

UK Obstetric Surveillance System

Amniotic Fluid Embolism Study 02/05

Data Collection Form - CASE

Case Definition:

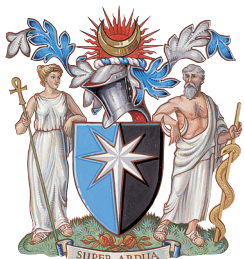
EITHER a clinical diagnosis of AFE (acute hypotension or cardiac arrest, acute hypoxia or coagulopathy in the absence of any other potential explanation for the symptoms and signs observed)

OR a pathological diagnosis (presence of fetal squames or hair in the lungs).

Please return the completed form to:

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

Fax: 01865 289700
Phone: 01865 289714



Royal College of
Obstetricians and
Gynaecologists

Case reported in: _____

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 on the Clinician's Section of the blue card retained in the UKOSS folder.
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 you do not know the answers to some questions, please indicate this in section 7.
8. 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

Section 2: Previous Pregnancies

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 Did the woman have any previous pregnancy problems^{2*}

Yes No

If Yes, please specify

Section 3: Previous Medical History

Please indicate whether any of the following were present

3.1 Previous or pre-existing medical problems^{3*}

Yes No

If Yes, please specify

3.2 History of allergy

Yes No

If Yes, please specify

3.3 History of atopy (asthma, eczema, hayfever)

Yes No

If Yes, please specify

*For guidance please see back cover

Section 4a: This Pregnancy

4a.1 Final Estimated Date of Delivery (EDD)**

 / /

4a.2 Was this pregnancy a multiple pregnancy?

Yes No

If Yes, please specify number of fetuses

4a.3 Were there problems in this pregnancy?*

Yes No

If Yes, please specify

Section 4b: Diagnosis of amniotic fluid embolism

Please indicate if any of the following features were present at or immediately preceding diagnosis

Please rank the features in order of occurrence

Tick all that apply (1,2,3,etc)

Acute fetal compromise

Cardiac arrest

Cardiac rhythm problems

Coagulopathy

Hypotension

Maternal haemorrhage

Premonitory symptoms e.g. restlessness, agitation, numbness, tingling

Seizure

Shortness of breath

Section 4c: Laboratory tests

Please record the blood levels of the following at diagnosis and at their most abnormal level

Marker

Level at diagnosis

Worst recorded level

Date worst level was recorded

Platelet count (x10⁹/l)

 / /

Activated partial thromboplastin time (APTT) (sec)

 / /

Creatinine (μmol/l)

 / /

Section 4d: Maternal event

4d.1 Date and time of event

 / / :

4d.2 Date and time diagnosis first considered

 / / :

4d.3 Membranes ruptured at time of event?

Yes No

If Yes, please state date and time of rupture

 / / :

Was rupture

artificial

spontaneous

4d.4 Meconium staining of liquor

fresh

old

none

4d.5 Was there fetal distress before maternal collapse?

Yes No

If Yes, please specify

4d.6 Was woman: first stage second stage post-delivery

4d.7 Contraction frequency at time of event (number in 10 mins)

4d.8 Anaesthetic/analgesia at time of collapse

spinal epidural combined spinal epidural GA none

4d.9 Were any clinical staff present at collapse? Yes No

If Yes, please specify most senior grades present

Midwifery _____

Medical _____

4d.10 Time woman was first seen by an obstetrician after collapse :

4d.11 Time woman was first seen by an anaesthetist after collapse :

Section 4e: Associated morbidity

Please indicate if any of the following morbidities occurred and specify the management, if any

Disseminated intravascular coagulopathy (DIC) Yes No

If Yes, please specify management _____

Other morbidity Yes No

If Yes, please specify morbidity and management

Section 4f: Therapy

4f.1 Please indicate if any of the following therapies were used and when

Please tick all that apply

Hysterectomy Date / / Time :

Exchange transfusion / / :

Plasma exchange / / :

Factor VIIa / / :

Other / / :

If Other, please specify

4f.2 Did the woman receive any blood? Yes No

Please record units received by this woman

Whole blood or packed red cells

Section 5: Delivery

5.1 Was delivery induced?

Yes No

If Yes, was vaginal prostaglandin used?

Yes No

If Yes, please record the preparation and total dose of prostaglandin given (mg)

5.2 Did the woman labour?

Yes No If Yes, please state date and time of diagnosis of labour / / :

Was syntocinon used during labour?

Yes No

Duration of syntocinon during labour

 hrs mins

Did hyperstimulation occur? (contractions more than 5 in 10 minutes)

Yes No

If Yes, for how long did hyperstimulation occur? (mins)

5.3 Was delivery by caesarean section?

Yes No

If Yes, please state whether

elective

OR

emergency Please state grade of urgency^{5*}

and give indication for caesarean section

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU/HDU?

Yes No

If Yes, duration of stay (days)

Or Tick if woman is still in ITU/HDU

Or Tick if woman was transferred to another hospital

6a.2 Did any other major maternal morbidity occur?^{6*}

Yes No

If Yes, please specify

6a.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?

Was a post mortem examination undertaken?

Yes No

If Yes, were fetal squames or hair found in the lungs?

Yes No

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

6b.1 Date and time of delivery

/ / :

6b.2 Mode of delivery

spontaneous vaginal ventouse lift-out forceps rotational forceps breech pre-labour caesarean section caesarean section after onset of labour

6b.3 Birthweight (g)

*For guidance please see back cover

6b.4 Was the infant stillborn?

Yes No

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, duration of stay (days)

Or Tick if infant is still in NICU/SBCU

Or Tick if infant was transferred to another hospital

6b.7 Did any major infant complications occur?^{7*}

Yes No

If Yes, please specify _____

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) _____

Section 7

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

Section 8:

Name of person completing the form _____

Designation _____

Today's date

/ /

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

If you are unable to make a copy please tick the box

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:

3 or more miscarriages
Amniocentesis
Baby with a major congenital abnormality
Gestational diabetes
Haemorrhage
Hyperemesis requiring admission
Infant requiring intensive care
Neonatal death
Placenta praevia
Placental abruption
Post-partum haemorrhage requiring transfusion
Pre-eclampsia (hypertension and proteinuria)
Premature rupture of membranes
Preterm birth or mid trimester loss
Puerperal psychosis
Thrombotic event
Severe infection e.g. pyelonephritis
Stillbirth
Surgical procedure in pregnancy

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

Cardiac disease (congenital or acquired)
Diabetes
Epilepsy
Endocrine disorders e.g. hypo or hyperthyroidism
Essential hypertension
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Psychiatric disorders
Renal disease

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:

Adult respiratory distress syndrome
Cardiac arrest
Cerebrovascular accident
Disseminated intravascular coagulopathy
HELLP
Mendelson's syndrome
Persistent vegetative state
Renal failure
Required ventilation
Septicaemia
Thrombotic event

7. Infant complications, including:

Chronic lung disease
Exchange transfusion
Intraventricular haemorrhage
Jaundice requiring phototherapy
Major congenital anomaly
Necrotising enterocolitis
Neonatal encephalopathy
Respiratory distress syndrome
Severe infection e.g. septicaemia, meningitis