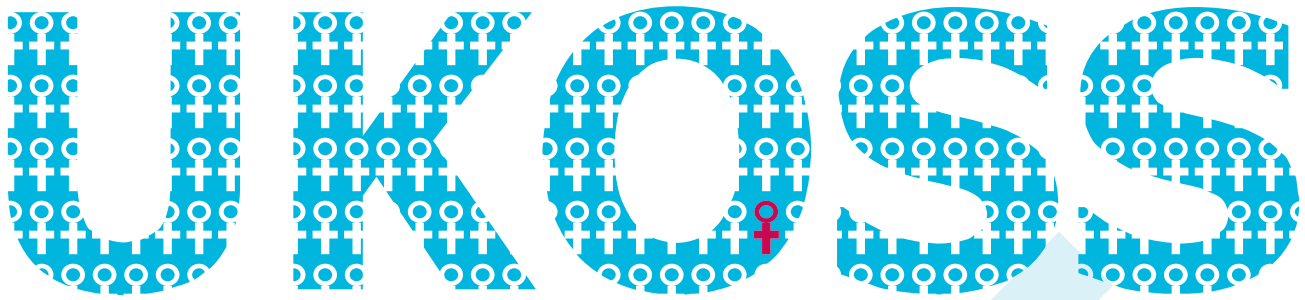


ID Number:



UK Obstetric Surveillance System

Impacted fetal head at caesarean section

Study 02/19

Data Collection Form - CASE

Please report any woman delivering on or after the 01/03/19 and before 31/08/19

Case Definition:

Any woman with a singleton fetus in cephalic presentation who had an emergency caesarean section during the second stage of labour (i.e. when the cervix was fully dilated) in whom delivery required tocolysis or a technique to assist delivery of the fetal head (prophylactically or as a result of difficulty with delivery) or where the operating surgeon deemed there to be 'difficulty' in delivering the fetal head.



Royal College of
Obstetricians
and Gynaecologists

Bringing to life the best
in women's health care

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

Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Fill in the form using the information available in the woman's case notes.
3. If the woman has received secondary mental health care (prior to or during her current pregnancy) please consult with the woman's most recent psychiatric team to complete this form. If you are unable to contact a psychiatrist involved in the woman's care please contact the UKOSS administrator and provide details of the mental health team she was receiving care from.
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 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.
9. If you do not know the answers to some questions, please indicate this in section 7.
10. If you encounter any problems with completing the form please contact the UKOSS coordinator or use the space in section 10 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 Height at booking: cm
- 1.4 Weight at booking: . kg
- 1.5 What is the woman's smoking status?
Never Current Gave up prior to pregnancy 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 Has the woman had any previous vaginal deliveries? Yes No
If Yes, how many?
- 2.3 Has the woman had any previous Caesarean sections? Yes No
If Yes, how many?
- 2.4 Did the woman have any other previous pregnancy problems?^{2*} Yes No
If Yes, please specify: _____

Section 3: Previous Medical History

- 3.1 Did the woman have any other pre-existing medical problems?^{3*} Yes No
If Yes, please give details: _____

Section 4: This Pregnancy

- 4.1 Final Estimated Date of Delivery (EDD):^{4*} / /
- 4.2 Was this a multiple pregnancy? Yes No
If Yes, please specify number of fetuses:
- 4.3 Were there problems in this pregnancy antenatally?^{2*} Yes No
If Yes, please specify: _____

Section 5: Delivery

5.1 Was delivery induced? Yes No

If Yes, please state indication: _____

Was vaginal prostaglandin used? Yes No

5.2 Did the woman labour? Yes No

If Yes, what time and date did labour start? DD / MM / YY hh : mm

What time and date was second stage diagnosed? DD / MM / YY hh : mm

Did the woman receive syntocinon during labour? Yes No

If Yes, how long was the syntocinon used for? hh : mm

5.3 Was delivery by caesarean section? Yes No

If No, this is not a case so therefore please continue to Section 8

If Yes, please state: _____

Grade of urgency:^{5*} _____

Indication for caesarean section: _____

Method of anaesthesia: Regional General anaesthetic

What was the time and date of the uterine incision? DD / MM / YY hh : mm

5.4 Which of the following techniques were adopted to deliver the baby?

Please indicate whether used prophylactically or for treatment of an impacted head.

Technique	Was this technique used?			If used, please give order of use (1,2,3 etc)
Push technique (the head is flexed and pushed upwards through the vagina by an assistant)	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Reverse breech extraction (pull) technique: the fetus is delivered feet first	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Patwardhan method: the fetal shoulders are delivered first	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Fetal pillow	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Head down tilt of the operating table	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Administration of tocolytic agents to the mother	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Tydeman tube	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Tocolysis	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Uterine incision extension	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	Prophylactic <input type="checkbox"/>	Treatment <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

If tocolysis was used, what drug was used and what time was it first given?
 _____ hh : mm

5.5 What was the grade of the main operator performing the caesarean section?

ST3-5 ST6-7 Consultant SAS doctor Other

If Other, please specify: _____

5.6 Was there a more senior doctor supervising in theatre? ST6-7 Consultant None

5.7 Did the main operator fail to deliver the head? Yes No

If Yes, what was the grade of the operator who delivered the baby?

ST3-5 ST6-7 Consultant SAS doctor Other

5.8 Was there a prior attempt at instrumental delivery? Yes No

If Yes, which instrument(s) was used? (please tick all that apply) Ventouse Forceps

Was rotation of the fetal head attempted? Yes No

If Yes, with which of the following? (please tick all that apply)

Ventouse Forceps Manual rotation

What was the grade of the main operator performing the instrumental?

ST3-5 ST6-7 Consultant SAS doctor Other

5.9 What was the station of the head (relative to the ischial spines) on the examination prior to delivery?

Above spines 0 to +2 below +3 to +4 Outlet

5.10 What was the position of the fetal head on examination prior to delivery?

OA OP OT Brow Not known

Section 6: Outcomes

Section 6a: Woman

6a.1 Did the woman require critical care? (please tick all that apply)

Level 2 Level 3 No

6a.2 Did the woman have any of the following? (please tick all that apply)

Bladder injury Bowel injury Ureteric injury

Extension of uterine incision Sepsis PPH>1000ml None

If she had a PPH>1000ml, please specify estimated total blood loss mls

6a.3 Did any other major maternal morbidity occur?^{6*} Yes No

If Yes, please specify: _____

6a.4 Did the woman 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 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:

/ / : 24hr

6b.2 Birthweight:

g

6b.3 Sex of infant:

Male Female Indeterminate

6b.4 Was the infant stillborn?

Yes No

If Yes, please go to Section 7

6b.5 Apgar

5 min 10 min

6b.6 Cord pH

Arterial . Venous .

Base excess

Arterial . Venous .

6b.7 Was the infant admitted to the neonatal unit?

Yes No

If Yes, duration of stay (days)

6b.8 Did the infant have any of the following? (please tick all that apply)

Yes No

Fractured skull Fractured clavicle Fractured long bone Brachial plexus injury

Neonatal intracranial haemorrhage Moderate HIE Severe HIE Cooling None

6b.9 Did any other major infant complications occur?^{7*}

Yes No

If Yes, please specify _____

6b.10 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) _____

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:

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
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion

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

Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. diabetes, 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

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
HELLP
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
Major congenital anomaly
Severe infection e.g. septicaemia, meningitis