UKOSS

UK Obstetric Surveillance System

New Therapies for Influenza Study

Study 01/20

Data Collection Form - CASE

Case Definition:

Any pregnant woman admitted to hospital from 01/01/20 to 30/04/22 with influenza who receives at least one dose of intravenous Zanamivir.

Case ID Number: | | | | | | |

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.
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 4.
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 4.**
9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 4 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@npeu.ox.ac.uk

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

Phone: 01865 617764 / 617774

Reporting Month: _____

Reporting Hospital: _____

NPEU

Section 1: Woman's details

1.1 **Year of birth:** Y Y Y Y

1.2 **Gravidity**

Number of completed pregnancies beyond 24 weeks: ☐☐

Number of pregnancies less than 24 weeks: ☐☐

1.3 **Final Estimated Date of Delivery (EDD):[1]*** D D / M M / Y Y

1.4 **Did this woman receive intravenous Zanamivir (Dectova) during pregnancy?** Yes ☐ No ☐

If No, this woman does not meet the case definition. Please do not complete any further information and return the form to UKOSS.

If Yes, please give date of first dose and continue to Section 2 D D / M M / Y Y

Section 2: Delivery

2.1 **Did this woman have a miscarriage?** Yes ☐ No ☐

If Yes, please specify date: D D / M M / Y Y

2.2 **Did this woman have a termination of pregnancy?** Yes ☐ No ☐

If Yes, please specify date: D D / M M / Y Y

Was the pregnancy terminated due to a congenital malformation? Yes ☐ No ☐

If Yes, please specify: _____

If Yes to 2.1 or 2.2, please now complete sections 3, 4 and 5

2.3 **Is this woman still undelivered?** Yes ☐ No ☐

If Yes, will she be receiving the rest of her antenatal care from the current hospital? Yes ☐ No ☐

If No, please indicate name of hospital providing future care, then *go to Section 4*

_____

Section 3: Outcomes

Section 3a: Woman

3a.1 **Was the woman admitted to Level 3 critical care?** Yes ☐ No ☐

If Yes, please specify duration of stay: ☐☐ *days*

OR Tick if woman is still in ITU: ☐

OR Tick if woman was transferred to another hospital: ☐

3a.2 **Did any other major maternal morbidity occur?[2]*** Yes ☐ No ☐

If Yes, please specify: _____

3a.3 **Did the woman die?** Yes ☐ No ☐

If Yes, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

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

(Please state if not known) _____

Section 3b: 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

3b.1 Date and time of delivery: D D / M M / Y Y h h : m m (24hr)

3b.2 Mode of delivery: Spontaneous vaginal ☐ Ventouse ☐
Lift-out Forceps ☐ Rotational Forceps ☐
Pre-labour caesarean section ☐ Caesarean section after onset of labour ☐

3b.3 Birthweight: ☐☐☐☐ *g*

3b.4 Sex of infant: Male ☐ Female ☐ Indeterminate ☐

3b.5 Was the infant stillborn? Yes ☐ No ☐
If Yes, *please go to section 4*

3b.6 5 min Apgar ☐☐

3b.7 Was the infant admitted to the neonatal unit? Yes ☐ No ☐
If Yes, please specify duration of stay: ☐☐ *days*
OR Tick if infant is still in neonatal unit: ☐
OR Tick if woman was transferred to another hospital: ☐

3b.8 Did any other major infant complications occur?[7]* Yes ☐ No ☐
If Yes, please specify _____

3b.9 Did this infant have a congenital abnormality: Yes ☐ No ☐
If Yes, please give details _____

3b.10 Did this infant die? Yes ☐ No ☐
If Yes, please specify date of death D D / M M / Y Y

Section 4:

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

_____

_____

_____

_____

Section 5:

5.1 Name of person completing the form: _____

5.2 Designation: _____

5.3 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.

Definitions

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

2. **Previous or current pregnancy problems, including;**

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

3. **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 eg. Septicaemia, meningitis
Exchange transfusion