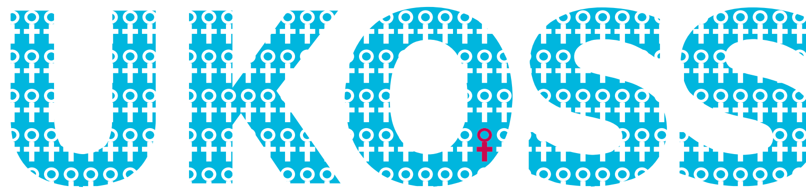
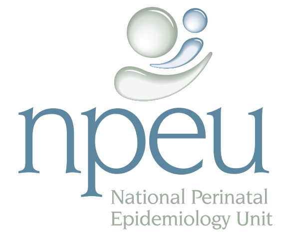
Royal College of Obstetricians and Gynaecologists


UK Obstetric Surveillance System


National Perinatal Epidemiology Unit

NEWSLETTER 39 - October 2014

Ethnic Variations in Severe Maternal Morbidity in the UK – a Case Control Study

Past studies in the UK have shown a higher risk of maternal morbidity and mortality amongst non-white ethnic groups; however, these studies were unable to investigate whether this excess risk was concentrated within specific black and other minority ethnic groups (BME). This study used data from UKOSS (February 2005 – January 2013) to analyse the specific risks of maternal morbidity amongst BME groups and to investigate reasons for any disparity.

The results showed several factors which were associated with severe morbidity, including maternal anaemia, previous pregnancy problems, inadequate utilisation of antenatal care, pre-existing medical conditions, multiparity and younger or older maternal age. There was no association with smoking, obesity or maternal socioeconomic status in this analysis. After taking all these factors into account there was an independent association of severe maternal morbidity with ethnicity: the odds of severe maternal morbidity were 83% higher among black African women (adjusted odds ratio (aOR)= 1.83; 95% Confidence Interval (CI)= 1.39-2.40), 80% higher among black Caribbean (aOR= 1.80; 95% CI = 1.14-2.82), 74% higher in Bangladeshi (aOR= 1.74; 95% CI = 1.05-2.88), 56% higher in other non-whites (non-Asian) (aOR= 1.56; 95% CI = 1.05 – 2.33) and 43% higher among Pakistani women (aOR= 1.43; 95% CI = 1.07 – 1.92).

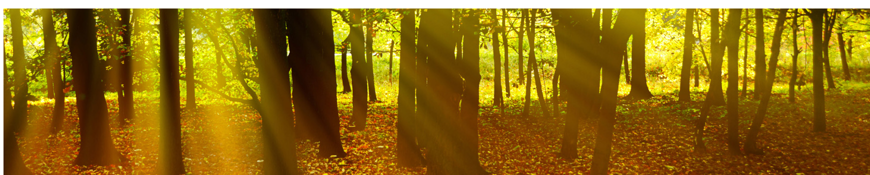
The study thus showed that the increased risk of severe maternal morbidity among women of ethnic minority backgrounds was not explained by known risk factors for severe maternal morbidity. We were not able to examine in detail all aspects of care-seeking behaviour and the care pathway, and it is possible that other factors such as lack of appropriate information, language barriers or cultural differences explain the observed association.

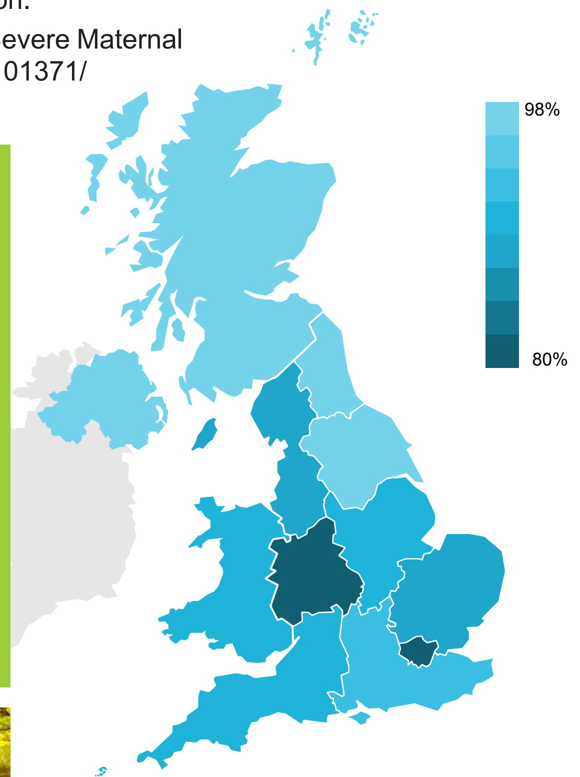
Reference: Nair M, Kurinczuk JJ, Knight M (2014) Ethnic Variations in Severe Maternal Morbidity in the UK – a Case Control Study. PLoS ONE 9(4): e95086. doi:101371/journal.pone.0095086.

Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey

This paper was published as part of the UKNeS programme of work which explores the healthcare-seeking behaviours and experiences of maternity care among women from different socio-economic groups in order to improve understanding of why socially disadvantaged women have poorer maternal health outcomes in the UK.

Reference: Lindquist A, Kurinczuk JJ, Redshaw M, Knight M. Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey. BJOG 2014; DOI: 10.1111/1471-0528.13059.





UKOSS Regional Card Return Rates Map June 2014 – August 2014

UKOSS newsletters are going electronic!

From January 2015 only electronic versions of the UKOSS newsletters will be published via the UKOSS website and Twitter. Please note that UKOSS reporters will continue to receive the newsletters via email.

Thanks to the following hospitals who have returned cards for the last three months (May, June and July 2014):

Aberdeen Maternity Hospital, Aberdeen
Airedale General Hospital, Keighley
Alexandra Hospital, Redditch
Altnagelvin Area Hospital, Londonderry
Antrim Hospital, Antrim
Arrowe Park Hospital, Wirral
Barnet and Chase Farm NHS Trust Maternity Unit, Barnet
Barnsley Hospital NHS Foundation Trust, Barnsley
Basildon Hospital, Canvey Island
Bassetlaw District General Hospital, Worksop
Bedford Hospital, Bedford
Birmingham City Hospital, Birmingham
Birmingham Women's Hospital, Birmingham
Borders General Hospital, Borders
Bradford Royal Infirmary, Bradford
Bronglais Hospital, Aberystwyth
Caithness General Hospital, Wick
Calderdale Royal Hospital, Halifax
Causeway Hospital, Coleraine
Chelsea & Westminster Hospital, London
Chesterfield & North Derbyshire Royal Hospital, Chesterfield
City Hospitals Sunderland NHS Trust, Sunderland
Countess of Chester Hospital, Chester
Craigavon Area Hospital, Portadown
Daisy Hill Hospital, Newry
Darent Valley Hospital, Dartford
Darlington Memorial Hospital, Darlington
Derby Hospitals NHS Foundation Trust, Derby
Derriford Hospital, Plymouth
Dewsbury and District Hospital, Dewsbury
Diana Princess of Wales Hospital, Grimsby
Doncaster Royal Infirmary, Doncaster
Dorset County Hospital, Dorchester
Dr Gray's Hospital, Elgin
Dumfries & Galloway Royal Infirmary, Dumfries
Ealing Hospital NHS Trust, London
East Sussex Healthcare NHS Trust, St Leonards-on-Sea
Epsom General Hospital, Epsom
Forth Valley Royal Hospital, Larbert
Friarage Hospital, Northallerton
Frimley Park Hospital, Camberley
Furness General Hospital, Barrow-in-Furness
George Eliot Hospital, Nuneaton
Glan Clwyd District General Hospital, Bodelwyddan
Gloucestershire Royal Hospital, Gloucester
Guy's and St Thomas' Hospital, London
Harrogate District Hospital, Harrogate
Hereford County Hospital, Hereford
Hinchingbrooke Hospital NHS Trust, Huntingdon
Homerton University Hospital, London
Horton Maternity Hospital, Banbury
Hull Royal Infirmary, Hull
Ipswich Hospital, Ipswich
James Cook University Hospital, Middlesbrough
James Paget University Hospitals Trust, Great Yarmouth
Jersey General Hospital, St Helier
John Radcliffe Hospital, Oxford
Kettering General Hospital, Kettering
King's Mill Hospital, Sutton in Ashfield
Leeds General Infirmary, Leeds
Leicester General Hospital, Leicester
Leicester Royal Infirmary, Leicester
Leighton Hospital, Crewe
Lincoln County Hospital, Lincoln
Lister Hospital, Stevenage
Macclesfield District General Hospital, Macclesfield
Medway Maritime Hospital, Gillingham
Milton Keynes Hospital NHS Foundation Trust, Milton Keynes
New Cross Hospital, Wolverhampton
Ninewells Hospital & Medical School, Dundee
Nobles Hospital, Douglas
Norfolk & Norwich University Hospital, Norwich
North Devon District Hospital, Barnstaple
North Hampshire Hospital, Basingstoke
North Manchester General Hospital, Manchester
North Middlesex University Hospital, Edmonton
Northampton General Hospital, Northampton
Northwick Park Hospital, Harrow
Pilgrim Hospital, Boston
Pinderfields General Hospital, Wakefield
Poole Hospital, Poole
Prince Charles Hospital, Methyr Tydfil
Princess Alexandra Hospital, Harlow
Princess Anne Hospital, Southampton
Princess of Wales Hospital, Bridgend
Princess Royal Hospital, Haywards Heath
Princess Royal Maternity Hospital, Glasgow
Princess Royal University Hospital, Orpington
Queen Alexandra Hospital, Portsmouth
Queen Charlotte's and Chelsea Hospital, London
Queen Elizabeth Hospital, Gateshead
Queen Elizabeth Hospital, Kings Lynn
Queen Elizabeth the Queen Mother Hospital, Margate
Queen's Hospital, Burton upon Trent
Queen's Hospital, Romford
Raigmore Hospital, Inverness
Rosie Maternity Hospital, Cambridge
Rotherham District General Hospital, Rotherham
Royal Albert Edward Infirmary, Wigan
Royal Alexandra Hospital, Paisley
Royal Berkshire Hospital, Reading
Royal Bolton Hospital, Bolton
Royal Cornwall Hospital, Truro
Royal Devon & Exeter Hospital, Exeter
Royal Free Hospital, London
Royal Glamorgan Hospital, Llantrisant
Royal Gwent Hospital, Newport
Royal Hampshire County Hospital, Winchester
Royal Jubilee Maternity Service, Belfast
Royal Lancaster Infirmary, Lancaster
Royal Oldham Hospital, Oldham
Royal Preston Hospital, Preston
Royal Surrey County Hospital, Guildford
Royal Sussex County Hospital, Brighton
Royal Victoria Infirmary, Newcastle-upon-Tyne
Russells Hall Hospital, Dudley
Salisbury District Hospital, Salisbury
Scarborough Hospital, Scarborough
Scunthorpe General Hospital, Scunthorpe
Simpson Centre for Reproductive Health, Edinburgh
Singleton Hospital, Swansea
South Tyneside NHS Foundation Trust, South Shields
South West Acute Hospital, Enniskillen
Southend University Hospital NHS FT, Westcliff-on-Sea
Southern General Hospital, Glasgow
Southmead Hospital, Bristol
Southport & Ormskirk Hospital NHS Trust, Ormskirk
St George's Hospital, London
St James's University Hospital, Leeds
St John's Hospital, Livingston
St Mary's Hospital, London
St Mary's Hospital, Manchester
St Michael's Hospital, Bristol
St Peter's Hospital, Chertsey
St Richard's Hospital, Chichester
Staffordshire General Hospital, Stafford
Stoke Mandeville Hospital, Aylesbury
Tameside General Hospital, Ashton-under-Lyne
Taunton and Somerset Hospital, Taunton
The Great Western Hospitals NHS Foundation Trust, Swindon
The Hillingdon Hospitals NHS Foundation Trust, Uxbridge
The Portland Hospital, London
The Tunbridge Wells Hospital, Tunbridge Wells
Torbay Hospital, Torquay
University Hospital Lewisham, London
University Hospital of Coventry & Warwickshire, Coventry
University Hospital of North Staffordshire, Stoke on Trent
University Hospital of North Tees, Stockton-on-Tees
University Hospital of Wales, Cardiff
Victoria Hospital, Blackpool
Victoria Hospital, Kirkcaldy
Wansbeck General Hospital, Ashington
Warrington and Malton Hospitals NHS FT, Warrington
Warwick Hospital, Warwick
Watford General Hospital, Watford
West Cumberland Hospital, Whitehaven
West Middlesex University Hospital, Isleworth
West Wales General Hospital, Carmarthen
Western Isles Hospital, Stornoway
Wexham Park Hospital, Slough
Whiston Hospital, Prescot
Whittington Hospital, London
William Harvey Hospital, Ashford
Wishaw General Hospital, Wishaw
Worthing Hospital, Worthing
Wrexham Maelor Hospital, Wrexham
York Hospital, York
Ysbyty Gwynedd District General Hospital, Bangor
Ayrshire Maternity Unit, Kilmarnock
Broomfield Hospital, Chelmsford
Croydon University Hospital, Thornton Heath
Cumberland Infirmary, Carlisle
East Surrey Hospital, Redhill
Good Hope Hospital, Sutton Coldfield
Kingston Hospital, Kingston upon Thames
Lancashire Women and Newborn Centre, Burnley
Luton & Dunstable Hospital, Luton
Manor Hospital, Walsall
Nevill Hall Hospital, Abergavenny
Newham General Hospital, London
Nottingham City Hospital, Nottingham
Peterborough City Hospital, Peterborough
Princess Elizabeth Hospital, St Martins
Queen Elizabeth Hospital, London
St Mary's Hospital, Newport
Stepping Hill Hospital, Stockport
The Jessop Wing, Sheffield
Ulster Hospital, Belfast
University College Hospital, London
University Hospital of North Durham, Durham
West Suffolk Hospital, Bury St Edmunds
Whipps Cross University Trust Hospital, London
Wythenshawe Hospital, Manchester
Birmingham Heartlands Hospital, Birmingham
Colchester General Hospital, Colchester
King's College Hospital, London
Liverpool Women's Hospital, Liverpool
Nottingham University Hospitals NHS Trust, Nottingham
Royal United Hospital, Bath
St Helier Hospital, Carshalton
Yeovil Women's Hospital, Yeovil
Royal London Hospital, London
Royal Shrewsbury Hospital, Shrewsbury

Returned all three cards. Returned two cards. Returned one card. No Cards Returned.

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New UKOSS study – Vasa Praevia

Background: Vasa praevia (VP) describes fetal vessels coursing through the fetal membranes (amnion and chorion) over the internal cervical os and below the fetal presenting part, unprotected by placental tissue or the umbilical cord. Vasa praevia carries no major maternal risk, but is associated with significant risk to the fetus. When the fetal membranes rupture, the unprotected fetal vessels are at risk of disruption with consequent fetal haemorrhage. Currently routine screening for vasa praevia is not advised by the RCOG[1] and is not supported by the National Screening Committee (NSC, published December 2013, http.//www.screening.nhs.uk/vasapraevia). This is because there is insufficient information on the natural history of the condition and uncertainty about the best test to diagnose vasa praevia. Additionally there is no agreed management pathway for women with confirmed vasa praevia and for women with some risk factors in the absence of vasa praevia.

This UKOSS study aims to determine

- The incidence of diagnosed/symptomatic vasa praevia in the UK
- The risk factors for vasa praevia
- How pregnancy is managed following the diagnosis of vasa praevia
- The maternal and neonatal outcomes of pregnancies complicated by vasa praevia

Surveillance period: 1st December 2014 - 30th November 2015

Case Definition: A case should meet at least one of the criteria below:

1. Suspected VP on antenatal US >18 weeks gestation, and confirmed VP on antenatal US >31 weeks gestation (if not delivered prior to 31 weeks)
2. Palpation or visualisation of the fetal vessels during labour
3. Rupture of membranes with bleeding associated with fetal death/ exsanguination or severe neonatal anaemia
4. Antenatal or intrapartum bleeding of fetal origin with pathologic CTG and/or positive Apt test
5. VP documented in medical records as reason for admission and caesarean section

AND

At least one of the following:

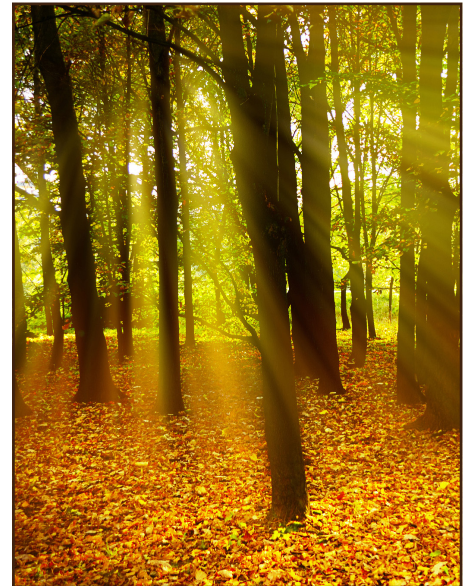
- Clinical examination of the placenta confirming intact or ruptured velamentous vessels. These may be a velamentous insertion of the umbilical cord or exposed fetal vessels between placental lobes
- Confirmation of VP on pathological examination of the placenta
- Torn umbilical cord or placenta (not able to provide placental examination)

Lead Investigator: Mr George Attilakos, University College London Hospitals.

Reference: 1. RCOG Green-Top Guildeline No. 27. Placenta praevia, placenta accreta and vasa praevia: diagnosis and management. Third Edition, January 2011.

Anaphylaxis in Pregnancy

This study was due to end in September 2014 but we are pleased to announce that a one year extension has been approved by the UKOSS Steering Committee and the study is now due to finish September 2015. Therefore, please continue to report cases of Anaphylaxis via the monthly report cards.



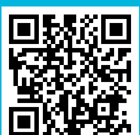
Chocolate Box

Chocolates this month go to Zoe Jones from Royal Berkshire Hospital, Reading for good form completion and Cathy Urey from North Manchester General Hospital for prompt return of report cards.

Many thanks to you both!!

Read more online

To read this on your phone or to access our complete archive:
Open the BARCODE READER APP* on your phone and scan the code here



*Search your app store for ‘qrcode’

Case report summary for current studies up until the end of September 2014

Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases (%)	Expected number of confirmed cases
Adrenal Tumours	32	29 (91)	11 (38)	69
Advanced Maternal Age* (study ended 30/06/14)	330	276 (84)	197 (71)	300
Amniotic Fluid Embolism*	197	190 (96)	131 (69)	116
Anaphylaxis*	36	34 (94)	24 (71)	60
Artificial Heart Valves	62	52 (84)	41 (79)	108
Aspiration in Pregnancy*	4	4 (100)	3 (75)	16
Cardiac Arrest in Pregnancy (study ended 30/06/14)	172	148 (86)	70 (47)	81
Epidural Haematoma or Abscess	8	4 (50)	4 (100)	1
Gastric Bypass in Pregnancy	66	28 (38)	19 (79)	18
Primary ITP	132	113 (86)	81 (72)	122

Funding: * This study represents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Programme Grant RP-PG-0608-10038)

Meet a UKOSS Reporter

Sarah Vause has recently been appointed as Fetal Medicine Specialist representative on the UKOSS Steering Committee. Melanie Workman, UKOSS/UKNeS Programme Manager, interviews Sarah who is due to begin her new role in January 2015.

MW: Where do you currently work and what is your job title?

SV: I work at St Mary's Hospital in Manchester and I'm a Consultant Obstetrician and Subspecialist in Fetal and Maternal Medicine. In addition to my general antenatal clinic and labour ward sessions, I do two fetal medicine sessions each week and run a joint obstetric / cardiac clinic for women with heart disease in pregnancy.

MW: Can you give me a brief summary of your career so far?

SV: I went to medical school in Manchester and worked there for my first year after qualifying. I then started doing obstetrics and gynaecology and did most of my postgraduate training in Yorkshire before moving back to Manchester to do subspecialty training and take up a consultant post. I've been a consultant since 2001.

MW: Why did you apply to become a member of the UKOSS Steering Committee?

SV: As a subspecialist in Fetal and Maternal Medicine you see lots of patients with rare conditions, and it's often really difficult to give them any idea of what the likely outcome of their pregnancy will be. I've always felt that UKOSS studies are a really good way to get information about rare conditions that will help obstetricians look after women better. I was therefore really keen to be involved in the Steering Committee. I hope to be able to bring plenty of enthusiasm, and an awareness of where the gaps in our knowledge are, to the table.

MW: Have you had any involvement with UKOSS in the past?

SV: One of my main interests is in cardiac disease in pregnancy, and I'm the lead investigator for the UKOSS Prosthetic Heart Valves in Pregnancy study. This means that I've already worked with some of the team already. I'm also one of the nominated UKOSS reporters for my own hospital. I hope that the experience I've had, as an investigator, as a reporter, and as someone who fills in the forms will help me to contribute effectively to the Steering Group.

MW: What do you hope to gain from being a member of the UKOSS Steering Committee?

SV: I'm sure that I'll learn a lot about rare conditions in pregnancy, which will help me provide better care for pregnant women. I also think I'll get a sense of satisfaction when I see papers relating to UKOSS studies published. I'll feel that I've been able to contribute to that, and will feel proud of the work UKOSS is doing.

MW: What do you think you will enjoy most about the UKOSS Steering Committee and do you foresee any challenges?

SV: I think that there will be some really interesting discussions about new proposals and studies, with lots of different views being expressed and I'm looking forward to meeting the other people on the Steering Committee. I anticipate one of the challenges for the Steering Committee is always deciding which studies should be accepted and which studies can't be taken on. I think it might be difficult when committee members have different views, but I suppose that's precisely the reason there is a Committee, so that things can be discussed openly, and a consensus reached.

MW: Lastly, what are your interests/hobbies outside of your working life?

SV: Visiting places, particularly ones that are a bit off the beaten track. When I'm at home then cooking, eating and gardening – (boring but honest!). Although I enjoy skiing and windsurfing I tend to only do this during holidays and my enthusiasm outstrips my ability by far!

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Studies are additionally funded by Wellbeing of Women, ITP Support Association, Lauren Page Charity, National Institute for Academic Anaesthesia - OAA Grant, North Bristol Hospitals NHS Trust and SPARKS.