ID Number:

UKOSS

UK Obstetric Surveillance System

Pituitary Tumours
Study 03/10

Data Collection Form - CASE

Please report any woman delivering on or after 1st March 2010 and before 1st March 2013.

Case Definition:

All women in the UK with a pituitary tumour in pregnancy including women diagnosed in pregnancy or diagnosed prior to pregnancy with a macroprolactinoma, Cushing's disease, acromegaly, thyrotrophinomas or non-functioning pituitary tumours.

Exclude

Women with a microprolactinoma (a prolactin-secreting tumour less than 1.0cm diameter).

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

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 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 7.**
9. 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 Y Y Y Y

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 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 Was the pituitary tumour diagnosed during a previous pregnancy? Yes ☐ No ☐

2.3 Did the woman have any other previous pregnancy problems?[2]* Yes ☐ No ☐

If Yes, please specify _____

*For guidance please see back cover

Section 3: Diagnosis and management of the pituitary tumour

Section 3a: Diagnosis

3a.1 Date of diagnosis D D / M M / Y Y

3a.2 What was the diagnosis? *(please tick one only)*

- Prolactinoma ☐
  - Specify size of tumour at diagnosis (cm) ☐ . ☐
- Cushing's disease ☐
- Acromegaly ☐
- Thyrotrophinoma ☐
- Non-functioning pituitary tumour ☐

3a.3 On what basis was the diagnosis made? *(Please tick all that apply)*

- Amenorrhoea ☐
- Diabetes insipidus ☐
- Headache ☐
- Hypopituitarism ☐
- Galactorrhoea ☐
- Visual symptoms ☐
- Other ☐
  - **If Other**, please specify: _____

3a.4 Has an endocrinologist confirmed the diagnosis? Yes ☐ No ☐

Section 3b: Management prior to this pregnancy

3b.1 Did the woman have radiotherapy? Yes ☐ No ☐

3b.2 Did the woman have surgery? Yes ☐ No ☐

- **If Yes**, what type of surgery was performed? Trans-sphenoidal ☐ Adrenalectomy ☐
- Was the surgery successful? Yes ☐ No ☐
- Did it need to be repeated? Yes ☐ No ☐

3b.3 Was there any evidence of hypopituitarism after treatment? Yes ☐ No ☐

3b.4 Did the woman require assisted reproductive techniques to conceive this pregnancy? Yes ☐ No ☐

Section 3c: Other conditions

3c.1 Did the woman have any other previous medical conditions? Yes ☐ No ☐

- **If Yes,** please specify _____

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD)[3]* D D / M M / Y Y

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

If Yes, specify number of fetuses ☐

4.3 Was any medication prescribed? Yes ☐ No ☐

If Yes, please complete the table below:

Medication used	Pre-conception	First trimester	Second trimester	Third Trimester
Cabergoline	☐	☐	☐	☐
Bromocriptine	☐	☐	☐	☐
Lanreotide	☐	☐	☐	☐
Ocreotide	☐	☐	☐	☐
Pegvisomont	☐	☐	☐	☐
Metyrapone	☐	☐	☐	☐
Mitotane	☐	☐	☐	☐
Aminoglutethimide	☐	☐	☐	☐
Ketoconazole	☐	☐	☐	☐
Other medication *Please specify:* _____	☐	☐	☐	☐

4.4 Was an echocardiogram performed prior to or during pregnancy? Yes ☐ No ☐ Not known ☐

If Yes, please give date of echocardiogram D D / M M / Y Y

Were any valve abnormalities found? Yes ☐ No ☐

4.5 Hormonal values during this pregnancy *(please specify units used)*

	Units	Value at start of this pregnancy	Highest value	Lowest Value	Not tested
ACTH		☐☐	☐☐	☐☐	☐
IGF1		☐☐☐	☐☐☐	☐☐☐	☐
GH		☐☐	☐☐	☐☐	☐
Cortisol		☐☐☐	☐☐☐	☐☐☐	☐
Cortisol binding globulin		☐☐☐.☐	☐☐☐.☐	☐☐☐.☐	☐
TSH		☐.☐☐	☐.☐☐	☐.☐☐	☐
Free T4		☐☐.☐	☐☐.☐	☐☐.☐	☐

*For guidance please see back cover

4.6 Were visual tests undertaken during this pregnancy? Yes ☐ No ☐

If Yes, What were the pre-pregnancy visual fields? Normal ☐ Reduced ☐ Not known ☐

Please indicate below results of all visual tests undertaken in this pregnancy
(please add results of additional tests in section 7 if necessary)

Date measured	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
No Change	☐	☐	☐
Increase in defect	☐	☐	☐
Decrease in defect	☐	☐	☐

4.7 Was there any evidence of hypopituitarism in this pregnancy? Yes ☐ No ☐

4.8 Did the woman have a glucose tolerance test? Yes ☐ No ☐

If Yes, please specify glucose levels

Glucose at 0 minutes (mmol/L) ☐☐.☐

Glucose at 120 minutes (mmol/L) ☐☐.☐

4.9 Did the woman have an MRI in this pregnancy? Yes ☐ No ☐

If Yes, please complete table below

Date measured	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Size of tumour (cm)	☐.☐	☐.☐	☐.☐
Extension beyond sella	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Reason for MRI			

4.10 Did the woman develop hyperemesis gravidarum requiring admission? Yes ☐ No ☐

4.11 Did the tumour expand to cause symptoms in this pregnancy? Yes ☐ No ☐

If Yes, what date was expansion detected? D D / M M / Y Y

How was tumour expansion treated? *(please tick all that apply)*

Medication ☐ Surgery ☐ Termination ☐

4.12 Did the woman develop pregnancy-induced hypertension? Yes ☐ No ☐

4.13 Did the woman develop pre-eclampsia? Yes ☐ No ☐

4.14 Did the woman develop cardiac failure? Yes ☐ No ☐

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

If Yes, please specify _____

4.16 Was the woman admitted overnight during this pregnancy (other than for delivery)? Yes ☐ No ☐

If Yes, how many times? ☐☐

*For guidance please see back cover

Section 5: Delivery

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

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

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

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

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

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

If No, please indicate name of hospital providing future care

_____

Will she be delivered at your hospital? Yes ☐ No ☐

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

_____

5.4 **What was the planned mode of delivery?** Vaginal ☐ Caesarean section ☐

5.5 **Was delivery induced?** Yes ☐ No ☐

If Yes, please state indication _____

5.6 **Was delivery by caesarean section?** Yes ☐ No ☐

If Yes, please state:

Grade of urgency[4]* ☐

Indication for caesarean section _____

Method of anaesthesia: Regional ☐ General anaesthetic ☐

Section 6: Outcomes

Section 6a: Woman

6a.1 **Was the woman admitted to ITU/HDU/Obstetric 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?[5]*** Yes ☐ No ☐

If Yes, please specify _____

6a.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 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)

*For guidance please see back cover

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 Sex of infant Male ☐ Female ☐ Indeterminate ☐

6b.5 Did the infant have ambiguous genitalia? Yes ☐ No ☐

6b.6 Did the infant have any other congenital abnormality? Yes ☐ No ☐

If Yes, please specify _____

6b.7 Was the infant stillborn? Yes ☐ No ☐

If Yes, *please go to section 7.*

6b.8 5 min Apgar ☐☐

6b.9 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

6b.10 Was the infant established on breast-feeding before discharge? Yes ☐ No ☐

6b.11 Did any other major infant complications occur?[6]* Yes ☐ No ☐

If Yes, please specify _____

6b.12 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?
(Please state if not known.) _____

Section 7:

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Section 8:

8.1 Name of person completing the form _____

8.2 Designation _____

8.3 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.

*For guidance please see back cover

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:

Thrombotic event
Amniotic fluid embolism
Eclampsia
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
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

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

4. 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

5. 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

6. 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,
Exchange transfusion