ID Number:

UKOSS

UK Obstetric Surveillance System

Massive transfusion due to Major Obstetric Haemorrhage Study 02/12

Data Collection Form - CASE

Please report all pregnant women admitted on or after 01 July 2012

and before 01 July 2013

Case Definition:

All pregnant women of 20 weeks gestation or more identified as having ≥ 8 units of RBC transfusion within a 24 hour period. Please include all women who have received both RBC transfusion and cell salvage, as long as the RBC transfusion is ≥ 8 units.

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 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 Y Y Y Y

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 previous completed pregnancies beyond 24 weeks ☐☐

Number of previous pregnancies less than 24 weeks ☐☐

If no previous pregnancies, *please go to section 3*

2.2 Has the woman had any previous caesarean sections? Yes ☐ No ☐

If Yes, specify number in total: ☐

*For guidance please see back cover

2.3 **Has the woman had a previous post partum haemorrhage?** Yes ☐ No ☐

If Yes, please specify details:

Date of post partum haemorrhage	Transfused
D D / M M / Y Y	☐
D D / M M / Y Y	☐
D D / M M / Y Y	☐

2.4 **Did the woman have any other previous pregnancy problems[2]?** Yes ☐ No ☐

If Yes, please give details _____

Section 3: Previous Medical History

3.1 **Does the woman have a history of acquired or inherited bleeding disorders?** Yes ☐ No ☐

If Yes, please specify _____

3.2 **Does the woman have a history of thrombocytopenia (platelet count <100)?** Yes ☐ No ☐

If Yes, please specify diagnosis _____

3.3 **Does the woman have any other pre-existing medical problems?[3]*** Yes ☐ No ☐

If Yes, please give details _____

Section 4: This Pregnancy

4.1 **Final Estimated Date of Delivery (EDD)[4]*** D D / M M / Y Y

4.2 **Was this pregnancy a multiple pregnancy?** Yes ☐ No ☐

If Yes, specify number of fetuses ☐

4.3 **Were there any other problems in this pregnancy?** Yes ☐ No ☐

If Yes, please specify _____

4.4 **Was the haemoglobin level measured before delivery?** Yes ☐ No ☐

If Yes, please give

Hb Level ☐☐.☐ (g/dL)

Date of last measurement D D / M M / Y Y

Section 5:

Section 5a: Delivery

5a.1 **Did this woman have a miscarriage?** Yes ☐ No ☐

If Yes, please specify date D D / M M / Y Y

5a.2 **Did this woman have a termination of pregnancy?** Yes ☐ No ☐

If Yes, please specify date D D / M M / Y Y

If Yes to 5a.1 or 5a.2, please now complete sections 5b, 6a, 7 and 8.

*For guidance please see back cover

5a.3 Was delivery induced? Yes ☐ No ☐

If Yes, please state indication _____

Was prostaglandin used? Yes ☐ No ☐

If Yes, please specify

Agent used	Date given	Dose
	D D / M M / Y Y	

5a.4 Did the woman labour? Yes ☐ No ☐

If Yes, please state date and time of diagnosis of first stage of labour

D D / M M / Y Y h h : m m (24hr)

5a.5 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 ☐

Section 5b: Massive obstetric haemorrhage

5b.1 What was the date and time of the onset of obstetric haemorrhage?

D D / M M / Y Y h h : m m (24hr)

5b.2 Where was the woman at the onset of the obstetric haemorrhage?

_____

5b.3 What was the estimated total blood loss? ☐☐☐☐☐ **(mls)**

5b.4 What was the primary underlying cause of haemorrhage *(please tick one only)*

Uterine atony	☐
Placenta praevia	☐
Placenta accreta/increta/percreta	☐
Placental abruption	☐
Uterine infection	☐
Uterine rupture	☐
If **Yes**, please specify — pre-labour ☐ during labour ☐ traumatic	☐
Extension of incision at time of caesarean section	☐
Extension of previous caesarean section scar at the time of caesarean section	☐
Genital tract trauma/tears	☐
Other cause	☐
If **Other**, please specify _____	

5b.5 Please specify the first result after diagnosis and the worst haematological parameters recorded at the time of the obstetric haemorrhage?

	Diagnosis value	Worst value
Hb g/dL	☐☐.☐	☐☐.☐
Platelet count (x10^9/L)	☐☐☐☐☐	☐☐☐☐☐

*For guidance please see back cover

Prothrombin time (sec) PT	☐☐☐	☐☐☐
INR	☐.☐	☐.☐
Activated prothrombin time (sec) APTT	☐☐☐	☐☐☐
Activated prothrombin time (ratio) APTT	☐☐.☐	☐☐.☐
Fibrinogen (g/dL)	☐☐.☐	☐☐.☐
D-dimer	☐☐☐☐☐	☐☐☐☐☐

5b.6 Did you use point of care testing to guide blood transfusion management for any of the following?

Haemoglobin	Yes ☐	No ☐
Prothrombin time	Yes ☐	No ☐
Thromboelastography (TEG)	Yes ☐	No ☐
Rotational thromboelastometry (ROTEM)	Yes ☐	No ☐
FIBTEM	Yes ☐	No ☐

5b.7 What was the woman's blood group?

O+ ☐	A+ ☐	B+ ☐	AB+ ☐
O- ☐	A- ☐	B- ☐	AB- ☐

Section 5c: Management of obstetric haemorrhage

5c.1 Please indicate what treatments were undertaken

	Tick all that apply	Please rank the therapies in the order in which they were first used (1, 2, 3 etc)
Syntocinon infusion	☐	☐☐
Ergometrine	☐	☐☐
Prostaglandin F2α	☐	☐☐
Misoprostol	☐	☐☐
Intra-abdominal packing	☐	☐☐
Intrauterine balloons	☐	☐☐
Intrauterine packing	☐	☐☐
Recombinant factor VIIa	☐	☐☐
Vessel embolisation/ligation	☐	☐☐
Intra-arterial balloons	☐	☐☐
B-Lynch or other brace suture	☐	☐☐
Hysterectomy	☐	☐☐

5c.2 Please record the amounts of blood products and fluid received in total by this woman (units)

Packed red cells	☐☐
Date and time of first	D D / M M / Y Y h h : m m (24hr)
Date and time of eighth	D D / M M / Y Y h h : m m (24hr)
If date and time not known, were 8 units transfused within 24 hours?	Yes ☐ No ☐
Fresh Frozen Plasma	☐☐

*For guidance please see back cover

Platelets	☐☐
Cryoprecipitate	☐☐
Crystalloid (ml)	☐☐☐☐☐
Colloid (ml)	☐☐☐☐☐
Cell salvage (ml)	☐☐☐☐☐

5c.3 How many units of RBC were given before first FFP transfusion? ☐☐

OR tick if FFP not given ☐

5c.4 How many units of RBC were given before first cryoprecipitate transfusion? ☐☐

OR tick if cryoprecipitate not given ☐

5c.5 Did the woman receive Factor VIIa to stop bleeding during the obstetric haemorrhage? Yes ☐ No ☐

If Yes, what was the total dose given? ☐☐

5c.6 Did the woman receive tranexamic acid to stop bleeding during the obstetric haemorrhage? Yes ☐ No ☐

If Yes, what was the total dose given? ☐☐

5c.7 Has the woman participated in the WOMAN trial? Yes ☐ No ☐

5c.8 Did the woman receive fibrinogen concentrate to stop bleeding during the obstetric haemorrhage? Yes ☐ No ☐

If Yes, what was the total dose given? ☐☐

Was this given as part of a clinical trial? Yes ☐ No ☐

5c.9 Did the woman receive prothrombin complex concentrate to stop bleeding during the obstetric haemorrhage? Yes ☐ No ☐

If Yes, what was the total dose given? ☐☐

Section 6: Outcomes

Section 6a: Woman

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

If Yes, please specify:

Duration of stay ☐☐ days

Or Tick if woman is still in HDU/ITU ☐

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 Has the women been discharged? Yes ☐ No ☐

If Yes, please give date of discharge D D / M M / Y Y

6a.4 Did the woman die? Yes ☐ No ☐

If Yes, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

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

(Please state if not known.) _____

*For guidance please see back cover

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 D D / M M / Y Y h h : m m (24hr)

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, *please go to section 7.*

6b.6 5 min Apgar ☐☐

6b.7 Was the infant admitted to the neonatal unit? Yes ☐ No ☐

6b.8 Did any other major infant complications occur?[7]* Yes ☐ No ☐

If Yes, please specify _____

6b.9 Did this infant die? Yes ☐ No ☐

If Yes, please specify date of death D D / M M / Y Y

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 D D / M M / Y Y

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

*For guidance please see back cover

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
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
Exchange transfusion