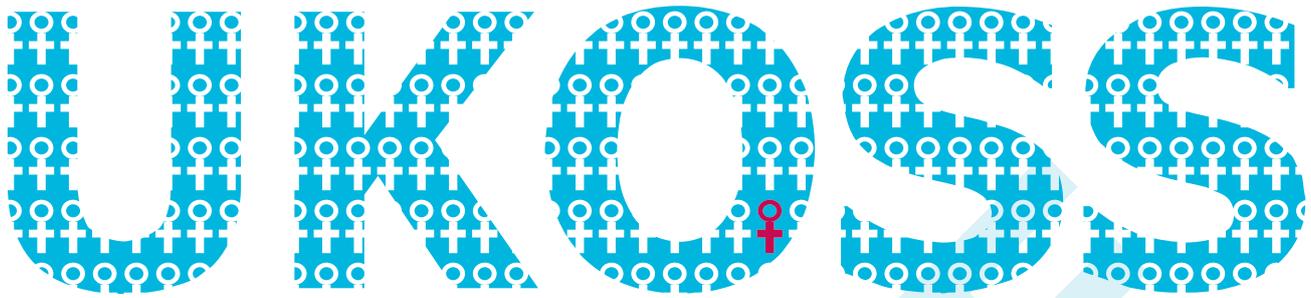


ID Number:



UK Obstetric Surveillance System

Management of Pregnancy following Laparoscopic Adjustable Gastric Band Surgery

Study 04/11

Data Collection Form - CASE

**Please report any woman delivering on or after 1st September 2011
and before 1st September 2012.**

Case Definition:

Any woman with an ongoing pregnancy who has had laparoscopic adjustable gastric band (LAGB) surgery for obesity.



Royal College of
Obstetricians and
Gynaecologists

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
National Perinatal
Epidemiology Unit

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 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

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 Did the woman have any previous pregnancy problems?^{2*} Yes No
- If Yes, please specify: _____

*For guidance please see back cover

Section 3: Previous Medical History

3.1 What was the date the gastric band was inserted?

/ /

3.2 Please indicate whether any of the following were present:

diabetes hypertension
heart disease renal disease

3.3 Did the woman have any other pre-existing medical problem?^{3*}

If Yes, please specify: _____

Section 4: This Pregnancy

Section 4a:

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

/ /

4a.2 Was this a multiple pregnancy?

Yes No

If Yes, please specify number of fetuses:

4a.3 Was conception:

spontaneous assisted not known

4a.4 Was dietary advice given at booking?

Yes No

If Yes, was the advice given by a dietician?

Yes No

4a.5 Was vitamin supplementation given?

Yes No

4a.6 Was the woman screened for gestational diabetes?

Yes No

4a.7 Did the woman develop diabetes in this pregnancy?

Yes No

4a.8 Did the woman become anaemic during this pregnancy?

Yes No

4a.9 Did the woman develop high blood pressure during this pregnancy?

Yes No

If Yes, was this treated?

Yes No

4a.10 Did the woman develop pre-eclampsia during this pregnancy?

Yes No

If Yes, what was the date of diagnosis?

/ /

4a.11 Did the woman develop thromboembolic disease?

Yes No

If Yes, was this:

antenatally postpartum

4a.12 Were there any other problems in this pregnancy?^{2*}

Yes No

If Yes, please specify: _____

*For guidance please see back cover

Section 4b: Weight Changes During Pregnancy

4b.1 Is the woman's pre-pregnancy weight known?

Yes No

If Yes, what was the

Weight:

kg

BMI:

.

Date recorded:

/ /

4b.2 What was the first recorded weight in pregnancy?

Weight:

kg

BMI:

.

Date recorded:

/ /

4b.3 What was the last recorded weight in pregnancy?

Weight:

kg

BMI:

.

Date recorded:

/ /

Section 4c: Gastric Band Management During Current Pregnancy

4c.1 Was the band managed in your hospital during this pregnancy?

Yes No

If No, please give the name of the hospital where the band was managed:

4c.2 Was the band deflated during this pregnancy?

Yes No

If Yes, please give the date(s) the band was deflated:

/ /

/ /

4c.3 Was the band inflated during this pregnancy?

Yes No

Date band was inflated	<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"/>
Any adverse symptoms during times of inflation? If Yes, please tick all that apply:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If Other, please specify	_____	

4c.4 Was the woman managed by a team that included an obstetrician AND an endocrinologist AND a dietician?

Yes No

Section 5: Delivery

5.1 Did this woman have a miscarriage? Yes No

If Yes, please specify date:

/ /

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

If Yes, please specify date:

/ /

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 Was delivery induced? Yes No

If Yes, please state indication: _____

Was vaginal prostaglandin used? Yes No

5.5 Did the woman labour? Yes No

5.6 Was delivery by caesarean section? Yes No

If Yes, please state:

Grade of urgency:^{5*}

Indication for caesarean section: _____

Method of anaesthesia: Regional General anaesthetic

5.7 Were there any obstetric or anaesthetic complications during or following delivery?^{6*} Yes No

If Yes, please specify: _____

Section 6: Outcomes

Section 6a: Woman

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

If Yes, please specify duration of stay: days

OR Tick if woman is still in ITU or level 3 care:

OR Tick if woman was transferred to another hospital:

6a.2 Was there any reported wound infection following delivery? Yes No

6a.3 Did any other major maternal morbidity occur?^{7*} Yes No

If Yes, please specify: _____

6a.4 Was the band still deflated at time of delivery? Yes No Not applicable

If Yes, was there a plan for it to be re-inflated postnatally? Yes No Not known

If Yes, what was the planned date of re-inflation? / /

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

If Yes, did the examination confirm the diagnosis on the death certificate?

Yes No Not known

If No, what was the post mortem 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 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

6b.4 Sex of infant:

Male Female Indeterminate

6b.5 Was the infant stillborn?

Yes No

If Yes, when did this occur?

antepartum intrapartum

Please go to section 7.

6b.6 5 min Apgar:

6b.7 Was the infant admitted to the neonatal unit?

Yes No

6b.8 Was any congenital abnormality detected?

Yes No

If Yes, was this detected antenatally?

Yes No

Please specify abnormality: _____

6b.9 Was there any evidence of abnormal growth?

Yes No

If Yes, please specify: _____

6b.10 Did any other major infant complications occur?^{8*}

Yes No

If Yes, please specify: _____

6b.11 Did this infant 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) _____

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:

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, anaemia
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. 6RCA/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. Obstetric and anaesthetic intra and postpartum complications, including:

Failed regional anaesthesia
Failed intubation
Failed instrumental delivery
Shoulder Dystocia
Third degree tear
Major Obstetric haemorrhage

7. 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

8. Fetal/infant complications, including:

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