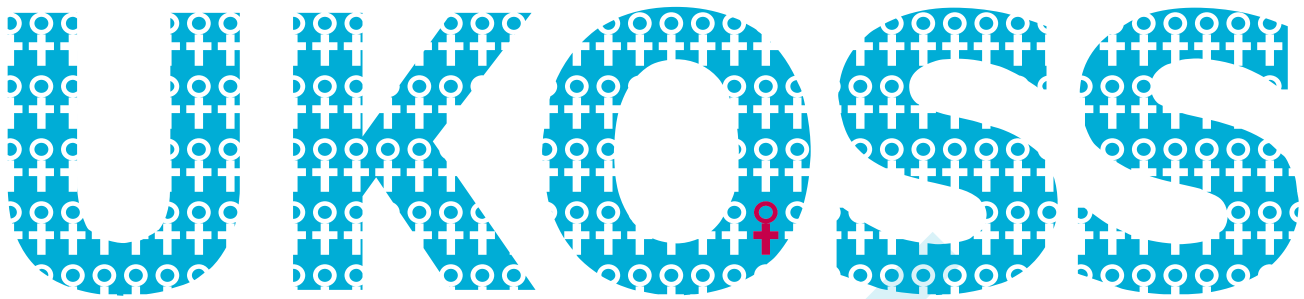
ID Number:



UK Obstetric Surveillance System

Extreme Obesity Study 03/07

Data Collection Form - CASE

Please report all women delivering after 1st September 2007 and before 1st November 2008

Case Definition:

EITHER any woman weighing over 140Kg at any point during pregnancy

OR any woman with a Body Mass Index (BMI) greater than 50 at any point during pregnancy

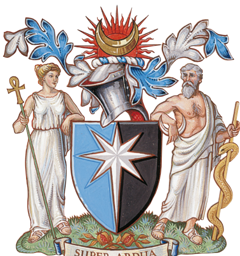
OR any woman estimated to be in either of the previous categories but whose weight exceeds the capacity of hospital scales.

SAMPLE CASE

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

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

1. 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.
2. Fill in the form using the information available in the woman's case notes.
3. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 7.
4. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18.37
5. If codes or examples are required, some lists (not exhaustive) are included on the back page of the form.
6. 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.
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.

SAMPLE CASE

Section 1: Woman's details

1.1 Year of birth ☐☐☐☐ (YYYY)

1.2 Ethnic group[1]* ☐☐

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 Maximum recorded weight *(kg)* ☐☐☐.☐

Date weight recorded DD/MM/YY

1.7 Is the woman now too heavy for hospital scales? Yes ☐ No ☐

1.8 Body Mass Index (BMI) ☐☐☐.☐

OR tick if not calculated ☐

1.9 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 pregnancy losses less than 24 weeks ☐☐

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

If the woman has had previous pregnancies *please indicate whether any of the following were present*:

2.2 Pregnancy problems[2*] Yes ☐ No ☐

If Yes, please specify ____________________

2.3 What was the maximum weight in immediately preceding pregnancy? ☐☐☐.☐

OR tick if not known ☐

Section 3: Previous Medical History

Please indicate whether any of the following were present prior to current pregnancy:

3.1 Diabetes mellitus Yes ☐ No ☐

If Yes, is this insulin dependent? Yes ☐ No ☐

3.2 Essential hypertension requiring treatment Yes ☐ No ☐

3.3 Previous abdominal surgery Yes ☐ No ☐

If Yes, please specify ____________________

3.4 Sub-fertility or problems with conception Yes ☐ No ☐

3.5 Other previous or pre-existing medical problems[3*] Yes ☐ No ☐

If Yes, please specify ____________________

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery *(EDD)*[4*] D D / M M / Y Y

4.2 Was antenatal care undertaken in the usual hospital for this woman's area of residence? Yes ☐ No ☐

If No, please indicate below reasons for care at a different hospital *(tick all that apply)*

Referred to a tertiary centre because of underlying medical condition ☐

Patient preference ☐

Other ☐

If Other, please specify ____________________

4.3 Date of first booking visit D D / M M / Y Y

4.4 Was this pregnancy a multiple pregnancy? Yes ☐ No ☐

If Yes, specify number of fetuses ☐

*For guidance please see back cover

SAMPLE CASE

4.5 Did the woman receive any antenatal thromboprophylaxis in this pregnancy? Yes ☐ No ☐

If Yes, please specify

- TED stockings ☐
- Antiplatelet agent (e.g. aspirin) ☐
- Low molecular weight heparin ☐
- Unfractionated heparin ☐
- Warfarin ☐
- Other ☐

If Other, please specify ______________________

4.6 Did the woman have a thrombotic event in this pregnancy? (e.g. DVT/PE) Yes ☐ No ☐

If Yes, please specify ______________________

4.7 Did the woman develop gestational diabetes in this pregnancy? Yes ☐ No ☐

If Yes, was she managed with *(please tick)*

- Diet alone ☐
- Oral hypoglycaemic agents ☐
- Insulin ☐

4.8 Did the woman develop any hypertensive disorder in this pregnancy? Yes ☐ No ☐

If Yes please specify

- Pregnancy induced hypertension ☐
- Pre-eclampsia (hypertension and proteinuria) ☐
- Eclampsia ☐
- Other ☐

If Other, please specify ______________________

4.9 Were there other problems in this pregnancy?[2*] Yes ☐ No ☐

If Yes, please specify ______________________

4.10 How many scans were undertaken during pregnancy? ☐☐

4.11 Were there any difficulties reported with undertaking detailed scans? Yes ☐ No ☐

4.12 Please indicate which of the following specialists were involved in the care of the woman during pregnancy

		Date first consulted
Dietician	Yes ☐ No ☐	DD/MM/YY
Consultant Obstetrician	Yes ☐ No ☐	DD/MM/YY
Fetal-maternal medicine specialist	Yes ☐ No ☐	DD/MM/YY
Obstetric anaesthetist	Yes ☐ No ☐	DD/MM/YY
Obstetric Physician	Yes ☐ No ☐	DD/MM/YY
Other	Yes ☐ No ☐	DD/MM/YY
If Other, please specify	______________________	

SAMPLE CASE

*For guidance please see back cover

Section 5: This Delivery

5.1 Is this woman still undelivered? Yes ☐ No ☐

If Yes, will she be delivered at your hospital? Yes ☐ No ☐

If No, please indicate name of delivery hospital, then *go to section 7*

____

If No, please continue

5.2 Was delivery induced? Yes ☐ No ☐

If Yes, was prostaglandin used? Yes ☐ No ☐

5.3 Did the woman labour? Yes ☐ No ☐

If Yes:

Please state time and date of diagnosis of labour h h : m m (24hr) D D / M M / Y Y

Did the woman receive syntocinon? Yes ☐ No ☐

Duration of syntocinon h h : m m

Was a scalp electrode applied? Yes ☐ No ☐

5.4 Was delivery by caesarean section? Yes ☐ No ☐

If Yes:

Please state whether elective ☐ or emergency ☐

Please state grade of urgency[5]* ☐

and give indication for caesarean section ______________________________

Grade of operator ______________________________

Did the woman have a documented post-operative wound infection or other operative complication? Yes ☐ No ☐

If Yes, please specify:

nature of complication ______________________________

____

length of consequent hospital stay (days) ☐☐

5.5 Please indicate in the table below the analgesia/ anaesthesia methods which were attempted for labour and delivery *(tick all that apply)*

	In labour	For caesarean	Successful	Problems/ Failure
Entonox	☐	☐		
Opiates	☐	☐		
Epidural†	☐	☐	☐	☐
Spinal	☐	☐	☐	☐
CSE	☐	☐	☐	
General anaesthetic *(GA)*		☐	☐	☐

†If an epidural was used, please indicate date and time epidural was inserted.

D D / M M / Y Y h h : m m (24hr)

*For guidance please see back cover

SAMPLE CASE

5.6 Please indicate below what high weight capacity equipment was available for labour and delivery *(tick all that apply)*

	Available as standard	Available by special arrangement	Not available
Bed	☐	☐	☐
Operating table	☐	☐	☐
Hoist	☐	☐	☐
Chair	☐	☐	☐
Other	☐	☐	☐
If Other, please specify	________________		

5.7 Was equipment made available by special arrangement? Yes ☐ No ☐

If Yes, please give date arrangements were first made D D / M M / Y Y

5.8 Was shoulder dystocia documented? Yes ☐ No ☐

If Yes, please describe what management techniques were used

____

____

5.9 Were thromboprophylactic measures used after delivery? Yes ☐ No ☐

If Yes, please specify TED stockings ☐ Antiplatelet agent (e.g. aspirin) ☐

Low molecular weight heparin ☐ Unfractionated heparin ☐ Warfarin ☐ Other ☐

If Other, please specify ________________

If Low molecular weight heparin was used please specify

Agent	Dose	Schedule *(eg. bd)*

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 Did any major maternal morbidity occur[6]*? Yes ☐ No ☐

If Yes, please specify ________________

6a.3 Did the woman die? Yes ☐ No ☐

If Yes, please specify date of death D D / M M / Y Y

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

____

*For guidance please see back cover

SAMPLE CASE

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 D D / M M / Y Y h h : m m (24hr)

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, please *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/SCBU ☐

Or Tick if infant was transferred to another hospital ☐

6b.7 Did the infant have any major congenital anomaly? Yes ☐ No ☐

If Yes, please specify ______________________________

6b.8 Did any other major infant complications occur?[7]* Yes ☐ No ☐

If Yes, please specify ______________________________

6b.9 Did this infant die? Yes ☐ No ☐

If Yes, please specify date of death D D / M M / Y Y

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

____

Section 7

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

____
____
____
____
____
____

Section 8

Name of person completing the form ______________________________

Designation ______________________________

Today's date D D / M M / Y Y

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

SAMPLE CASE

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. Current or previous pregnancy problems, including:

Pre-eclampsia (hypertension and proteinuria)
Eclampsia
Thrombotic event
Amniotic fluid embolism
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

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

Essential hypertension
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
Polycystic ovary syndrome
Epilepsy
Diabetes
Autoimmune diseases
Cancer
HIV

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. RCA/RCOG/CEMACH/CNST Classification for urgency of caesarean section:

1. Immediate threat to life of woman or fetus
2. Maternal or fetal compromise which is not immediately life-threatening
3. Needing early delivery but no maternal or fetal compromise
4. At a time to suit the woman and maternity team

6. Major maternal medical complications, including:

Persistent vegetative state
Cardiac arrest
Cerebrovascular accident
Adult respiratory distress syndrome
Disseminated intravascular coagulopathy
Pulmonary oedema
Mendleson's syndrome
Renal failure
Thrombotic event
Septicaemia
Required ventilation

7. Fetal/infant complications, including:

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

SAMPLE CASE