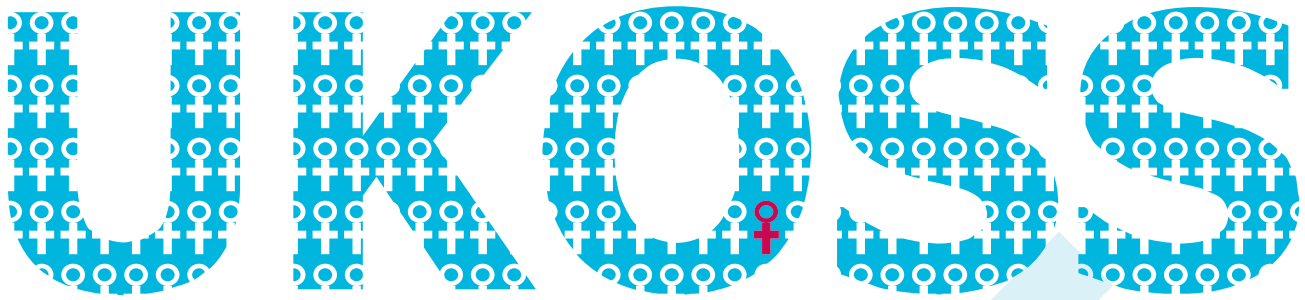


ID Number:



UK Obstetric Surveillance System

New Therapies for Influenza Study

Study 01/20

Data Collection Form - CASE

Case Definition:

Any pregnant woman admitted to hospital from 01/01/20 to 30/04/22 with influenza who receives at least one dose of intravenous Zanamivir.

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.
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 4.
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 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.
8. **If you do not know the answers to some questions, please indicate this in section 4.**
9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 4 to describe the problem.



Royal College of
Obstetricians
and Gynaecologists

Bringing to life the best
in women's health care

Please return the completed form to:

UKOSS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Fax: 01865 617775

Phone: 01865 289714

Case reported in: _____



NPEU

Section 1: Woman's details

- 1.1 Year of birth:**
- 1.2 Gravity**
Number of completed pregnancies beyond 24 weeks:
Number of pregnancies less than 24 weeks:
- 1.3 Final Estimated Date of Delivery (EDD):^{1*}** / /
- 1.4 Did this woman receive intravenous Zanamivir (Dectova) during pregnancy?** Yes No
If No, this woman does not meet the case definition. Please do not complete any further information and return the form to UKOSS.
If Yes, please give date of first dose and continue to Section 2 / /

Section 2: Delivery

- 2.1 Did this woman have a miscarriage?** Yes No
If Yes, please specify date: / /
- 2.2 Did this woman have a termination of pregnancy?** Yes No
If Yes, please specify date: / /
Was the pregnancy terminated due to a congenital malformation? Yes No
If Yes, please specify: _____

If Yes to 2.1 or 2.2, please now complete sections 3, 4 and 5

- 2.3 Is this woman still undelivered?** Yes No
If Yes, will she be receiving the rest of her antenatal care from the current hospital? Yes No
If No, please indicate name of hospital providing future care, then *go to Section 4*

Section 3: Outcomes

Section 3a: Woman

- 3a.1 Was the woman admitted to Level 3 critical care?** Yes No
If Yes, please specify duration of stay: days
OR Tick if woman is still in ITU:
OR Tick if woman was transferred to another hospital:
- 3a.2 Did any other major maternal morbidity occur?^{2*}** Yes No
If Yes, please specify: _____
- 3a.3 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 3b: 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

3b.1 Date and time of delivery:

/ / : 24hr

3b.2 Mode of delivery:

Spontaneous vaginal Ventouse
Lift-out Forceps Rotational Forceps
Pre-labour caesarean section Caesarean section after onset of labour

3b.3 Birthweight:

g

3b.4 Sex of infant:

Male Female Indeterminate

3b.5 Was the infant stillborn?

Yes No

If Yes, please go to section 4

3b.6 5 min Apgar

3b.7 Was the infant admitted to the neonatal unit?

Yes No

If Yes, please specify duration of stay:

days

OR Tick if infant is still in neonatal unit:

OR Tick if woman was transferred to another hospital:

3b.8 Did any other major infant complications occur?^{7*}

Yes No

If Yes, please specify _____

3b.9 Did this infant have a congenital abnormality:

Yes No

If Yes, please give details _____

3b.10 Did this infant die?

Yes No

If Yes, please specify date of death

/ /

Section 4:

Please use this space to enter any other information you feel may be important

Section 5:

5.1 Name of person completing the form: _____

5.2 Designation: _____

5.3 Today's date: / /

You may find it useful in the case of queries to keep a copy of this form.

Definitions

1. Estimated date of delivery (EDD): Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

2. Previous or current pregnancy problems, including;

Persistent vegetative stage

Cardiac arrest

Cerebrovascular accident

Adult respiratory distress syndrome

Disseminated intravascular coagulopathy

HELLP

Pulmonary oedema

Mendleson's syndrome

Renal failure

Thrombotic event

Septicaemia

Required ventilation

3. 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 eg. Septicaemia, meningitis

Exchange transfusion