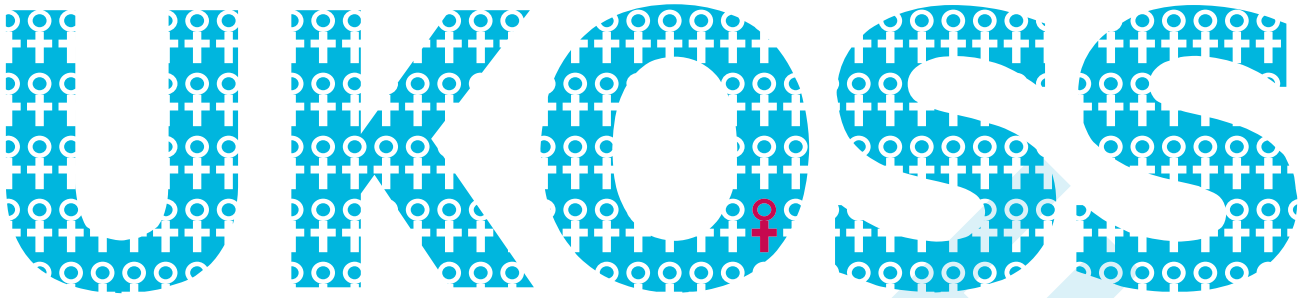


ID Number:



UK Obstetric Surveillance System

Cardiac Arrest in Pregnancy Study (CAPS) Study 04/10

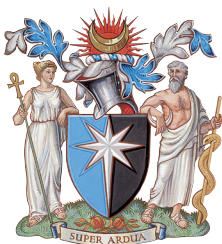
Data Collection Form - CASE

Please report any woman delivering on or after 1st July 2011 and before 1st July 2014.

Case Definition:

Please report any woman who has received immediate basic life support (BLS) (i.e. chest compressions and usually, ventilation breaths) at any time in pregnancy, up to the point of delivery of the baby.

Note that women requiring ventilatory support only, are NOT included.



Royal College of
Obstetricians and
Gynaecologists

Please return the completed form to:

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

Fax: 01865 617775
Phone: 01865 289714

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 the woman has not yet delivered, please complete the form as far as you are able, excluding delivery and outcome information, and return to the UKOSS Administrator. We will send these sections again for you to complete two weeks after the woman's expected date of delivery.
- 8. If you do not know the answers to some questions, please indicate this in section 7.**
9. 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 Obstetric History

- 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: _____

Section 3: Previous Medical History

- 3.1 Does the woman have a history of pre-disposing factors for heart disease?^{3*}** Yes No
If Yes, please specify: _____
- 3.2 Does the woman have a history of a previous cardiac arrest?** Yes No
If Yes, please specify date: / /
And record cause if known: _____
- 3.3 Does the woman have a history of recreational/illegal drug use?** Yes No
If Yes, please specify drug/s used: _____
Record time and date of last known intake / / :
OR Tick if not known
- 3.4 Does the woman have any other previous or pre-existing medical problems?^{4*}** Yes No
If Yes, please specify: _____

Section 4: This Pregnancy

Section 4a:

4a.1 Final Estimated Date of Delivery (EDD)^{5*} / /

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

If Yes, please specify number of fetuses:

4a.3 Was pregnancy induced hypertension or pre-eclampsia diagnosed in this pregnancy? Yes No

4a.4 Were there any other problems in this pregnancy? Yes No

If Yes, please specify: _____

4a.5 Was tocolytic therapy used at any point in this pregnancy? Yes No

If Yes, please specify agent used and date first used :

Agent	Date
_____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Section 4b: Cardiac Arrest in Pregnancy

4b.1 Where was the woman when she collapsed? _____

Was this outside hospital? Yes No

If Yes, what time did the paramedic arrive? :

4b.2 Was the arrest witnessed? Yes No

4b.3 Was the woman in established labour (>4cm dilated)? Yes No

4b.4 Were there any obvious pre-arrest events?^{6*} Yes No Not known

If Yes, please specify: _____

4b.5 What was felt to be the most likely cause of the cardiac arrest?

Section 4c: Resuscitation

4c.1 Date and time cardiac arrest was diagnosed: / / : :

4c.2 Please give times of the following or tick if not done:

Time Basic Life Support (cardiac compressions) started : Not done

Time Advanced Life Support started (ECG monitor first applied) : Not done

Time woman was intubated : Not done

4c.3 What type of defibrillator was used? AED Manual Not used

If AED, was rhythm: Shockable Non-shockable

If manual, was rhythm identified? Yes No

If Yes, please specify the rhythm _____

4c.4 Were shocks given? Yes No

4c.5 Did the rhythm change during resuscitation? Yes No

4c.6 Where any additional interventions undertaken?* Yes No

If Yes, please specify: _____

4c.7 Were any of the following medications administered? Yes No

If Yes, please specify:

- Epinephrine
- Amiodarone
- Atropine
- Calcium
- Sodium Bicarbonate
- Potassium
- Thrombolysis
- Antiarrhythmics (e.g. beta blockers)
- Intralipid

Section 5: Peri-arrest (peri-mortem) Caesarean Section

Please record the events surrounding Peri-arrest (peri-mortem) Caesarean Section (PMCS) (delivery after 20 weeks' gestation only)

5.1 Was a peri-arrest (peri-mortem) caesarean section (PMCS) performed? Yes No

If No, please state why not, then go to section 6. _____

5.2 Was the PMCS performed at the place of collapse? Yes No

If No, where was the PMCS performed? _____

Why was the woman moved? _____

5.3 How was aortocaval compression reduced? Not done Tilt of pelvis

Manual displacement of uterus Not documented

5.4 Who made the decision to perform PMCS? Specialty _____

Grade _____

5.5 What time was the decision to perform PMCS made? :

Was this more than 5 minutes after the arrest? Yes No

If Yes, why was there a delay? _____

5.6 Who performed the operation? Specialty _____

Grade _____

5.7 Was CPR continued throughout the PMCS? Yes No

If No, please state why not: _____

5.8 Were aseptic precautions taken?* Yes No

If Yes, please specify: _____

5.9 Is there a scalpel on the arrest trolley for PMCS? Yes No

*For guidance please see back cover

5.10 What surgical incision was used to enter the abdomen? _____

5.11 What surgical incision was used to enter the uterus? _____

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman's cardiac output restored? Yes No

If Yes, what time was cardiac output restored? hh : mm

If No, what time was resuscitation abandoned? hh : mm

6a.2 Was the woman admitted to ITU (level 3) care? Yes No

If Yes, please specify:

Date of admission: DD / MM / YY

Duration of stay: days

OR Tick if woman is still in ITU (level 3) care:

OR Tick if woman was transferred to another hospital:

6a.3 Was the woman admitted to a coronary care unit? Yes No

If Yes, please specify:

Date of admission: DD / MM / YY

Duration of stay: days

OR Tick if woman is still in coronary care unit:

OR Tick if woman was transferred to another hospital for coronary care:

6a.4 Did any other major maternal morbidity occur?^{9*} Yes No

If Yes, please specify: _____

6a.5 Did the woman die? Yes No

If No, what was the total duration of hospital stay post arrest? days

If Yes, please specify date and time of death: DD / MM / YY hh : mm

What was the primary cause of death as stated on the death certificate?
(Please state if not known.) _____

Was a post-mortem performed? Yes No

If Yes, please specify main findings: _____

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: DD / MM / YY hh : mm

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 Sex of infant: Male Female Indeterminate

6b.5 Was the infant stillborn? Yes No

If Yes, was fetus known to be dead before delivery? Yes No

If infant was stillborn, please go to section 7.

6b.6 5 min Apgar

6b.7 Were cord gases measured? Yes No

If Yes, please record cord gas results:

	Arterial	Venous
pH	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
Base Excess	- <input type="text"/> . <input type="text"/> <input type="text"/>	- <input type="text"/> . <input type="text"/> <input type="text"/>

6b.8 Was the infant admitted to the neonatal unit? Yes No

If Yes, please give duration of stay: days

6b.9 Did any other major infant complications occur?^{10*} Yes No

If Yes, please specify: _____

6b.10 Did this infant die? Yes No

If Yes, please specify date and time of death / / :

What was the primary cause of death as stated on the death certificate?
(Please state if not known) _____

Section 7:

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

Section 8:

8.1 Name of person completing the form: _____

8.2 Designation: _____

8.3 Today's date: / /

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

*For guidance please see back cover

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:

Thrombotic event
Amniotic fluid embolism
Eclampsia
3 or more miscarriages
Preterm birth or mid trimester loss
Neonatal death
Stillbirth
Baby with a major congenital abnormality
Small for gestational age (SGA) infant
Large for gestational age (LGA) infant
Infant requiring intensive care
Puerperal psychosis
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

3. Other risk factors for heart disease:

Essential hypertension
Known ischaemic heart disease
Congenital heart disease
Previous cardiac surgery
Previous myocardial infarction
Cardiomyopathy
Presence of Permanent Pacemaker
Known reduction in ventricular function
Low levels of HDL cholesterol
High levels of LDL cholesterol
Cocaine use
Valvular heart disease
Vasculitis
Ischaemic heart disease in first degree relative
Diabetes
Bromocriptine/cabergoline use
Family history of sudden cardiac death
History of arrhythmia
Personal or family history of hypertrophic obstructive cardiomyopathy (HOCM)
Family history of inherited arrhythmia e.g. long QT syndrome
Marfan syndrome
Turner's Syndrome

4. Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. hypo or hyperthyroidism
Psychiatric disorders
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Autoimmune diseases
Cancer
HIV
Respiratory disease e.g. severe asthma, COPD

5. Estimated date of delivery (EDD):

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

6. Pre-arrest events (please consider 4Hs, 4Ts and subsequent detail), for example:

Trauma, please specify e.g. RTA, domestic violence, self harm
Major genital tract bleeding
Tension pneumothorax
Anaphylaxis
Drug administration, please specify e.g. overdose, drug reaction
Cardiac tamponade
Eclampsia
Status epilepticus
Pulmonary Embolus
Amniotic Embolus
Aortic dissection
Hypovolaemia e.g. Abruption
Cerebrovascular accident
Hypoxaemia of any cause e.g. acute severe asthma, infection/ARDS/ failed airway management
Metabolic e.g. hypo/hyperkalaemia, hypoglycaemia

7. Additional interventions at time of cardiac arrest (Treatment of Hs and Ts)

Arterial Blood Gas (ABG)
Active temperature control
Pericardiocentesis
Needle thoracocentesis
Insertion of formal chest drain
Pulmonary embolectomy performed

8. Aseptic precautions at PMCS

Full surgical scrub
Sterile gown
Sterile gloves
Skin preparation
Sterile drapes
Antibiotics

9. Major maternal medical complications, including:

Persistent vegetative state
Repeat cardiac arrest
Cerebrovascular accident
Adult respiratory distress syndrome
Disseminated intravascular coagulopathy
HELLP
Pulmonary oedema
Mendleson's syndrome
Renal failure
Thrombotic event
Septicaemia

10. Fetal / Infant complications, including:

Respiratory distress syndrome
Intraventricular haemorrhage
Necrotising enterocolitis
Neonatal encephalopathy
Chronic lung disease
Severe jaundice requiring phototherapy
Major congenital anomaly
Severe infection e.g. septicaemia, meningitis
Exchange transfusion