe Maternal Morbidity to Death: A National Cohort Study. PLoS ONE 6(12): e29077. doi:10.1371/journal.pone.002907



UKOSS Regional Card Return Rates - Sept - Nov 2011



THIS MONTH

- CHANGES TO THE UKOSS TEAM

- THE NEWSLETTER GOES DIGITAL



Thanks to the following hospitals who have returned cards for the last three months:

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

Returned all three cards. Returned two cards. Returned one card.



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New Study - Pregnancy in women with stage 5 Chronic Kidney Disease (chronic renal failure)

Background

Current advice given to women pre-pregnancy with CKD stage 5 is to delay conception until they receive a renal transplant, which is associated with restored fertility and improved pregnancy outcomes. Women ineligible for prospective transplantation are counselled regarding high rates of fetal loss, severe preterm delivery, fetal growth restriction and small for gestational age infants and maternal complications including pre-eclampsia. However, a recent review of 222 pregnancies in women that conceived whilst on dialysis reported a live birth rate of 79.1%¹. Dialysis strategies are continually developing with evolution of high flux membranes, haemodiafiltration and nocturnal haemodialysis regimes, together with improved supportive treatment; however more intensive dialysis regimes are likely to be associated with treatment related complications which may have consequences for both mother and fetus. The aim of this study is to use UKOSS to describe the epidemiology of pregnancy in women with Chronic Kidney Disease Stage 5 in the UK and identify current management and outcomes.

Surveillance Period:

February 2012 - January 2014

Case definition:

The cases will be all pregnant women in the UK identified as having CKD Stage 5 prior to, or during their pregnancy. This would usually include any pregnant woman in one of the following groups:

- A woman with an estimated glomerular filtration rate (eGFR) <15mls/min/1.73m² pre-pregnancy
- A woman receiving peritoneal or haemodialysis at conception
- A woman with a serum creatinine >300umol/l prepregnancy
- A woman with a serum creatinine >250umol/l on two or more occasions during pregnancy
- A woman commenced on peritoneal or haemodialysis to treat chronic kidney disease during pregnancy

Funding:

This study is funded by the Lauren Page Charity.

Investigators:

Kate Bramham, Catherine Nelson-Piercy, Guys and St Thomas' Hospital

Reference:

1. Yang L, Y., Thia, E., W., H., Tan, L., K. Obstetric outcomes in women with end-stage renal disease on chronic dialysis: a review. *Obstetric Medicine*. 2010;3:48-53.

New developments in the UKNeS programme

One of the projects in the UK Maternal Near-miss Surveillance Programme (UKNeS) is to investigate the added benefits of conducting confidential enquiries of UKOSS cases of severe morbidity, compared with reviews by the local team. Later in the year we will be seeking pilot centres to work with us to help conduct this work. In preparation for this, we would like to investigate what risk management “trigger checklists” are in use. You will shortly be receiving a letter asking whether you could send us a copy of the checklist you use in your hospital, so that we have an idea of what type of cases are currently being reviewed in local risk management processes. Thank you in advance for your help!



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Open the BARCODE READER APP* on your phone and scan the code here

*Search your app store for 'qrcode'



New arrivals in the UKOSS Team



Charlotte McClymont
Programme Manager

Charlotte is a registered midwife and has worked for The University of Oxford for two years in health care research before joining the UKOSS team.



Amy Richardson
Data Coordinator

Amy has come to the UKOSS research office from a front line clinical role on an Acute Medical Admissions ward.



Philippe Peirsegaie
Programmer / Database Manager

Philippe has nearly a decade of experience in computer programming and has previously worked for the University of Birmingham.

Chocolate Box



Chocolates this month go to

Sharon Curtis from Maidstone General Hospital and **Alison Holloway** from The Great Western Hospital, Swindon for efficient return of cards and forms.

Many thanks to you both!

Case report summary for current studies up until 03 January 2012

Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases (%)	Expected number of confirmed cases
Adrenal Tumours	13	8 (62)	4 (50)	17
Amniotic Fluid Embolism*	145	139 (96)	94 (68)	83
Cardiac Arrest in Pregnancy (CAPS)	21	11 (52)	11 (100)	16
Gastric Banding in Pregnancy	14	3 (21)	3 (100)	22
HELLP Syndrome*	116	67 (58)	48 (72)	230
Myeloproliferative Disorders	42	36 (82)	24 (67)	100
Pregnancy in Non-renal Solid Organ Transplant Recipients	103	91 (88)	69 (76)	98
Pituitary Tumours	68	55 (81)	29 (53)	92
Pulmonary Vascular Disease	87	74 (85)	30 (41)	40
Severe Maternal Sepsis*	241	139 (58)	93 (67)	184

Funding: *These studies represent independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0608-10038). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.



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