

UKOSS

UK Obstetric Surveillance System

Transabdominal cerclage 01/24

Data Collection Form - CASE

Please report any woman delivering on or after the
01/05/2024 and before 01/05/2025

Case Definition:

All pregnant women identified as having a transabdominal cervical cerclage (TAC) in situ

Case ID Number:



Royal College of
Obstetricians
and Gynaecologists

Bringing to life the best
in women's health care

Please return the completed form to:

ukoss@npeu.ox.ac.uk

UKOSS

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

Phone: 01865 617764 / 617774

Reporting Month: _____

Reporting Hospital: _____



NPEU

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 for your own reference on the 'UKOSS - Reported cases' document.
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 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 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 7.**
9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 7 to describe the problem.

Section 1: Woman's details

- 1.1 Year of birth**
- 1.2 Ethnic group^{1*}** (enter code, please see back cover for guidance)
- 1.3 Marital status** single married cohabiting
- 1.4 Was the woman in paid employment at booking?** Yes No
- If Yes, what is her occupation _____
- If No, what is her partner's (if any) occupation _____
- 1.5 Height at booking** cm
- 1.6 Weight at booking** . kg
- 1.7 Smoking status** never gave up prior to pregnancy
current gave up during pregnancy
- 1.8 Vaping status** never gave up prior to pregnancy
current gave up during pregnancy

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OFFICE USE
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Section 2: Previous Obstetric History

- 2.1 Gravidity** _____
- Number of previous pregnancies of any gestation
- If no previous pregnancies, please go to section 3.**

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2.2 Did the woman have any previous miscarriages or terminations? Yes No

If Yes, please provide number:

Please provide the following details for each:

Miscarriage (M) or termination (T)?#	Estimated date of birth (EDB)*4	Date of event	TAC in situ? Tick if yes	Management: Medical (M), Surgical (S) or None (N)##
<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more than three, please enter data for each additional pregnancy in section 7

2.3 Did the woman have any previous pregnancies >24 weeks? Yes No

If Yes, please provide number:

Please provide the following details for each pregnancy >24 weeks:

Final Estimated Date of Birth (EDB)*4 / /

OR if not available gestation at childbirth

Date of childbirth / /

OR if not available gestation at childbirth

Onset of labour (select one) Spontaneous Iatrogenic

Outcome (select one)

Livebirth Livebirth and subsequent neonatal death Stillbirth

Mode of birth (select one) Vaginal birth Caesarean section

If Caesarean section, please indicate grade of urgency

and dilatation at CS cm

Cerclage in situ? Yes No

If Yes, please indicate if: McDonald's Shirodkar TAC

AND

Gestation (weeks) at insertion weeks

OR tick if pre-pregnancy

If more than one, please enter data for each additional pregnancy in section 7

2.4 Did the woman have any previous preterm prelabour rupture of membranes >24hrs? Yes No

If Yes, was there presence of histological chorioamnionitis? Yes No

2.5 Did the woman have any previous pregnancy problems?* Yes No

If Yes, please specify

#Please enter M or T (or NK for Not known)

##Please enter M, S or N (or NK for Not known)

*For guidance please see back cover

Section 3: Medical History

Section 3a: Transabdominal cerclage

3.2 Please indicate whether any of the following were present (tick all that apply):

- Previous cervical surgery (gynaecological e.g. trachelectomy, LLETZ, cone biopsy, etc.)
- Chronic hypertension
- Pre-existing diabetes (Type 1 or Type 2)
- Thromboembolic disease
- Thrombophilia (acquired/inherited)
- None of the above

3.3 Did the woman have any other pre-existing medical problem?^{3*} Yes No

If Yes, please give details _____

Section 3b: Transabdominal cerclage this pregnancy

3b.1 Please state indication for insertion of transabdominal cervical cerclage (TAC)? (please tick one)

- Previous delivery <28 weeks despite having a vaginal cerclage in situ
- Previous trachelectomy
- Inability to insert vaginal cerclage
- Other

If Other, please specify _____

3b.2 Please provide date of insertion of transabdominal cervical cerclage (TAC)? / /

3b.3 How was the TAC inserted? via a laparotomy (open procedure)
via a laparoscopic procedure

Section 4: This Pregnancy

4.1 Final Estimated Date of Birth (EDB)?^{4*} / /

4.2 Was this a multiple pregnancy? Yes No

If Yes, please specify number of fetuses

4.3 How was this pregnancy conceived? Spontaneous Assisted

4.4 Were there any problems in this pregnancy?^{2*} Yes No

If Yes, please specify _____

4.5 Date of rupture of membranes / /

4.6 Did this woman receive any of the following?

- A complete course of steroids within 1 week of delivery? Yes No
- Magnesium sulphate within 24 hours of delivery? Yes No
- Antibiotics after rupture of membranes? Yes No

Section 5: Delivery

5.1 Did this woman have a miscarriage? Yes No

If Yes, please specify date

DD / MM / YY

5.2 Did this woman have a termination of pregnancy? Yes No

If Yes, please specify date

DD / MM / YY

*If Yes to 5.1 or 5.2, please now complete sections 6a, 7 and 8.*5.3 Is this woman still undelivered? Yes No If Yes, will she be receiving the rest of her antenatal care from your hospital? Yes No

If No, please indicate name of hospital providing future care:

Will she be delivered at your hospital? Yes No

If No, please indicate name of delivery hospital, then go to Section 7

5.4 What was the planned mode of birth? Vaginal Caesarean Section

If Vaginal, what was the indication for planned vaginal birth?

How was the TAC managed? _____

5.5 Was induction of labour attempted? Yes No

If Yes, please state indication _____

Was vaginal prostaglandin used? Yes No 5.6 Did the woman labour? Yes No

If Yes, what date did labour start?

DD / MM / YY

5.7 Was delivery by caesarean section? Yes No

If Yes, please state

Grade of urgency^{5*} _____

Indication for caesarean section _____

TAC in situ Other

If Other, please specify: _____

Method of anaesthesia: _____

Regional General anaesthetic 5.8 Was the TAC left in situ? Yes No

If No, please explain/give reason _____

5.9 What was the date and time of childbirth? DD / MM / YY

hh : mm

If more than one infant, please enter data for each additional infant in Section 7.

5.10 Mode of birth

Spontaneous vaginal Ventouse Forceps Breech Pre-labour caesarean section Caesarean section after onset of labour

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU (critical care level 3)? Yes No

If Yes, please specify:

Duration of stay days

Or Tick if woman is still in ITU (critical care level 3)

Or Tick if woman was transferred to another hospital

6a.2 Did the woman have a postpartum haemorrhage? Yes No

6a.3 Did the woman have a postpartum infection/sepsis? Yes No

If Yes, please specify

6a.4 Did any other major maternal morbidity occur?^{6*} Yes No

If Yes, please specify

6a.5 Did the woman die? Yes No

If Yes, please specify date of death / /

What was the primary cause of death as stated on the death certificate?

(Please state if not known)

Was a post mortem examination undertaken? Yes No Not known

If Yes, did the examination confirm the certified cause of death/diagnosis?

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 extra copies of the form.

6b.1 Birthweight g

6b.3 Sex of infant Male Female Indeterminate

6b.4 Was the infant stillborn? Yes No

If Yes, was this Ante-partum OR Intra-partum

If Yes, go to section 7

6b.5 5 min Apgar

6b.6 Was the infant admitted to the neonatal unit? Yes No

If Yes, please specify details

6b.7 Did any other major infant complications occur?^{7*} Yes No

If Yes, please specify details

6b.8 Did this infant die? Yes No

If Yes, please specify date of death / /

What was the primary cause of death as stated on the death certificate?

(Please state if not known)

Definitions

1. UK Census Coding for ethnic group

WHITE

01. English, Welsh, Scottish, Northern Irish or British
02. Irish
03. Gypsy or Irish Traveller
04. Roma
05. Any other white background

MIXED

06. White and black Caribbean
07. White and black African
08. White and Asian
09. Any other mixed or multiple ethnic background

ASIAN OR ASIAN BRITISH

10. Indian
11. Pakistani
12. Bangladeshi
13. Chinese
14. Any other Asian background

BLACK OR BLACK BRITISH

15. Caribbean
16. African
17. Any other black, black British or Caribbean background

OTHER ETHNIC GROUP

18. Arab
19. Any other ethnic group

2. Previous or current pregnancy problems, including:

Thrombotic event
Amniotic fluid embolism
Eclampsia
3 or more miscarriages
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
Puerperal psychosis
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

3. Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. 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 birth (EDB):

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
Secondary infection e.g. pneumonia
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
Exchange transfusion