



Royal College of  
Obstetricians  
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UKOSS  
UK Obstetric Surveillance System



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NEWSLETTER 63 - March 2022

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## COVID-19 in Pregnancy – A Thank You from the Chief Scientific Advisor to the Department of Health and Social Care

At the beginning of February we shared a thank you letter with all our reporters from Professor Lucy Chappell (Chief Scientific Advisor to the Department of Health and Social Care), Professor Marian Knight (UKOSS Chief Investigator) and Mr Kim Hinshaw (Chair of the UKOSS Steering Committee). We include an excerpt here:



*We are writing to express our sincere thanks to all reporters for the dedicated and continuing support for the UKOSS COVID-19 in pregnancy study. We are very aware that the effort involved has far exceeded the usual numbers of cases for any UKOSS study, and that you have sustained reporting whilst also under significant clinical pressure [...] The information from the UKOSS study has been one of the most trusted and widely used data sources in order to help us understand the impact of the COVID pandemic on pregnant women. This is largely down to the quality of the data collected and the reach of the study, such that it is truly representative. We could not have done this without your help.*



Your reporting has facilitated **three major new papers** in the field of COVID-19 in pregnancy:

### *Management and implications of severe COVID-19 in Pregnancy - Acta Obstetrica et Gynecologica Scandinavica*

On 25th February we published new analysis of the impact of COVID-19 infection in pregnancy and the risk factors associated with severe COVID-19 infection in pregnant women. The paper shows that between 1st March 2020 and 31st October 2021, two thirds (65%) of pregnant women admitted to hospital with COVID-19 infection had mild infection, 21% had moderate infection and **14% had severe infection**. In total, **22 of the women died** (all with severe COVID-19 infection) during pregnancy, **59 babies were stillborn** and **ten infants died** in the neonatal period.

Compared with women who had mild or moderate infection, women with severe COVID-19 infection:

- Were more likely to **give birth early** (before 32 weeks of pregnancy): 22.6% vs 2.7 %
- Had a 50-fold higher risk of their birth being **induced or by caesarean** specifically due to their COVID-19 infection
- Were more likely to give birth by **pre-labour caesarean section** (76% vs 30%)
- Had a higher proportion of **stillborn babies** (3.3% vs 1.2%)
- Had a 12-fold increased risk of their babies being admitted to a **neonatal intensive care unit**, in part due to the increase in preterm birth

In addition, the paper shows that pregnant women who are 30 years old or older, overweight, of minority ethnicity, have gestational diabetes or pre-existing hypertension have a greater risk of contracting severe COVID-19. The researchers hope the findings will be used to prioritise efforts to tackle vaccine misinformation towards those at highest risk.

THIS MONTH

- UKOSS Steering Committee – 4 positions available
- New study applications welcome!
- Our studies – the latest numbers



### Severity of maternal infection and perinatal outcomes during periods in which Wildtype, Alpha and Delta SARS-CoV-2 variants were dominant – *BMJ Medicine*

Previously released as a pre-print, this paper will be published in full in *BMJ Medicine* very soon. The analysis compared the Wildtype, Alpha and Delta variants in terms of adverse events and found that pregnant women admitted during the Alpha and Delta periods were at increased risk of moderate to severe SARS-CoV-2 infection compared to the Wildtype period, but effective treatments were used in only a minority of cases. Please keep an eye on the publications page of our website as we will make the paper available as soon as it is published, as well as a visual abstract that *BMJ Medicine* have produced: [www.npeu.ox.ac.uk/ukoss/publications-ukoss](http://www.npeu.ox.ac.uk/ukoss/publications-ukoss)

### Severe COVID-19 in pregnancy is almost exclusively limited to unvaccinated women – time for policies to change – *The Lancet Regional Health Europe*

This paper, published on 26th January, found that most pregnant women admitted to critical care with COVID-19 in Europe are unvaccinated. The findings are based on data from the International Network of Obstetric Survey Systems (INOSS, which includes UKOSS), and combined data collected between May – December 2021 for six countries (the UK, Netherlands, Norway, Denmark, Finland and Italy).

Of the countries analysed in the study, **England had the second lowest vaccination** uptake in pregnant women, with only 22% having received at least one dose. Despite the UK Government making pregnant women a priority group for COVID-19 vaccination in December 2021, vaccine uptake among pregnant women remains a concern. With the Omicron variant now spreading rapidly, the research team stress that this needs to be urgently addressed, particularly as there is strong evidence that pregnant women are at a significantly higher risk of serious illness compared to non-pregnant women. In addition, severe COVID-19 increases the risk of adverse pregnancy outcomes, including preterm birth, stillbirth and pregnancy loss.



## We Welcome New Study Applications!

With our COVID-19 in Pregnancy Study drawing to a close at the end of March, we are welcoming **new study applications** as we return to 'business as usual' here at UKOSS.

We ask that all studies fulfil three or more of the following criteria:

1. The condition is an important cause of maternal or perinatal morbidity and/or mortality.
2. The condition is an uncommon disorder of pregnancy, thus inclusion within the study programme of UKOSS will not impose too great a burden on reporting clinicians [usually no more than one case per 2000 births annually in the UK (approximately 300 cases per year in total)].
3. The research questions posed by the study can be suitably addressed using the UKOSS methodology (prospective descriptive, cohort or case-control studies).
4. Other sources of information exist to enhance and/or assess completeness of data collection.

UKOSS will consider a UKOSS study component being included as part of larger multi-centre grant applications (such as NIHR grant applications) to run parallel with the other streams of work.

All applications are submitted to the UKOSS Steering Committee for approval via a two-stage application process. There is an investigator's fee of around £20,000 per study (a funder-specific costing will be undertaken) and applicants will be expected to obtain funding before the study commences.

Please see our website for further details about the application process ([www.npeu.ox.ac.uk/ukoss/research-platform/survey-applications](http://www.npeu.ox.ac.uk/ukoss/research-platform/survey-applications)) and do not hesitate to contact us if you would like to discuss an idea or you have a query: [ukoss@npeu.ox.ac.uk](mailto:ukoss@npeu.ox.ac.uk).

# Applications sought for 4 positions on the UKOSS Steering Committee: Patient and Public Involvement (PPI) Representative, Obstetrician, Obstetric Physician and Midwife

The UK Obstetric Surveillance System (UKOSS) is a joint initiative between the National Perinatal Epidemiology Unit and the Royal College of Obstetricians and Gynaecologists. The UKOSS Steering Committee currently has vacancies for four positions: **Patient and Public Involvement (PPI) Representative, Obstetrician, Obstetric Physician and Midwife.**

UKOSS was launched in February 2005 and is designed to be used to study a range of uncommon conditions in pregnancy. It is supported by the Royal College of Midwives, the Obstetric Anaesthetists Association, the NCT, the Faculty of Public Health and Public Health England. Currently, all 194 consultant-led maternity units in the UK contribute to UKOSS and the system has been extremely successful in collecting information on women with rare disorders of pregnancy (conditions with an estimated incidence of less than one in 2000 births). UKOSS facilitates the study of the incidence, management and outcomes of such conditions and thus contributes to vital improvements in maternity care. More information on UKOSS can be found at [www.npeu.ox.ac.uk/ukoss](http://www.npeu.ox.ac.uk/ukoss).

The UKOSS Steering Committee is multi-disciplinary and meets three times a year. Its main responsibilities are to consider applications for 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.

Applications for professional members will be assessed on the basis of the following criteria:

Essential:

- Evidence of contribution to UKOSS at a local level: for example, co-ordinating UKOSS reporting at a local level, returning monthly reports and completing data collection forms
- Evidence of forging links within and without one's own professional group and with wider multi-disciplinary teams
- Desirable:
- Evidence of interest in UKOSS: for example, proposing new topic areas, making study applications and/or using UKOSS data in presentations or publications
- Research, audit and confidential enquiry or clinical governance experience in obstetrics/maternity care
- Experience of committee work (local or national)

For the **Patient and Public Involvement (PPI) Representative role**, we welcome applications from anyone with recent experience of receiving maternity care and an interest in the field. If you would like to apply, please send an email to us explaining your experience and interest: [ukoss@npeu.ox.ac.uk](mailto:ukoss@npeu.ox.ac.uk). Also, if you know of someone who may be interested in this role please do let them know about the vacancy.

If you would like to apply for one of the professional member roles, please submit a two page CV and a short covering letter stating which position you are interested in and why you would like to undertake the role to UKOSS at [ukoss@npeu.ox.ac.uk](mailto:ukoss@npeu.ox.ac.uk). The deadline for applications is Monday 9th May 2022.

For an informal discussion about the positions, please contact Hatty Goddard, UKOSS Programme Manager - Maternity Cover ([harriet.goddard@npeu.ox.ac.uk](mailto:harriet.goddard@npeu.ox.ac.uk)) or Marian Knight, UKOSS Chief Investigator ([marian.knight@npeu.ox.ac.uk](mailto:marian.knight@npeu.ox.ac.uk)).

**Rhiannon D'Arcy has been a member of the Committee since 2018 and had this to say about the role:**



*I have really enjoyed my time on the UKOSS Steering Committee so far – everyone is friendly and it is a wonderful opportunity to work collaboratively with people from all over the UK. I cannot think of a single Steering Committee meeting where I have not learnt something that has improved my clinical practice or my understanding of research. In addition to this, UKOSS has generated such a wealth of information since it started and really makes a difference to the standard of care that we can provide for pregnant women. It feels incredibly rewarding to have the chance to contribute to this - I would highly recommend applying!*



# Chocolate Box

Chocolates this month go to **Chloe O'Hara and team, Birmingham Women's Hospital** for extremely efficient reporting and submission of Covid-19 in Pregnancy forms. For prompt data submission, chocolates also go to the following reporters **Maxine Saunders, St Mary's Hospital (Manchester); Declan Symington and team, Guy's and St Thomas' Hospital; Stephanie Horridge and team, Royal Preston Hospital; Hayley Forbes and team, Aneurin Bevan University Health Board; Nerea Rodal-Prieto, Hillingdon Hospital.**

During the current Omicron wave it has been incredibly challenging for reporters to submit both monthly reporting as well as reporting COVID cases. We would like to thank all hospitals for their work on this, particularly the reporters at the following hospitals who have managed to consistently report for all our studies during December 2021 and January 2022, **you are brilliant!**

Aneurin Bevan University Health Board

Antrim Hospital

Arrowe Park Hospital

Basildon Hospital

Bedford Hospital

Birmingham Heartlands Hospital

Birmingham Women's Hospital

Calderdale Royal Hospital

Causeway Hospital

City Hospital (Birmingham)

Countess of Chester Hospital

Epsom General Hospital

Forth Valley Royal Hospital

George Eliot Hospital

Good Hope Hospital

Guy's and St Thomas' Hospital

Hereford County Hospital

Hinchingbrooke Hospital

Homerton University Hospital

Hull Royal Infirmary

Ipswich Hospital

Lancashire Teaching Hospitals (Royal Preston Hospital)

Lancashire Women and Newborn Centre

Leeds General Infirmary

Leighton Hospital

Medway Maritime Hospital

Musgrove Park Hospital

New Cross Hospital

Nobles Hospital, Isle of Man

Northwick Park Hospital

Nottingham City Hospital

Peterborough City Hospital

Pilgrim Hospital

Queen Alexandra Hospital

Queen Elizabeth Hospital (Woolwich)

Queen Elizabeth the Queen Mother Hospital

Queen's Hospital (Burton)

Raigmore Hospital

Rosie Maternity Hospital

Royal Albert Edward Infirmary

Royal Alexandra Hospital

Royal Berkshire Hospital

Royal Derby Hospital

Royal Free Hospital

Royal London Hospital

Royal United Hospital

Royal Victoria Infirmary

Southend University Hospital

Southern General Hospital

St Helier Hospital

St James's University Hospital

St Mary's Hospital (Isle of Wight)

St Mary's Hospital (London)

St Mary's Hospital (Manchester)

The Great Western Hospital

The Jessop Wing

Torbay Hospital

Ulster Hospital

University Hospital of Coventry and Warwickshire

Victoria Hospital - Kirkcaldy

Warrington Hospital

Warwick Hospital

West Middlesex University Hospital

Whiston Hospital

Whittington Hospital

Wishaw General Hospital

Worthing Hospital

Wythenshawe Hospital

## Fontan and Pregnancy

Please note that data collection for our Fontan and Pregnancy Study has been extended until **31st May 2022**. If you have any queries about how to identify eligible cases for this study please do get in touch with us.

## Thrombotic Microangiopathy Associated Pregnancy Acute Kidney Injury

To assist with identification of women who meet the criteria for TMA and AKI in pregnancy cohort, it may be helpful to ask if your specialist haematology laboratory could email if there are any ADAMTS13 requests from maternity care. This will help to identify anyone with a suspected TMA, and then it will be quick to screen to see if they also have AKI. Your local haematologist should be able to advise you who to contact. If you would like to discuss this in more detail with the study investigators please do contact us and we will put you in contact with them.

## Case Report Summary for Current Studies up until End of February 2022 (excluding COVID-19 in Pregnancy)

Disorder	Actual number of reported cases	Data collection forms returned (%)	Expected number of confirmed cases
Amniotic Fluid Embolism	290	277 (96)	205
Fontan and Pregnancy	34	22 (65)	60
Antithrombin/Protein C Deficiency in Pregnancy	78	64 (82)	331
Pregnancy Following Bone Marrow Transplant	26	22 (85)	108
New Therapies for Influenza	1	1 (100)	108
Pregnancy in Women with Known Cardiomyopathy	38	23 (61)	98
Re-Exploration after Caesarean Section	141	92 (65)	198
Thrombotic Microangiopathy Associated Pregnancy Acute Kidney Injury	4	1 (25)	104



### Some gentle reminders from the UKOSS Team

- Please always **email** forms to us rather than sending by post, as the postal service is not sufficiently reliable.
- In response to the change in government policy regarding testing for COVID-19, we are now accepting women who test **positive on lateral flow test** (in the community or in hospital) and do not have a follow-up PCR test.
- Questions with **date requirements**, such as dates of admission, vaccination and discharge, are especially important in our analysis but are some of the most commonly skipped questions. Before sending a form, please check that these fields are completed and if the information is unavailable please include a comment in section 7.

Gentle  
Reminder...



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Studies are additionally funded by Borne, NIHR, OAA, Oxford Centre for Haematology and Biomedical Research Centre Haematology Theme, The Lauren Page Trust and Wellbeing of Women.

