Impacted fetal head at caesarean section

Study 02/19

Data Collection Form - CASE

Please report any woman delivering on or after the 01/03/19 and before 31/08/19

Case Definition:

Any woman with a singleton fetus in cephalic presentation who had an emergency caesarean section during the second stage of labour (i.e. when the cervix was fully dilated) in whom delivery required tocolysis or a technique to assist delivery of the fetal head (prophylactically or as a result of difficulty with delivery) or where the operating surgeon deemed there to be ‘difficulty’ in delivering the fetal head.
Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.

2. Fill in the form using the information available in the woman’s case notes.

3. If the woman has received secondary mental health care (prior to or during her current pregnancy) please consult with the woman’s most recent psychiatric team to complete this form. If you are unable to contact a psychiatrist involved in the woman’s care please contact the UKOSS administrator and provide details of the mental health team she was receiving care from.

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 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.

9. If you do not know the answers to some questions, please indicate this in section 7.

10. If you encounter any problems with completing the form please contact the UKOSS coordinator or use the space in section 10 to describe the problem.
### Section 1: Woman’s details

1. **Year of birth:**
2. **Ethnic group:** (enter code, please see back cover for guidance)
3. **Height at booking:** cm
4. **Weight at booking:** kg
5. **What is the woman’s smoking status?**
   - Never
   - Current
   - Gave up prior to pregnancy
   - 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 **Has the woman had any previous vaginal deliveries?**
   - Yes
   - No
   - If Yes, how many?

2.3 **Has the woman had any previous Caesarean sections?**
   - Yes
   - No
   - If Yes, how many?

2.4 **Did the woman have any other previous pregnancy problems?**
   - Yes
   - No
   - If Yes, please specify:

### Section 3: Previous Medical History

3.1 **Did the woman have any other pre-existing medical problems?**
   - Yes
   - No
   - If Yes, please give details:

### Section 4: This Pregnancy

4.1 **Final Estimated Date of Delivery (EDD):**
4.2 **Was this a multiple pregnancy?**
   - Yes
   - No
   - If Yes, please specify number of fetuses:

4.3 **Were there problems in this pregnancy antenatally?**
   - Yes
   - No
   - If Yes, please specify:
### Section 5: Delivery

#### 5.1 Was delivery induced?
- Yes ❑ No ❑
  - If Yes, please state indication: ____________________________
  - Was vaginal prostaglandin used? Yes ❑ No ❑

#### 5.2 Did the woman labour?
- Yes ❑ No ❑
  - If Yes, what time and date did labour start? __/__/____ /____:____
  - What time and date was second stage diagnosed? __/__/____ /____:____
  - Did the woman receive syntocinon during labour? Yes ❑ No ❑
    - If Yes, how long was the syntocinon used for? __:____/____:____

#### 5.3 Was delivery by caesarean section?
- If No, this is not a case so therefore please continue to Section 8
  - If Yes, please state:
    - Grade of urgency: 5* ❑
    - Indication for caesarean section: ____________________________
    - Method of anaesthesia: Regional ❑ General anaesthetic ❑
    - What was the time and date of the uterine incision? __/__/____ /____:____

#### 5.4 Which of the following techniques were adopted to deliver the baby?
- Please indicate whether used prophylactically or for treatment of an impacted head.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Was this technique used?</th>
<th>If used, please give order of use (1,2,3 etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Push technique (the head is flexed and pushed upwards through the vagina by an assistant)</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Reverse breech extraction (pull) technique: the fetus is delivered feet first</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Patwardhan method: the fetal shoulders are delivered first</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Fetal pillow</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Head down tilt of the operating table</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Administration of tocolytic agents to the mother</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Tydeman tube</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Tocolysis</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Uterine incision extension</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Prophylactic ❑ Treatment ❑ No ❑</td>
<td></td>
</tr>
</tbody>
</table>

If tocolysis was used, what drug was used and what time was it first given? __/__/____ /____:____
5.5 What was the grade of the main operator performing the caesarean section?

- ST3-5
- ST6-7
- Consultant
- SAS doctor
- Other

If Other, please specify: ____________________________

5.6 Was there a more senior doctor supervising in theatre? ST6-7

- Consultant
- None

5.7 Did the main operator fail to deliver the head?

- Yes
- No

If Yes, what was the grade of the operator who delivered the baby?

- ST3-5
- ST6-7
- Consultant
- SAS doctor
- Other

5.8 Was there a prior attempt at instrumental delivery?

- Yes
- No

If Yes, which instrument(s) was used? (please tick all that apply)

- Ventouse
- Forceps

Was rotation of the fetal head attempted?

- Yes
- No

If Yes, with which of the following? (please tick all that apply)

- Ventouse
- Forceps
- Manual rotation

What was the grade of the main operator performing the instrumental?

- ST3-5
- ST6-7
- Consultant
- SAS doctor
- Other

5.9 What was the station of the head (relative to the ischial spines) on the examination prior to delivery?

- Above spines
- 0 to +2 below
- +3 to +4
- Outlet

5.10 What was the position of the fetal head on examination prior to delivery?

- OA
- OP
- OT
- Brow
- Not known

Section 6: Outcomes

Section 6a: Woman

6a.1 Did the woman require critical care? (please tick all that apply)

- Level 2
- Level 3
- No

6a.2 Did the woman have any of the following? (please tick all that apply)

- Bladder injury
- Bowel injury
- Ureteric injury

- Extension of uterine incision
- Sepsis
- PPH>1000ml
- None

If she had a PPH>1000ml, please specify estimated total blood loss ____________________________ mls

6a.3 Did any other major maternal morbidity occur?**

If Yes, please specify: ____________________________

6a.4 Did the woman die?

- Yes
- No

If Yes, please specify date and time of death ____________________________

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](http://www.npeu.ox.ac.uk/ukoss)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b.1 Date and time of delivery:</td>
<td>/ / / / : :</td>
</tr>
<tr>
<td>6b.2 Birthweight:</td>
<td>g</td>
</tr>
<tr>
<td>6b.3 Sex of infant:</td>
<td>Male</td>
</tr>
<tr>
<td>6b.4 Was the infant stillborn?</td>
<td>Yes</td>
</tr>
<tr>
<td>If Yes, please go to Section 7</td>
<td></td>
</tr>
<tr>
<td>6b.5 Apgar</td>
<td>5 min</td>
</tr>
<tr>
<td>6b.6 Cord pH</td>
<td>Arterial</td>
</tr>
<tr>
<td>Base excess</td>
<td>Arterial</td>
</tr>
<tr>
<td>6b.7 Was the infant admitted to the neonatal unit?</td>
<td>Yes</td>
</tr>
<tr>
<td>If Yes, duration of stay (days)</td>
<td></td>
</tr>
<tr>
<td>6b.8 Did the infant have any of the following? (please tick all that apply)</td>
<td>Yes</td>
</tr>
<tr>
<td>Fractured skull</td>
<td>Fractured clavicle</td>
</tr>
<tr>
<td>Neonatal intracranial haemorrhage</td>
<td>Moderate HIE</td>
</tr>
<tr>
<td>6b.9 Did any other major infant complications occur?</td>
<td>Yes</td>
</tr>
<tr>
<td>If Yes, please specify</td>
<td></td>
</tr>
<tr>
<td>6b.10 Did this infant die?</td>
<td>Yes</td>
</tr>
<tr>
<td>If Yes, please specify date of death</td>
<td>/ / / /</td>
</tr>
<tr>
<td>What was the primary cause of death as stated on the death certificate?</td>
<td>(Please state if not known)</td>
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<td></td>
</tr>
</tbody>
</table>
Section 8: Your details

8.1 Name of UKOSS representative completing the form: ____________________________

8.2 Designation: ____________________________

8.3 Today’s date: 

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:
   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
   Placenta praevia
   Gestational diabetes
   Significant placental abruption
   Post-partum haemorrhage requiring transfusion

3. Previous or pre-existing maternal medical problems, including:
   Cardiac disease (congenital or acquired)
   Renal disease
   Endocrine disorders e.g. diabetes, hypo or hyperthyroidism
   Psychiatric disorders
   Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
   Inflammatory disorders e.g. inflammatory bowel disease
   Autoimmune diseases
   Cancer
   HIV

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. 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

6. 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

7. 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, meningitis