

UK Obstetric Surveillance System

Peripartum Hysterectomy Study 05/05

Data Collection Form - CASE

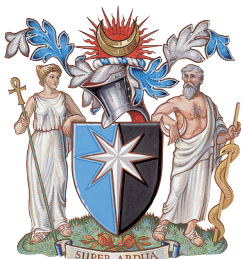
Case Definition:

any woman giving birth to an infant and having a hysterectomy during the same clinical episode.

Please return the completed form to:

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

Fax: 01865 289700
Phone: 01865 289714



Royal College of
Obstetricians and
Gynaecologists

Case reported in: _____

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 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.

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 Pregnancies

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

2.3 Did the woman have any previous deliveries by caesarean section?

Yes No

If Yes, please specify number in total

Was the immediately preceding delivery by caesarean section?

Yes No

Section 3: Previous Medical History

Please indicate whether any of the following were present

3.1 Previous or pre-existing medical problems^{3*}

Yes No

If Yes, please specify

3.2 Previous uterine surgery

Yes No

If Yes, please specify type and number of operations

Evacuation of retained products of conception (ERPC)

Yes Number

Dilatation and curettage (D & C)

Yes Number

Surgical termination of pregnancy

Yes Number

Other^{4*}

Yes No

If Other, please specify

3.3 Previous uterine perforation

Yes No If Yes, please specify treatment of perforation if any

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD)^{5*}

□□/□□/□□

4.2 Was this pregnancy a multiple pregnancy?Yes No If Yes, please specify number of fetuses
_____**4.3 Were there problems in this pregnancy?^{2*}**Yes No If Yes, please specify
_____**4.4 Was placenta praevia diagnosed prior to delivery?**Yes No If Yes, please specify grade

Section 5: Delivery and hysterectomy

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, please state date and time of diagnosis of labour □□/□□/□□ □□:□□

Was syntocinon used during labour?

Yes No

Duration of syntocinon during labour

□□ hrs □□ mins

5.3 Was delivery by caesarean section?Yes No

If Yes, please state grade of operator _____

and give indication for caesarean section _____

Was hysterectomy performed as part of the same surgical procedure?

Yes No

What was the cervical dilation at the time of caesarean section?

□□ cm

5.4 Date and time of hysterectomy

□□/□□/□□ □□:□□

5.5 Type of hysterectomy (tick one from each pair)total subtotal elective emergency If ELECTIVE hysterectomy please state indication then *go to section 5.7*

If EMERGENCY hysterectomy

Please indicate what treatments were undertaken prior to hysterectomy (tick all that apply)

- Syntocinon infusion
- Ergometrine
- Prostaglandin F2 α
- Recombinant activated factor VII
- Uterine artery embolisation
- Uterine artery ligation
- Internal iliac artery ligation
- B-Lynch or other brace suture
- Intra-abdominal packing
- Intrauterine balloons
- Other
- If Other, please specify _____

What were the underlying causes of haemorrhage (tick all that apply)

- Uterine atony
- Placenta accreta
- Uterine infection
- Uterine rupture
- If Yes, please specify _____ pre-labour during labour traumatic
- Extension of previous caesarean section scar at the time of caesarean section
- Other cause
- If Other, please specify _____

5.6 Was the uterus sent for pathological examination? Yes No
If Yes, what were the major findings? _____

5.7 Was any further treatment required after hysterectomy? Yes No
(for example, further surgery)
If Yes, please specify _____

5.8 Were any of the following organs damaged or removed during surgery
(please tick all that apply)

- Ovaries
- Bladder
- Ureter

5.9 Please record the amounts of blood products received in total by this woman (units)

- Whole blood or packed red cells
- Fresh Frozen Plasma (FFP)
- Platelets
- Cryoprecipitate

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 other 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

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

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

 / / :

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, *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/SBCU

Or Tick if infant was transferred to another hospital

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

Yes No

If Yes, please specify _____

6b.8 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) _____

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 _____ / /

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

If you are unable to make a copy please tick the box

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:

- 3 or more miscarriages
- Amniocentesis
- Amniotic fluid embolism
- Baby with a major congenital abnormality
- Gestational diabetes
- Haemorrhage
- Hyperemesis requiring admission
- Infant requiring intensive care
- Neonatal death
- Placenta praevia
- Placental abruption
- Post-partum haemorrhage requiring transfusion
- Pre-eclampsia (hypertension and proteinuria)
- Premature rupture of membranes
- Preterm birth or mid trimester loss
- Puerperal psychosis
- Thrombotic event
- Severe infection e.g. pyelonephritis
- Stillbirth
- Surgical procedure in pregnancy

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

- Cardiac disease (congenital or acquired)
- Diabetes
- Epilepsy
- Endocrine disorders e.g. hypo or hyperthyroidism
- Essential hypertension
- Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
- Inflammatory disorders e.g. inflammatory bowel disease
- Psychiatric disorders
- Renal disease

4: Examples of other previous uterine surgery:

- Endometrial resection/ablation
- Myomectomy
- Polypectomy
- Septal resection

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: Major maternal medical complications, including:

- Adult respiratory distress syndrome
- Cardiac arrest
- Cerebrovascular accident
- Disseminated intravascular coagulopathy
- HELLP
- Mendelson's syndrome
- Persistent vegetative state
- Renal failure
- Required ventilation
- Septicaemia
- Thrombotic event

7: Infant complications, including:

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