UKOSS

UK Obstetric Surveillance System

Acute Fatty Liver of Pregnancy Study 01/05

Data Collection Form - CASE

Case Definition:

EITHER   AFLP is confirmed by biopsy or postmortem examination

OR   a clinician has made a diagnosis of AFLP with signs and symptoms consistent with AFLP present.

Please return the completed form to:

UKOSS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Fax: 01865 289701
Phone: 01865 289714

Royal College of
Obstetricians and
Gynaecologists

Case reported in: _____

npeu
National Perinatal
Epidemiology Unit

Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.

2. Please record the ID number from the front of this form against the woman's name on the Clinician's Section of the blue card retained in the UKOSS folder.

3. Fill in the form using the information available in the woman's case notes.

4. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 7.

5. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18.37

6. If codes or examples are required, some lists (not exhaustive) are included on the back page of the form.

7. If you do not know the answers to some questions, please indicate this in section 7.

8. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 7 to describe the problem.

Section 1: Woman's details

1.1 Year of birth ⬚⬚⬚⬚

1.2 Ethnic group[1]* (enter code, please see back cover for guidance) ⬚⬚

1.3 Marital status single ☐ married ☐ cohabiting ☐

1.4 Was the woman in paid employment at booking? Yes ☐ No ☐

If Yes, what is her occupation

_____

If No, what is her partner's (if any) occupation

_____

1.5 Height at booking (cm) ⬚⬚⬚

1.6 Weight at booking (kg) ⬚⬚⬚.⬚

1.7 Smoking status never ☐ gave up prior to pregnancy ☐

current ☐ gave up during pregnancy ☐

Section 2: Previous Pregnancies

2.1 Gravidity

Number of completed pregnancies beyond 24 weeks ⬚⬚

Number of pregnancies less than 24 weeks ⬚⬚

If no previous pregnancies, *please go to section 3.*

2.2 Did the woman have any previous pregnancy problems[2]* Yes ☐ No ☐

If Yes, please specify

_____

2.3 Previous history of pre-eclampsia Yes ☐ No ☐

	Pregnancy 1	Pregnancy 2
If Yes, please indicate below.		
Gestation at onset (completed weeks)	⬚⬚	⬚⬚
Gestation at delivery (completed weeks)	⬚⬚	⬚⬚
Was labour spontaneous?	Yes ☐	Yes ☐
Was delivery induced/expedited due to pre-eclampsia?	Yes ☐	Yes ☐

If more than two previous pregnancies with pre-eclampsia, please add details in section 7.

Section 3: Previous Medical History

Please indicate whether any of the following were present

3.1 Previous or pre-existing medical problems[3]* Yes ☐ No ☐

If Yes, please specify

_____

*For guidance please see back cover

Section 4a: This Pregnancy

4a.1 Final Estimated Date of Delivery (EDD)[4]* ☐☐ / ☐☐☐ / ☐☐

4a.2 Was this pregnancy a multiple pregnancy? Yes ☐ No ☐

If Yes, please specify number of fetuses ☐

4a.3 Were there problems in this pregnancy?[2]* Yes ☐ No ☐

If Yes, please specify

_____

4a.4 Was pre-eclampsia diagnosed in this pregnancy? Yes ☐ No ☐

If No, please *go to section 4b*

If Yes, please specify

Date of diagnosis ☐☐ / ☐☐ / ☐☐

Highest recorded diastolic blood pressure (mmHg) ☐☐☐

Highest recorded proteinuria dipstick ☐☐☐☐ **OR** g/24hr ☐☐ . ☐

4a.5 Treatments for pre-eclampsia (tick all that apply)

		agent	date treatment commenced
Anti-hypertensive medication	Yes ☐	☐	☐☐ / ☐☐☐ / ☐☐
		☐	☐☐ / ☐☐☐ / ☐☐
		☐	☐☐ / ☐☐☐ / ☐☐
Magnesium sulphate	Yes ☐		☐☐ / ☐☐☐ / ☐☐
Other anti-convulsant	Yes ☐	☐	☐☐ / ☐☐☐ / ☐☐
		☐	☐☐ / ☐☐☐ / ☐☐

Section 4b: Diagnosis of acute fatty liver

4b.1 Date and time of diagnosis ☐☐ / ☐☐☐ / ☐☐ ☐☐ : ☐☐

4b.2 Please indicate if any of the following features were present around the time of diagnosis (tick all that apply)

Vomiting ☐

Abdominal pain ☐

Polydipsia/polyuria ☐

Encephalopathy ☐

Section 4c: Laboratory tests

4c.1 Please indicate whether the following conditions were excluded

Hepatitis A Yes ☐ No ☐

Hepatitis B Yes ☐ No ☐

Paracetamol overdose Yes ☐ No ☐

4c.2 Please record the blood levels of the following at diagnosis and at their *minimum* level

Marker	Level at diagnosis	Lowest recorded level	Date lowest level was recorded
Platelet count (x10^9/L)	☐☐☐	☐☐☐	☐☐ / ☐☐☐ / ☐☐
Glucose (mmol/L)	☐☐ . ☐	☐☐ . ☐	☐☐ / ☐☐☐ / ☐☐

*For guidance please see back cover

4c.3 Please record the blood levels of the following at diagnosis and at their *maximum* level

Marker	Level at diagnosis	Highest recorded level	Date highest level was recorded
Total Bilirubin (µmol/l)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Aspartate Aminotransferase (AST) (iu/l)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Alanine Aminotransferase (ALT) (iu/l)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Gamma Glutamyl Transpeptidase (γGT) (iu/l)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Lactate Dehydrogenase (LD) (µmol)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Urate (µmol)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Creatinine (µmol/l)	☐☐☐☐	☐☐☐☐	☐☐ / ☐☐ / ☐☐
Ammonia (µmol)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
White Cell Count (x10^9/l)	☐☐.☐	☐☐.☐	☐☐ / ☐☐ / ☐☐
Prothrombin time (PT) (sec)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐
Activated partial thromboplastin time (APTT) (sec)	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐

4c.4 Did this woman have an abdominal ultrasound scan? Yes ☐ No ☐

    If Yes, please specify date of scan ☐☐ / ☐☐ / ☐☐

    Was ascites or bright liver seen? Yes ☐ No ☐

4c.5 Did this woman have a liver biopsy? Yes ☐ No ☐

    If Yes, please specify date of biopsy ☐☐ / ☐☐ / ☐☐

    Did the biopsy show microvesicular steatosis? Yes ☐ No ☐

Section 5: Delivery

5.1 Was delivery induced? Yes ☐ No ☐

    If Yes, please state indication _____

5.2 Did the woman labour? Yes ☐ No ☐

5.3 Was delivery by caesarean section? Yes ☐ No ☐

    If Yes, please state whether elective ☐ **OR** emergency ☐

    and give indication for caesarean section _____

    Method of anaesthesia regional ☐ **OR** general anaesthetic ☐

Section 6: Outcomes
Section 6a: Woman

6a.1 Was the woman admitted to ITU/HDU? Yes ☐ No ☐

    If Yes, duration of stay (days) ☐☐

    Or Tick if woman is still in ITU/HDU ☐

    Or Tick if woman was transferred to another hospital ☐

6a.2 Was the woman admitted to a liver unit Yes ☐ No ☐

If Yes, duration of stay (days) ☐☐

Or Tick if woman is still in liver unit ☐

Or Tick if woman was transferred to another hospital ☐

6a.3 Did the woman receive a liver transplant Yes ☐ No ☐

If Yes, please specify date of transplant ☐☐/☐☐/☐☐

6a.4 Did any other major maternal morbidity occur?[5]* Yes ☐ No ☐

If Yes, please specify _____

6a.5 Did the woman die? Yes ☐ No ☐

If Yes, please specify date of death ☐☐/☐☐/☐☐

What was the primary cause of death as stated on the death certificate?

_____

Was a post mortem examination undertaken? Yes ☐ No ☐

If Yes, did the examination confirm the diagnosis? Yes ☐ No ☐

Section 6b: Infant 1

NB: **If more than one infant**, for each additional infant, please photocopy the infant section of the form (**before filling it in**) and attach extra sheet(s) or download additional forms from the website: www.npeu.ox.ac.uk/ukoss

6b.1 Date and time of delivery ☐☐/☐☐/☐☐ ☐☐:☐☐

6b.2 Mode of delivery

spontaneous vaginal ☐ ventouse ☐ lift-out forceps ☐ rotational forceps ☐

breech ☐ pre-labour caesarean section ☐ caesarean section after onset of labour ☐

6b.3 Birthweight (g) ☐☐☐☐

6b.4 Was the infant stillborn? Yes ☐ No ☐

If Yes, *go to section 7*

6b.5 5 min Apgar ☐☐

6b.6 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

If Yes, duration of stay (days) ☐☐

Or Tick if infant is still in NICU/SBCU ☐

Or Tick if infant was transferred to another hospital ☐

6b.7 Did any major infant complications occur?[6]* Yes ☐ No ☐

If Yes, please specify _____

6b.8 Did this infant die? Yes ☐ No ☐

If Yes, please specify date of death ☐☐/☐☐/☐☐

What was the primary cause of death as stated on the death certificate?

(please state if not known) _____

*For guidance please see back cover

Section 7

Please use this space to enter any other information you feel may be important

_____
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Section 8:

Name of person completing the form _____

Designation _____

Today's date ☐☐ / ☐☐ / ☐☐

You may find it useful in the case of queries to keep a copy of this form.

If you are unable to make a copy please tick the box ☐

Definitions

1. UK Census Coding for ethnic group
WHITE
- 01. British
- 02. Irish
- 03. Any other white background

MIXED
- 04. White and black Caribbean
- 05. White and black African
- 06. White and Asian
- 07. Any other mixed background

ASIAN OR ASIAN BRITISH
- 08. Indian
- 09. Pakistani
- 10. Bangladeshi
- 11. Any other Asian background

BLACK OR BLACK BRITISH
- 12. Caribbean
- 13. African
- 14. Any other black background

CHINESE OR OTHER ETHNIC GROUP
- 15. Chinese
- 16. Any other ethnic group

2. Previous or current pregnancy problems, including:
3 or more miscarriages
Amniocentesis
Baby with a major congenital abnormality
Gestational diabetes
Haemorrhage
Hyperemesis requiring admission
Infant requiring intensive care
Neonatal death
Placenta praevia
Placental abruption
Post-partum haemorrhage requiring transfusion
Pre-eclampsia (hypertension and proteinuria)
Premature rupture of membranes
Preterm birth or mid trimester loss
Puerperal psychosis
Thrombotic event
Severe infection e.g. pyelonephritis
Stillbirth
Surgical procedure in pregnancy

3. Previous or pre-existing maternal medical problems, including:
Cardiac disease (congenital or acquired)
Diabetes
Epilepsy
Endocrine disorders e.g. hypo or hyperthyroidism
Essential hypertension
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Psychiatric disorders
Renal disease

4. Estimated date of delivery (EDD):
Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

5. Major maternal medical complications, including:
Adult respiratory distress syndrome
Cardiac arrest
Cerebrovascular accident
Disseminated intravascular coagulopathy
HELLP
Mendelson's syndrome
Persistent vegetative state
Renal failure
Required ventilation
Septicaemia
Thrombotic event

6. Infant complications, including:
Chronic lung disease
Exchange transfusion
Intraventricular haemorrhage
Jaundice requiring phototherapy
Major congenital anomaly
Necrotising enterocolitis
Neonatal encephalopathy
Respiratory distress syndrome
Severe infection e.g. septicaemia, meningitis