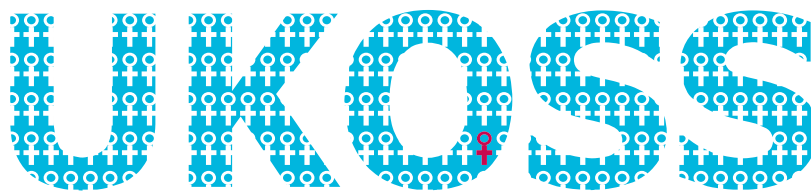
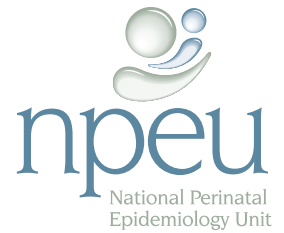




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Progression from severe sepsis in pregnancy to death: a UK population-based case-control analysis

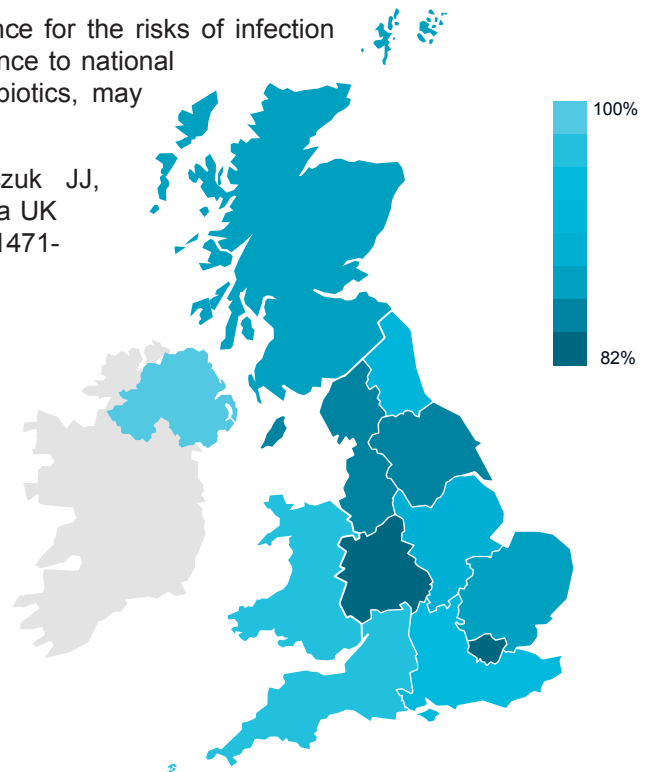
Maternal sepsis, including respiratory, urinary and other infections as well as genital tract sepsis, remains of concern internationally. However, few studies have investigated the factors associated with progression from severe sepsis to death. The aim of this study was to use data from UKOSS and the MBRRACE-UK Confidential Enquiry into Maternal Death to identify factors associated with progression from pregnancy-associated severe sepsis to death in the UK.

43 women who died from non-influenza related maternal sepsis between January 2009 and December 2012 were compared with 358 women who survived severe non-influenza sepsis in pregnancy between June 2011 and May 2012. Only 14 (33%) of the women who died received antibiotics within the 'golden hour'. Women who died were more likely to have never received antibiotics (aOR = 22.7, 95% CI 3.54-141.6), to have medical comorbidities (aOR = 2.53, 95% CI 1.23-5.23) and to be multiparous (aOR = 3.57, 95% CI 1.62-7.89).

Anaemia (aOR = 13.5, 95% CI 3.17-57.6) and immunosuppression (aOR = 15.0, 95% CI 1.93-116.9) were the two most important factors driving the association between medical co-morbidities and progression to death.

This study emphasises further the importance of continued vigilance for the risks of infection in pregnant women with medical co-morbidities. Improved adherence to national guidelines, alongside prompt recognition and treatment with antibiotics, may reduce the burden from sepsis-related maternal deaths.

Reference: Mohamed-Ahmed O, Nair M, Acosta C, Kurinczuk JJ, Knight M. Progression from severe sepsis in pregnancy to death: a UK population-based case-control analysis. BJOG 2015; DOI: 10.1111/1471-0528.143551.



UKOSS Regional Card Return Rates Map
May 2015 to July 2015

THIS MONTH

Two new studies starting:
Epilepsy and Breast Cancer in Pregnancy



Thanks to the following hospitals who have returned cards for May, June and July 2015:

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

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



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Breast Cancer in Pregnancy

Background: The actual incidence of breast cancer in pregnancy in the UK is not known. Estimates from other countries range from 2.4-7.8 cases per 100,000 births. This gives an estimated 18 to 61 cases per year in the UK. We are seeing women with a history of breast cancer now getting pregnant as survival rates increase, but surveillance of this would inform a further study in the future. Although the incidence of breast cancer rises with age, the observation that many women are delaying their families until later in life means that the incidence of breast cancer arising for the first time in pregnancy may be rising. At the other end of the scale, for women under 30, a significant proportion (more than 10%) of breast cancers may be associated with pregnancy, or within a year afterwards.

The diagnosis of breast cancer in pregnant women may be difficult and there is a potential for under-treatment of the mother and iatrogenic prematurity for the fetus. There is an apparent contradiction between advice in Europe in general and UK specific advice from the RCOG about the timing of interventions and delivery. A group in Australia and New Zealand are conducting a similar study, which will make comparisons hugely informative.

Objective: To use UKOSS to determine the incidence of primary breast cancer in pregnancy in the UK and to describe its management as well as the short-term outcomes for both mother and infant.

Surveillance Period: 1st October 2015 – 30th September 2017

Case Definition: Any woman meeting one of the following criteria:

- Newly diagnosed case of breast cancer during pregnancy
- First pathological diagnosis of breast cancer during pregnancy
- A new confirmed diagnosis of breast cancer during pregnancy

Excluded:

- Breast cancer diagnosed before pregnancy
- Recurrence of breast cancer in current pregnancy

Lead Investigator: Philip Banfield and Claudia Hardy, Betsi Cadwaladr University Health Board (BCUHB)

Note: Some responses may require consultation with the woman's oncology team and so all data collection forms will have a separate oncology section.



Extension to the Aspiration study

Please note that the UKOSS study 'Aspiration in Pregnancy' has been extended up until 31st August 2016. Therefore the study will continue to be on the monthly report cards.

Case report summary for current studies up until the end of Sept 2015

Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases (%)	Expected number of confirmed cases
Amniotic Fluid Embolism	216	204 (94)	140 (67)	127
Anaphylaxis	61	52 (85)	35 (67)	87
Aspiration in Pregnancy	10	9 (90)	4 (44)	30
Cystic Fibrosis	26	17 (65)	8 (47)	26
Epidural, Haematoma or Abscess	13	10 (77)	8 (80)	3
Gastric Bypass in Pregnancy	220	164 (75)	86 (52)	51
Pulmonary Embolism	78	40 (51)	19 (48)	76
Vasa Praevia	64	45 (70)	20 (44)	99

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*Search your app store for 'qrcode'



Epilepsy in Pregnancy

Background: Between 2010 and 2012, 14 maternal deaths were attributed to epilepsy, more than any direct cause of death with the exception of thrombosis, and unchanged from 2006-8. Of these 14 deaths, 12 were classified as cases of 'Sudden Unexplained Death in Epilepsy' (SUDEP). Whilst the definition of SUDEP implies a diagnosis of exclusion, expert-consensus maintains that generalised tonic-clonic seizure activity is likely to be a sentinel event leading up to death. As such, it follows logically that women in whom generalised tonic-clonic seizure activity persists during pregnancy have an increased risk of mortality.

Treatment goals for women with epilepsy in pregnancy target a seizure free 'steady-state' before conception on the basis that 1) the risk of seizures during pregnancy reduces as a function of the length of the seizure-free period before conception, and 2) those women who are able to remain seizure free for >12 months prior to conceiving are highly unlikely to have a recurrence of seizure activity when pregnant. Whilst this is certainly feasible for the majority of women, it is clear that seizures persist for a minority of women in whom it is considered that treatment plans are adequate. What is unclear amongst this group of women with poorly controlled epilepsy, is the relative contribution of women with severe, drug-resistant epilepsy versus the proportion of women whose disease management is suboptimal, or in whom fears about the potential for teratogenic side effects when using anti-epileptic drugs compromises their treatment adherence.

Objective: To use UKOSS to determine the incidence of poorly controlled epilepsy amongst pregnant women in the UK and examine the management of the condition as well as maternal and neonatal outcomes.

Surveillance Period: 1st October 2015 – 30th September 2016

Case Definition: Any pregnant woman in the UK who fulfils at least one of the following criteria:

- A woman with epilepsy who dies during pregnancy or up to day 42 postpartum, where the cause of death is directly attributed to the consequences of epilepsy, including SUDEP.
- A woman with epilepsy who is admitted to hospital as an inpatient for management of generalised tonic-clonic seizures during pregnancy or the postpartum period.
- Any woman being treated with >3 anti-epileptic drugs simultaneously at any point during their pregnancy.

Lead Investigators: Bryn Kemp and Marian Knight, NPEU; David Williams, University College Hospital; Andrew Kelso, Barts Health NHS Trust.



GMC Revalidation and NMC Continual Professional Development

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Chocolate Box



Chocolates this month go to Katrina Mleczeko at West Middlesex Hospital for identifying additional cases of ITP and returning the data promptly and to Anne-Marie Whiting from Torbay Hospital for timely return of monthly report cards and data collection forms.

Many thanks to you both!



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