ID Number:

UKOSS

UK Obstetric Surveillance System

Stroke
Study 05/07

Data Collection Form - CASE

Please report all women delivering after 1st October 2007.

Case Definition:

All women in the UK identified as having a stroke during pregnancy.

To be included as a case the stroke must

EITHER Be confirmed at postmortem

OR Be confirmed by a consultant neurologist or physician

OR Be confirmed by diagnostic testing (e.g. CT/MRI)

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

Case reported in: _____

Royal College of Obstetricians and Gynaecologists

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 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 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 Pregnancies

2.1 Gravidity

Number of completed pregnancies 24 weeks and beyond ☐☐

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 _____

*For guidance please see back cover

Section 3: Previous Medical History

Please indicate whether any of the following were present:

3.1 **Current or previous essential hypertension** Yes ☐ No ☐

3.2 **History of ischaemic heart disease** (include angiography/angioplasty) Yes ☐ No ☐

If Yes, please specify diagnosis _____

3.3 **Did this woman have any of the following** Yes ☐ No ☐

If Yes, please tick all that apply

Atrial fibrillation ☐ Atrial septal defect ☐

Patent foramen orale ☐ History of migraine ☐

Antiphospholipid antibody syndrome ☐

3.4 **Any other pre-existing medical problems[3]*** Yes ☐ No ☐

If Yes, please specify _____

3.5 **Past personal history of stroke** Yes ☐ No ☐

If Yes, please give details

Date of event D D / M M / Y Y

Type of stroke *(please tick one)*: Ischemic arterial stroke ☐

Cerebral venous thrombosis ☐

Intracerebral haemorrhage ☐

Sub-arachnoid haemorhage ☐

Carotid dissection ☐

Did the stroke occur during a previous pregnancy? Yes ☐ No ☐

If more than one previous event, please complete additional details in section 7

3.6 **Known family (1st degree relatives) history of stroke** Yes ☐ No ☐

If Yes, please give details

Type of stroke *(please tick all that apply)*: Ischemic arterial stroke ☐

Cerebral venous thrombosis ☐

Intracerebral haemorrhage ☐

Sub-arachnoid haemorhage ☐

Carotid dissection ☐

Section 4: This Pregnancy

4.1 **Final Estimated Date of Delivery** (EDD)[4]* D D / M M / Y Y

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 **What was the woman's blood pressure at booking?** ☐☐☐ / ☐☐☐

4.5 **What was the highest recorded systolic blood pressure this pregnancy?** Systolic ☐☐☐

What was the highest recorded diastolic blood pressure this pregnancy? Diastolic ☐☐☐

4.6 **Was pre-eclampsia diagnosed in this pregnancy?** Yes ☐ No ☐

*For guidance please see back cover

Section 5a: The Presentation of the Stroke

5a.1 Date and time of stroke D D / M M / Y Y h h : m m (24hr)

5a.2 Where was the women when symptoms of the stroke first occurred?

Outpatient ☐ Maternity ward ☐ Non-maternity ward ☐ ITU ☐ Other ☐

5a.3 Did the woman have symptoms and signs consistent with stroke? Yes ☐ No ☐

If Yes, which of following neurological symptoms or signs were present *(tick all that apply)*:

- Disturbed consciousness ☐
- Weakness ☐
- Paresis ☐
- Speech disturbances ☐
- Visual disturbance ☐
- Seizure ☐
- Headache ☐
- Other ☐ please specify _____

Did the symptoms last >24hrs? Yes ☐ No ☐

5a.4 Type of stroke *(please tick one)*:

- Ischemic arterial stroke ☐
- Cerebral venous thrombosis ☐
- Intracerebral haemorrhage ☐
- Sub-arachnoid haemorhage ☐
- Carotid dissection ☐

5a.6 Was the stroke preceded by a warning transient ischaemic attack (TIA)? Yes ☐ No ☐

Section 5b: The Diagnosis and Cause of the Stroke

5b.1 Was there an acute hypotensive episode? (e.g. blood loss, cardiomyopathy) Yes ☐ No ☐

If Yes, what was lowest recorded blood pressure? ☐☐☐ / ☐☐☐

5b.2 Was the stroke/SAH diagnosed by a clinican *?* Yes ☐ No ☐

If Yes, please tick any that apply

- Stroke Physician ☐
- Neurologist ☐

5b.3 Which of the following diagnostic investigations were performed after the sentinel event? *(please tick all that apply)*

	Yes	Date	Confirmed diagnosis? Yes	Confirmed diagnosis? No
CT scanning	☐	D D / M M / Y Y	☐	☐
MRI scanning	☐	D D / M M / Y Y	☐	☐
Lumbar puncture	☐	D D / M M / Y Y	☐	☐
Angiography	☐	D D / M M / Y Y	☐	☐
Carotid Ultrasound	☐	D D / M M / Y Y	☐	☐
Echocardiography	☐	D D / M M / Y Y	☐	☐
Other	☐	D D / M M / Y Y	☐	☐

If Other, please specify _____

5b.4 Was a thrombophilia or coagulopathy diagnosed during or after this pregnancy?[5]* Yes ☐ No ☐

If Yes, please specify _____

5b.5 Was the cause of the stroke identified?[6]* Yes ☐ No ☐

If Yes, please specify _____

Section 5c: Therapy Before and During Pregnancy

5c.1 Did the woman receive any medication? Yes ☐ No ☐

If Yes, please indicate medications used *(if more than four please continue in section 7)*

Agent	Dose	Schedule	Prior to pregnancy	Before stroke	After stroke
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

5c.2 Where was the stroke managed?

Maternity unit ☐ Medical unit ☐ Stroke unit ☐ Other ☐

5c.3 Was the women transferred to a different unit or hospital? Yes ☐ No ☐

If Yes, what was the name of the unit or hospital and the date of transfer?

_____ D D / M M / Y Y

5c.4 Did the woman receive surgical or endovascular management? Yes ☐ No ☐

If Yes *(please tick all that apply)*

Neurosurgical clipping ☐

Endovascular coiling ☐

Decompressive hemicraniotomy ☐

Other ☐

If Other, please specify _____

Section 6: Outcomes

Section 6a: Woman

6a.1 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, then *go to section 7*

_____

If No, *please continue*

6a.2 Did this woman have a miscarriage? Yes ☐ No ☐

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

6a.3 Did this woman have a termination of pregnancy? Yes ☐ No ☐

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

6a.4 Was delivery induced? Yes ☐ No ☐

If Yes, please state indication _____

*For guidance please see back cover

6a.5 Did the woman labour? Yes ☐ No ☐

6a.6 Was delivery by caesarean section? Yes ☐ No ☐

Please state grade of urgency[7]* ☐

and give indication for caesarean section _____

6a.7 Was the woman admitted to ITU? Yes ☐ No ☐

If Yes, duration of stay (days) ☐☐

Or Tick if woman is still in ITU ☐

Or Tick if woman was transferred to another hospital ☐

6a.8 Did any other major maternal morbidity occur?[8]* Yes ☐ No ☐

If Yes, please specify _____

6a.9 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?

_____

Was a post mortem examination undertaken? Yes ☐ No ☐

If Yes, did the examination confirm diagnosis? Yes ☐ No ☐

6a.10 What was the date of discharge? D D / M M / Y Y

6a.11 What was the discharge destination of the woman? *(please tick)*

- Home ☐
- Rehabilitation facility ☐
- Other hospital ☐
- Other ward ☐
- Community facility ☐
- unknown ☐

6a.12 What was the Modified Rankin score at discharge?[9]* ☐

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)

6b.2 Presentation cephalic ☐ breech ☐ other ☐

6b.3 Mode of delivery

spontaneous vaginal ☐ ventouse ☐ lift-out forceps ☐ rotational forceps ☐

breech ☐ pre-labour caesarean section ☐ caesarean section after onset of labour ☐

6b.4 Birthweight (g) ☐☐☐☐

6b.5 Was the infant stillborn? Yes ☐ No ☐

If Yes, was this Antepartum ☐ OR Intrapartum ☐

Please go to section 7

6b.6 5 min Apgar ☐☐

6b.7 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

6b.8 Did any major infant complications occur?[10]* Yes ☐ No ☐

*For guidance please see back cover

If Yes, please specify _____

6b.9 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?

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 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. 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
Eclampsia
Gestational diabetes
Massive 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
Severe infection e.g. pyelonephritis
Stillbirth
Surgical procedure in pregnancy

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

Diabetes (type 1)
Diabetes (type 2)
Epilepsy
Endocrine disorders e.g. hypo or hyperthyroidism
Essential hypertension
Haematological disorders e.g. sickle cell disease
Inflammatory disorders e.g. inflammatory bowel disease
Peripheral vascular disease
Psychiatric disorders
Thromboembolic disease
Renal disease
Polycystic Kidney Disease

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. Disorders with associated thombophilia, including:

Anticardiolipin antibodies
Antiphospholipid syndrome
Antithrombin deficiency
Factor V Leiden
Gross varicose veins
Inflammatory disorders e.g. inflammatory bowel disease
Lupus anticoagulant
Myeloproliferative disorders e.g. essential thrombocythaemia, polycythaemia vera
Other medical disorders e.g. nephrotic syndrome, cardiac disease
Paraplegia
Protein C deficiency
Protein S deficiency
Prothrombin gene variant
Sickle cell disease

6:Examples of causes of stroke

Pre-eclampsia
Eclampsia
Atheromatous disease
Carotid or vertebral artery dissection
Cardioembolic: Atrial Fibrillation,
Persistant Foramen Ovale
Endocarditis – Infective or non-infective
Intracerebral haemorrhage: Aneurysm
Arteriovenous Malformation
Cerebral venous thrombosis
Subarachnoid haemorrhage

7.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

8: 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

9: Modified Rankin score

0. No symptoms at all
1. No significant disability despite symptoms
2. Slight disability
3. Moderate disability, but able to walk without assistance
4. Moderate disability, but unable to walk without assistance
5. Severe disability
6. Unknown

10: 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