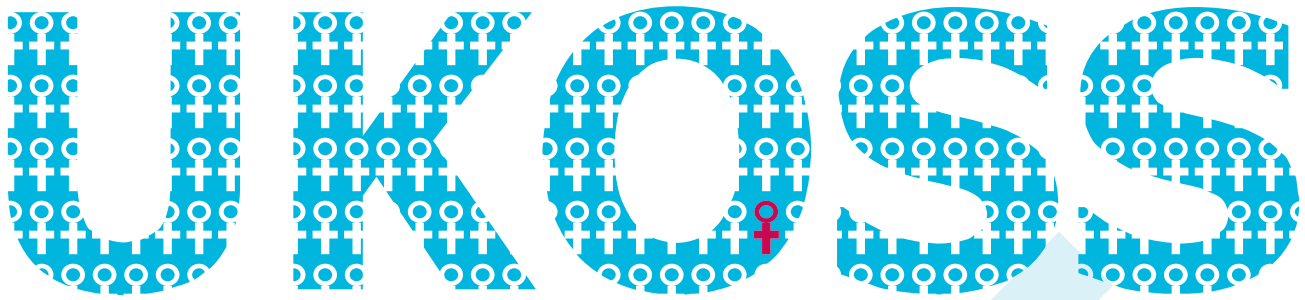


ID Number:



UK Obstetric Surveillance System

## Near-Miss Suicide in Pregnancy Study

### Study 01/18

#### Data Collection Form - CASE

#### Case Definition:

Please report any woman with **self-inflicted injury or poisoning** during pregnancy, requiring an admission to a general hospital for:

**EITHER:** Level 2 critical care<sup>3\*</sup>

**OR:** Level 3 critical care<sup>3\*</sup>

**OR:** A liver unit

### 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 10
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 10
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 10.**
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.



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**

## Section 1: Woman's details

- 1.1 Year of birth:
- 1.2 Ethnic group:<sup>1\*</sup> (enter code, please see back cover for guidance)
- 1.3 Was the woman born in the UK? Yes  No   
If No, please specify the country of birth: \_\_\_\_\_
- 1.4 Was the woman a refugee/asylum seeker/internally displaced? Yes  No  Don't know
- 1.5 Was the woman living with partner at booking? Yes  No  Don't know
- 1.6 Was the woman in paid employment at booking? Yes  No   
If Yes, what is her occupation: \_\_\_\_\_
- 1.7 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 Number of previous pregnancies beyond 24 weeks:
- 2.2 Number of previous pregnancies less than 24 weeks:    
If no previous pregnancies, please go to section 3
- 2.3 Does the woman have any previous children in Local Authority Care (i.e. children's home or foster care)? Yes  No  Don't know

## Section 3: Current Pregnancy

- 3.1 Final Estimated Date of Delivery (EDD)?<sup>2\*</sup>   /   /
- 3.2 Was this pregnancy a multiple pregnancy? Yes  No   
If Yes, specify number of fetuses
- 3.3 Did the woman have any pregnancy complications prior to the near miss suicide? Yes  No   
If Yes, please specify: \_\_\_\_\_
- 3.4 What date did the woman attend her booking appointment?   /   /
- 3.5 Did the woman miss any scheduled antenatal appointments? Yes  No   
If Yes, how many antenatal appointments did the woman miss?
- 3.6 Did the woman use alcohol at the start of pregnancy? Yes  No  Don't know   
If Yes, please specify the average number of units consumed per week?
- 3.7 Was the woman using illicit (non-prescribed) drugs at the start of pregnancy? Yes  No  Don't know

## Section 4: Lifetime Psychosocial History

- 4.1 Does the woman have a record of mental illness at any time prior to her current pregnancy? Yes  No  Don't know

If No, please go to section 5

If Yes, please provide details of her most recent psychiatric diagnoses prior to her current pregnancy (Please tick all that apply during the preceding 12 months)

- Schizophrenia and other delusional disorder  Anxiety/phobia/panic disorder/OCD   
Autism spectrum/ Asperger's  Alcohol dependence/misuse   
Drug dependence/misuse  Bipolar affective disorder  Somatisation disorder   
Attention deficit hyperactivity disorder  Adjustment disorder  Drug-induced psychosis   
Depressive illness  Eating disorder  Organic disorder   
Post-traumatic stress disorder  Learning disability  Conduct disorder   
Dementia  Personality disorder  Not known  Other

If Other, please specify \_\_\_\_\_

- 4.2 Did the woman have a history of contact with secondary mental health services in the 12 months prior to her current pregnancy? Yes  No  Don't know

- 4.3 When was the woman's first contact with mental health services? (Please enter the date to the nearest year if not known)

- 4.4 Does the woman have a record of self-harm or attempted suicide prior to her current pregnancy? Yes  No  Don't know

- 4.5 Does the woman have a record of experiencing domestic violence or abuse prior to her current pregnancy? (Please tick all that apply)
- No  Sexual  Physical  Emotional  Don't know

## Section 5: Recent Psychosocial History

- 5.1 Does the woman have a record of a new mental illness during this pregnancy (prior to the near miss event)? Yes  No  Don't know

If No, please go to section 7

If Yes, what date did this episode start?

If Yes, what were the woman's psychiatric diagnoses during this pregnancy? Please tick all that apply

- Schizophrenia and other delusional disorder  Anxiety/phobia/panic disorder/OCD   
Autism spectrum/ Asperger's  Alcohol dependence/misuse   
Drug dependence/misuse  Bipolar affective disorder  Somatisation disorder   
ADHD  Adjustment disorder  Drug-induced psychosis  Depressive illness   
Eating disorder  Organic disorder  PTSD  Learning disability   
Conduct disorder  Dementia  Personality disorder  Not known  Other

If Other, please specify \_\_\_\_\_

- 5.2 Does the woman have a record of self-harm or attempted suicide during this pregnancy? Yes  No  Don't know

**5.3 Does the woman have a record of experiencing domestic violence or abuse during this pregnancy?** *(Please tick all that apply)*

No  Sexual  Physical  Emotional  Don't know

**5.4 Was the woman under the care of secondary mental health services during this pregnancy?**

Yes  No  Don't know

**If Yes,** please specify the type of mental health service used. *(Please tick all that apply)*

Mother and Baby Unit  Community Perinatal Psychiatry Team   
 Community Mental Health Team (CMHT)  Low/medium secure unit or high secure hospital   
 Improving Access to Psychological Therapies programme  CAMHS ward   
 Rehabilitation unit  General mental health outpatient or day hospital   
 General psychiatry open ward  Psychiatric intensive care ward   
 Eating disorders ward  Drug services  Alcohol services  Older person's unit   
 Crisis or Home Treatment Team  Other

**If Other,** please specify \_\_\_\_\_

**5.5 Has the woman been detained under a section of the mental health act during her current pregnancy?**

Yes  No

**If Yes,** please specify the dates of the detainment

FROM / /  TO / /  OR Tick if ongoing

**5.6 Was the woman prescribed any psychotropic medication (e.g. antidepressant or antipsychotic medication) for her mental illness during her current pregnancy?**

Yes  No  Don't know

**If Yes,** please provide further details on the prescribed medication during her current pregnancy. *(Please tick all that apply)*

Medication Name	Taken at conception	Stopped at conception	Stopped following conception	Started during pregnancy	Stopped during pregnancy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.7 Did the woman decline to take medication as prescribed (e.g. non-adherent) during her current pregnancy?**

Yes  No  Don't know

## Section 6: Last Contact

**6.1** When was the last scheduled mental health appointment (with any member of the mental health team in a clinic or in the community) prior to the near miss suicide attempt?   /   /

**6.2** What was the reason for the last contact?

Routine, non-urgent  Urgent request by patient or family   
Urgent request by professional  Formal police referral  Assessment after self-harm   
Request for self-discharge (in-patient)  Not known  Other

If Other, please specify \_\_\_\_\_

**6.3** Did the woman attend the last scheduled appointment? Yes  No

If No, what action was taken? (Please tick all that apply)

Patient discharged from follow-up  Further appointment or letter sent   
Telephone call to patient to arrange follow-up  Professional home visit (face-to-face)   
GP informed  Contact between mental health team and patient's family   
No action taken  Other

If Other, please specify \_\_\_\_\_

**6.4** What was the date of the last attended appointment?   /   /

**6.5** Was there any clear evidence of any of the following at the last attended contact? (Please tick all that apply)

Deterioration in mental state  Increased use of alcohol or drugs   
Decrease in social support  Increasing suicidal ideas or self-harm  None of these

**6.6** How high was the long-term risk thought to be, at last contact?

No risk  Low  Moderate  High  Risk not considered

**6.7** How high was the immediate risk thought to be, at last contact?

No risk  Low  Moderate  High  Risk not considered

**6.8** Were any specific structured risk assessment tools used to measure risk of violence, suicide or self-harm?

Yes  No

If Yes, please specify the name of the assessment tool used \_\_\_\_\_

If Yes, was this a locally developed assessment tool? Yes  No

## Section 7: Maternal Near Miss Suicide Attempt

**7.1** When did the maternal near miss suicide attempt occur?   /   /   :   24hr

**7.2** What method did the woman use during the near miss suicide attempt? (Tick all that apply)

Jumping from a height  Jumping/lying before a train   
Jumping/lying before any other vehicle  Drowning  Inhalation of gases   
Suffocation/asphyxiation  Firearms  Cutting or stabbing   
Burning  Electrocution  Self-poisoning (e.g. overdose)   
Strangulation  Hanging  Not known  Other

If Other, please specify \_\_\_\_\_

**7.3 Where did the near miss suicide attempt take place?**

The woman's place of residence  Another place of residence   
A public place  Psychiatric hospital  General hospital  Other

If Other, please specify \_\_\_\_\_

If public place, please specify where the event took place

Multi-storey car park  Bridge  Coastal location   
Railway location  Park  Woods  Other public place

If Other, please specify \_\_\_\_\_

**7.4 What level of critical care did the woman receive following the near miss suicide event?<sup>3\*</sup> (Please tick all that apply)** Level 0 or 1  Level 2  Level 3

**7.5 What type of setting did the woman receive treatment in following the event? (Please tick all that apply)**

High Dependency Unit  Acute Medical ward   
Intensive Care  Obstetric ward  Liver unit  Other

If Other, please specify \_\_\_\_\_

**7.6 Is the woman still receiving critical care?** Yes  No

**Section 8: Fetal and Infant Outcomes**

If filling in for more than one infant, for each additional infant, please photocopy the infant section of the form (before filling it in)

**8.1 Pregnancy outcome at end of follow-up: (Please tick one only)**

Undelivered  Ectopic  Molar pregnancy  Miscarriage   
Termination  Stillbirth  Neonatal death  Live birth

If the woman is undelivered please go to section 9.

**8.2 Did the near miss suicide prompt immediate delivery of the baby?** Yes  No

**8.3 Date and time of delivery:** DD / MM / YY hh : mm

**8.4 Mode of delivery:** Spontaneous vaginal  Ventouse  Forceps   
Breech  Pre-labour caesarean section  Caesarean section after onset of labour

**8.5 Birthweight** \_\_\_\_\_ g

**8.6 Was the infant stillborn?** Yes  No

**8.7 Was the infant admitted to the neonatal unit?** Yes  No

**8.8 Did any major infant complications occur?** Yes  No

If Yes, please specify \_\_\_\_\_

**8.9 Did the infant die?** Yes  No

If Yes, please specify the date of death DD / MM / YY

If Yes, 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. Estimated Date of Delivery (EDD)

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

### 3. Levels of critical care:

**Level 0** Patients whose needs can be met through normal ward care in an acute hospital.

**Level 1** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.

**Level 2** Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care.

**Level 3** Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multi-organ failure.