



Royal College of
Obstetricians
and Gynaecologists

NEWSLETTER 31 - October 2012

Stroke in Pregnancy: Incidence, Risk Factors, Management and Outcomes

The results of a UKOSS study of cases of antenatal stroke conducted between October 2007 and March 2010 have recently been published. Stroke is an important cause of morbidity and mortality, the incidence of which is likely to increase due to an ageing population, however, estimates of the incidence of stroke associated with pregnancy vary widely.

This study was designed to estimate the incidence of antenatal stroke in the UK and to identify risk factors associated with stroke during pregnancy. Information on the clinical features, current management, survival and prognosis of antenatal strokes was also obtained in order to develop guidance and improve the care of women having an antenatal stroke.

Thirty cases of antenatal stroke were reported giving an estimated incidence of 1.5 cases per 100,000 maternities (95% CI 1.0-2.1). The incidences of non-haemorrhagic and haemorrhagic stroke were 0.9 (95% CI 0.5-1.3) and 0.6 (95% CI 0.3-1.0) per 100 000 maternities. Factors associated with increased risk of antenatal stroke were history of migraine (OR 8.5, 95% CI 1.5-62.1), gestational diabetes (OR 26.8, 95% CI 3.2-∞), and preeclampsia or eclampsia (OR 7.7, 95% CI 1.3-55.7).

There was wide variation in the use of pharmacological and surgical management, and organized stroke unit care. There were six stroke-related maternal deaths giving a case fatality rate of 20% of all strokes, and 50% of haemorrhagic strokes, and a mortality rate of 0.3 (95% CI 0.1-0.6) per 100 000 maternities.

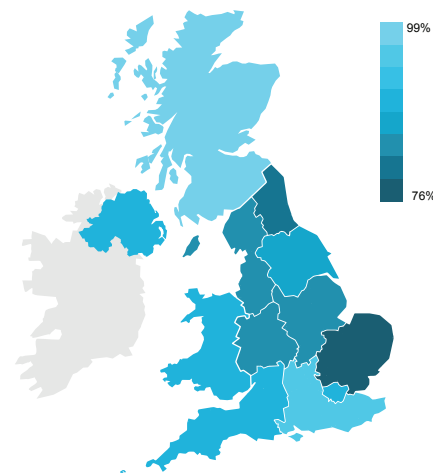
This study suggests that the risk of a stroke during pregnancy is low, however the poor outcomes in terms of morbidity and mortality and variations in care highlight the importance of such women receiving

specialist stroke care. Clinicians should be aware of the increased risk in women with a history of migraine, gestational diabetes and pre-eclampsia or eclampsia.

Reference: Scott CA, Bewley S, Rudd A, et al. (2012) Incidence, risk factors, management, and outcomes of stroke in pregnancy. *Obstet Gynecol* 120(2 Pt 1):318-24.



UKOSS Regional Card Return Rates Map June 2012 – August 2012



THIS MONTH

- New study - Anaphylaxis in Pregnancy
- Gastric Banding in Pregnancy final reporting



Thanks to the following hospitals who have returned cards for the last three months:

Aberdeen Maternity Hospital, Aberdeen
Airedale General Hospital, Keighley
Alexandra Hospital, Redditch
Altnagalvin Area Hospital, Londonderry
Antrim Hospital, Antrim
Arrove Park Hospital, Wirral
Ayrshire Maternity Unit, Kilmarnock
Barnet and Chase Farm Hospitals NHS Trust, Enfield
Barnsley District General Hospital, Barnsley
Basildon Hospital, Basildon
Bedford Hospital, Bedford
Birmingham City Hospital, Birmingham
Birmingham Women's Hospital, Birmingham
Borders General Hospital, Borders
Bradford Royal Infirmary, Bradford
Broomfield Hospital, Chelmsford
Caitness General Hospital, Wick
Causeway Hospital, Coleraine
Chelsea & Westminster Hospital, London
Chesterfield & North Derbyshire Royal Hospital, Chesterfield
City Hospitals Sunderland NHS Trust, Sunderland
Conquest Hospital, St Leonards-on-Sea
Countess of Chester Hospital, Chester
Craigavon Area Hospital, Portadown
Croydon University Hospital, Thornton Heath
Daisy Hill Hospital, Newry
Darent Valley Hospital, Dartford
Derby Hospitals NHS Foundation Trust, Derby
Dewsbury and District Hospital, Dewsbury
Diana Princess of Wales Hospital, Grimsby
Dorset County Hospital, Dorchester
Dr Gray's Hospital, Elgin
Dumfries & Galloway Royal Infirmary, Dumfries
Ealing Hospital, London
Eastbourne District General Hospital, Eastbourne
Epsom General Hospital, Epsom
Erne Hospital, Enniskillen
Forth Valley Royal Hospital, Larbert
Friarage Hospital, Northallerton
Frimley Park Hospital, Camberley
George Eliot Hospital, Nuneaton
Glan Clwyd District General Hospital, Rhyl
Good Hope Hospital, Sutton Coldfield
Harrogate District Hospital, Harrogate
Hillingdon Hospital, Uxbridge
Hinchingsbrooke Hospital, Huntingdon
Horton Hospital, Banbury
Hull Royal Infirmary, Hull
Ipswich Hospital, Ipswich
James Cook University Hospital, Middlesbrough
James Paget Hospital, Great Yarmouth
Jersey General Hospital, St Helier
John Radcliffe Hospital, Oxford
Kettering General Hospital, Kettering
King's Mill Hospital, Sutton in Ashfield
Lancashire Women and Newborn Centre, Burnley
Leighton Hospital, Crewe
Lister Hospital, Stevenage
Macclesfield District General Hospital, Macclesfield
Medway Maritime Hospital, Gillingham
Milton Keynes General Hospital, Milton Keynes
Nevill Hall Hospital, Abergavenny
Newham General Hospital, London
Ninewells Hospital & Medical School, Dundee
Norfolk & Norwich University Hospital, Norwich
North Devon District Hospital, Barnstaple
North Hampshire Hospital, Basingstoke
Northwick Park Hospital, Harrow
Nottingham City Hospital, Nottingham
Nottingham University Hospitals NHS Trust, Nottingham

Pilgrim Hospital, Boston
Poole Hospital, Poole
Prince Charles Hospital, Methyr Tydfil
Princess Alexandra Hospital, Harlow
Princess Anne Hospital, Southampton
Princess Elizabeth Hospital, St Martins
Princess Royal Hospital, Haywards Heath
Princess Royal Maternity Hospital, Glasgow
Princess Royal University Hospital, Orpington
Queen Elizabeth Hospital, Gateshead
Queen Elizabeth Hospital, Kings Lynn
Queen Elizabeth the Queen Mother Hospital, Margate
Queen's Hospital, Burton upon Trent
Rotherham District General Hospital, Rotherham
Royal Albert Edward Infirmary, Wigan
Royal Alexandra Hospital, Paisley
Royal Berkshire Hospital, Reading
Royal Bolton Hospital, Bolton
Royal Devon & Exeter Hospital, Exeter
Royal Free Hospital, London
Royal Glamorgan Hospital, Llantrisant
Royal Hampshire County Hospital, Winchester
Royal Preston Hospital, Preston
Royal Shrewsbury Hospital, Shrewsbury
Royal Surrey County Hospital, Guildford
Royal United Hospital, Bath
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 District Hospital, South Shields
Southend Hospital, Westcliff-on-Sea
Southern General Hospital, Glasgow
Southmead Hospital, Bristol
Southport & Ormskirk Hospital NHS Trust, Ormskirk
St George's Hospital, London
St Helier Hospital, Carshalton
St John's Unit at Howden, 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
Stepping Hill Hospital, Stockport
Stoke Mandeville Hospital, Aylesbury
Tameside General Hospital, Ashton-under-Lyne
Taunton and Somerset Hospital, Taunton
The Great Western Hospital, Swindon
The Jessop Wing, Sheffield
The Portland Hospital, London
The Tunbridge Wells Hospital, Tunbridge Wells
Torbay Hospital, Torquay
Ulster Hospital, Belfast
University College Hospital, London
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
Victoria Hospital, Blackpool
Victoria Hospital, Kirkcaldy
Wansbeck General Hospital, Ashington
Warwick Hospital, Warwick
West Cumberland Hospital, Whitehaven
West Middlesex University Hospital, Isleworth
West Wales General Hospital, Carmarthen

Western Isles Hospital, Stornaway
Whiston Hospital, Prescot
Whittington Hospital, London
William Harvey Hospital, Ashford
Wishaw General Hospital, Wishaw
Withybush Hospital, Haverfordwest
Worthing Hospital, Worthing
Wrexham Maelor Hospital, Wrexham
York Hospital, York
Ysbyty Gwynedd District General Hospital, Bangor

Barnet General Hospital, Barnet
Bassetlaw District General Hospital, Worksop
Bronlais Hospital, Aberystwyth
Colchester General Hospital, Colchester
Darlington Memorial Hospital, Darlington
Derriford Hospital, Plymouth
Doncaster Royal Infirmary, Doncaster
East Surrey Hospital, Redhill
Guy's and St Thomas' Hospital, London
Homerton University Hospital, London
King's College Hospital, London
Kingston Hospital, London
Leeds General Infirmary, Leeds
Leicester Royal Infirmary, Leicester
Lincoln County Hospital, Lincoln
Liverpool Women's Hospital, Liverpool
Mater Infirorum Hospital, Belfast
New Cross Hospital, Wolverhampton
Nobles Hospital, Douglas
North Manchester General Hospital, Manchester
North Middlesex Hospital, London
Peterborough City Hospital, Peterborough
Princess of Wales Hospital, Bridgend
Queen Alexandra Hospital, Portsmouth
Queen Charlotte's and Chelsea Hospital, London
Queen Elizabeth Hospital, London
Queen Elizabeth II Hospital, Welwyn Garden City
Queen's Hospital, Romford
Raigmore Hospital, Inverness
Royal Cornwall Hospital, Truro
Royal Lancaster Infirmary, Lancaster
Royal Oldham Hospital, Oldham
Royal Sussex County Hospital, Brighton
St James's University Hospital, Leeds
St Mary's Hospital, Newport
University Hospital of North Durham, Durham
University Hospital of Wales, Cardiff
Warrington Hospital, Warrington
Watford General Hospital, Watford
West Suffolk Hospital, Bury St Edmunds
Wexham Park Hospital, Slough
Whipps Cross University Trust Hospital, London
Worcestershire Royal Hospital, Worcester
Yeovil Women's Hospital, Yeovil

Birmingham Heartlands Hospital, Birmingham
Cumberland Infirmary, Carlisle
Furness General Hospital, Barrow-in-Furness
Gloucestershire Royal Hospital, Gloucester
Hereford County Hospital, Hereford
King George Hospital, Ilford
Northampton General Hospital, Northampton
Pinderfields General Hospital, Wakefield
Rosie Maternity Hospital, Cambridge
Royal Gwent Hospital, Newport
Royal Jubilee Maternity Service, Belfast
Royal London Hospital, London
Wythenshawe Hospital, Manchester
Calderdale Royal Hospital, Halifax
Luton and Dunstable Hospital, Luton
Manor Hospital, Walsall
Royal Victoria Infirmary, Newcastle upon Tyne

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



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New Study - Anaphylaxis in Pregnancy

Background: Anaphylaxis during pregnancy can be associated with significant adverse outcomes for both mother and infant and can be fatal. There are published guidelines for the management of anaphylaxis in adults however there is little information about how anaphylactic shock in pregnancy should be managed in order to optimise the outcome for both mother and baby. This study will collect information about the incidence, management and outcomes of anaphylaxis in pregnancy in the UK.

Surveillance period: October 2012 – September 2014

Case definition: All pregnant women in the UK identified as having anaphylaxis as identified by the following definition:

Anaphylaxis is defined as a severe, life-threatening generalised or systemic hypersensitivity reaction. The following three criteria must be met for a diagnosis of anaphylaxis to be made:

1. A life-threatening airway problem and/or breathing problem and/or circulatory problem
2. Sudden onset and rapid progression of symptoms
3. Skin and/or mucosal changes

Women should not be reported if a diagnosis of anaphylaxis has been excluded by their senior attending clinician.

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

Investigators: Marian Knight, NPEU; Peter Brocklehurst, Institute for Women's Health UCL; Kim Hinshaw, Sunderland Royal Hospital; Nuala Lucus, Northwick Park Hospital; Derek Tuffnell, Bradford Hospitals; Benjamin Stenson, Edinburgh Royal Infirmary; Rhiannon D'Arcy, Oxford University Hospitals

Case report summary for current studies up until 26 September 2012

Disorder	Actual number of reported cases	Data collection forms returned (%)	Number of confirmed cases (%)	Expected number of confirmed cases
Adrenal Tumours	17	15 (88)	5 (33)	26
Amniotic Fluid Embolism*	161	156 (97)	112 (72)	91
Cardiac Arrest in Pregnancy (CAPS)	59	41 (69)	22 (54)	35
Gastric Banding in Pregnancy	143	106 (74)	69 (65)	110
Massive Transfusion	19	5 (26)	5 (100)	32
Myeloproliferative Disorders	70	60 (86)	39 (65)	133
Pituitary Tumours	94	78 (83)	44 (56)	125
Stage 5 Chronic Kidney Disease	13	6 (46)	3 (50)	27

Funding: *This study represents independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0608-10038). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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UKOSS Gastric Banding in Pregnancy Study

The Gastric Banding in Pregnancy study will end this month. Please can all UKOSS reporters check that they have reported any cases of gastric banding in pregnancy that have occurred between the 01st November 2011 and the 31st October 2012. Thank you

Meet a UKOSS Reporter

Charlotte McClymont, the UKOSS/UKNeS Programme Manager interviews Kate Harding.

Kate Harding has worked as a consultant obstetrician at Guy's and St Thomas' Hospitals Foundation Trust since September 1997. Since appointment she has fulfilled a number of roles in the department including risk lead, lead for labour ward, Head of Obstetrics and CNST lead.

CM: What are the main duties / responsibilities of your job?

KH: My main duty is as a consultant obstetrician. I have two busy, high risk antenatal clinics each week specialising in women with renal disease, HIV, hypertension and inflammatory bowel disease. I spend a 13 hour day on labour ward approximately every other week (we have approaching 7,000 deliveries a year) and in this time I will both conduct deliveries and supervise/teach the junior doctors, the midwives and the medical students. I also do two antenatal and a postnatal ward round each week (seeing all the inpatients). I am currently responsible for the antenatal service and take a major role in guideline writing for the department.

CM: What do you like best about your current job?

KH: The best thing about my current job are my colleagues both midwifery and medical. I share an office with three of the funniest, wisest and most supportive women one could hope to meet. For the last 10 years I have shared my antenatal clinic with a colleague. We have a complimentary approach to patient care, whilst we may not always agree on patient care we will support the other's decisions and thus give the women confidence in our care.

CM: What do you think is particularly good about your maternity unit?

KH: I work in a diverse, enthusiastic, forward looking and supportive department. The motto is "how can I help you" and I believe that is sincerely meant.

CM: What aspects of being a UKOSS reporter do you most enjoy?

KH: I like to know what is going on. As the UKOSS lead I have an excuse to look at the notes of some of the most challenging cases to go through the unit and learn from their care.

Chocolate Box



Chocolates this month go to **Stephen Hiles** from Northwick Park Hospital and **Marie Parkhill** from Pilgrim Hospital for efficient return of cards and forms.

Many thanks to you both!

CM: Do you have any hobbies / what are your interests outside of work?

KH: I have an eight year old son who is teaching me about Karate. I enjoy cooking, gardening, playing tennis and relaxing with my family.

CM: How does being a UKOSS reporter add to your role at work?

KH: The UKOSS work adds about 1 hour to my work each week (or 4 hours a month). This will be trying to identify potential cases, reviewing the notes to ensure that they fulfil the criteria and identifying the controls.

CM: How do you manage / co-ordinate the UKOSS reporting at your hospital?

KH: About once a month I will review the high dependency admission book (as most UKOSS cases will go through there) and then review the cases electronically (including their blood results). The "rare" cases I try to identify as they go through (such as myeloproliferative disease, cardiac arrest and pituitary tumours). If I think that they are cases I will request the notes form my secretary. After reviewing the notes I will then identify the 2 controls (request their notes) and identify the "link" consultant.

I keep a record of all the Cases and controls and will complete the UKOSS blue card. Once the forms arrive from UKOSS these (plus the notes) are sent to the link consultant to complete. With luck that is the last I hear of them. Unfortunately in about 30% a query then comes through from UKOSS which I will try and answer myself if it is to do with results but if the notes are needed I hand it back to the link consultant.

Kate Harding - Guy's and St Thomas' Hospital



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