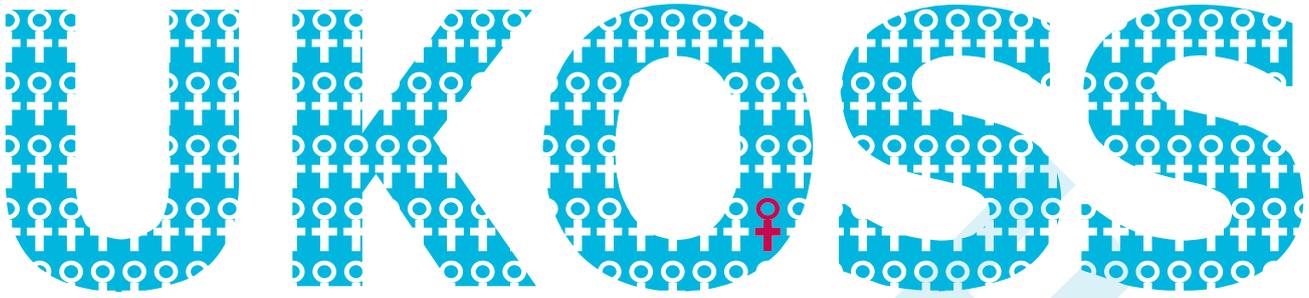


ID Number:



UK Obstetric Surveillance System

## Placenta Accreta Study 04/10

Data Collection Form - CASE

Please report any woman delivering on or after the 1st May 2010 and before 1st May 2011.

### Case Definition:

All pregnant women identified as having:

- Either** Placenta accreta/increta/percreta diagnosed histologically following hysterectomy or postmortem
- Or** An abnormally adherent placenta, requiring active management, including conservative approaches where the placenta is left in situ.
- Excluded** Women who have had a manual placental removal with minimal or moderate difficulty but required no additional active management.

Please return the completed form to:

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

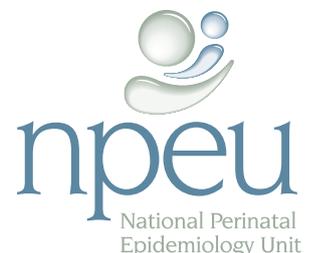
Fax: 01865 617775

Phone: 01865 289714

Case reported in: \_\_\_\_\_



Royal College of  
Obstetricians and  
Gynaecologists



## 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<sup>1\*</sup>** (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?<sup>2\*</sup>** Yes  No   
If Yes, please specify \_\_\_\_\_

\*For guidance please see back cover

**2.3 Has the woman had any previous deliveries by caesarean section?**

Yes  No

If Yes, please specify number in total

Was the immediately preceding delivery by caesarean section?

Yes  No

Please give details of previous caesarean sections in the table below

	Month/year	Indication for caesarean section	Type of incision (e.g. classical/LSCS)	Cervical dilatation at time of CS (cm)
1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
3	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
4	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
5	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			

### Section 3: Previous Medical History

Please indicate whether any of the following were present prior to pregnancy:

**3.1 Previous or pre-existing medical problems<sup>3\*</sup>**

Yes  No

If Yes, please specify \_\_\_\_\_

**3.2 Has the woman had any previous uterine surgery?**

Yes  No

If Yes, please specify type and number of operations

Myomectomy

Yes  Number

If Yes, was the cavity breeched?

Yes  No

Dilatation and curettage

Yes  Number

Surgical termination of pregnancy

Yes  Number

Evacuation of retained products of conception (ERPC)

Yes  Number

Manual removal of placenta

Yes  Number

Other<sup>4\*</sup>

Yes  Number

If Other, please specify \_\_\_\_\_

**3.3 Has the woman had a previous uterine perforation?**

Yes  No

If Yes, was any treatment given?

Yes  No

If Yes please specify \_\_\_\_\_

### Section 4: This Pregnancy

**4.1 Final Estimated Date of Delivery (EDD)<sup>5\*</sup>**

/   /

**4.2 Date of first booking visit**

/   /

**4.3 Was this a multiple pregnancy?**

Yes  No

If Yes, please specify number of fetuses

**4.4 Was placenta praevia diagnosed prior to delivery?**

Yes  No

If Yes, specify grade

\*For guidance please see back cover

4.5 Was placenta accreta **suspected** prior to delivery? Yes  No

If Yes, how was this diagnosed? (please tick all that apply)

Ultrasound

MRI

If ultrasound, indicate below which features were recorded

Placental lacunae

Loss of clear space

Disruption of bladder/myometrial interface

Other

If Other, please specify \_\_\_\_\_

If MRI, please describe diagnostic features noted  
\_\_\_\_\_

Was gadolinium contrast enhancement used? Yes  No

If Not suspected, how did the placenta accreta present?

Antepartum haemorrhage

Retained placenta

Uterine rupture

Other

If Other, please specify \_\_\_\_\_

4.6 What was the planned mode of delivery? Vaginal  Caesarean

4.7 Were there other problems in this pregnancy?<sup>2\*</sup> Yes  No

If Yes, please specify \_\_\_\_\_

## Section 5: Delivery and management of placenta accreta

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<sup>6\*</sup>

Grade of operator \_\_\_\_\_

Indication for caesarean section \_\_\_\_\_

Method of anaesthesia: Regional  General anaesthetic

What was the position of the uterine incision? \_\_\_\_\_

**5.7 Was the placenta left in situ?**

Yes  No

If Yes, was this

Complete  Partial

Was methotrexate used?

Yes  No

**5.8 Was a hysterectomy performed?**

Yes  No

If Yes, was this planned/anticipated?

Yes  No

If Not planned/anticipated, what was the indication for hysterectomy?  
\_\_\_\_\_

Was an attempt made to remove the placenta prior to hysterectomy? Yes  No

If Yes, was it removed Easily  With difficulty  Partial/attempt abandoned

Was the hysterectomy Total  Subtotal

Date and time of hysterectomy  /  /   :  :

Was the uterus sent for pathological examination? Yes  No

If Yes, what were the pathological findings? \_\_\_\_\_

**5.9 Please indicate below all other therapies used to prevent or treat haemorrhage**

	Tick all that apply	Please rank the therapies in the order in which they were first used (1,2,3 etc)	Was this therapy used for prophylaxis (P) or treatment of haemorrhage(T)?	
			(P)	(T)
Syntocinon infusion	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergometrine	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostaglandin F2 $\alpha$	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recombinant activated factor VII	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artery embolisation/balloon tamponade	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine artery ligation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal iliac artery ligation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Lynch or other brace suture	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra-abdominal packing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine balloons	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other, please specify \_\_\_\_\_

**5.10 Estimated total blood loss (mls)**

\*For guidance please see back cover

**5.11 Did the woman refuse transfusion of blood products?**

Yes  No

If No, were blood products given?

Yes  No

If Yes, please state total units given (enter zero if none given)

	Total (units)
Whole blood or packed red cells	<input type="text"/> <input type="text"/>
Fresh Frozen Plasma (FFP)	<input type="text"/> <input type="text"/>
Platelets	<input type="text"/> <input type="text"/>
Cryoprecipitate	<input type="text"/> <input type="text"/>
Cell salvaged blood (m/s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**5.12 What was the final diagnosis after delivery? (please tick one)**

Placenta accreta

Placenta increta

Placenta percreta

None of the above

If None, please give final diagnosis \_\_\_\_\_

**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?<sup>7\*</sup>**

Yes  No

If Yes, please specify \_\_\_\_\_

**6a.3 If the woman was managed conservatively or hysterectomy was not performed, was the woman followed up to document complete resorption of the placenta?**

Yes  No

If Yes, was the placenta completely resorbed?

Yes  No  Not known

Date complete resorption documented

/  /

**6a.4 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 this confirm

Placenta accreta

Placenta increta

Placenta percreta

None of the above

If None, please give postmortem diagnosis \_\_\_\_\_

\*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](http://www.npeu.ox.ac.uk/ukoss)

### 6b.1 Date and time of delivery

/   /     :     
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?<sup>8\*</sup>

Yes  No

If Yes, please specify \_\_\_\_\_

### 6b.9 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

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## Section 8:

8.1 Name of person completing the form \_\_\_\_\_

8.2 Designation \_\_\_\_\_

8.3 Today's date

/   /

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:

Pre-eclampsia (hypertension and proteinuria)

Eclampsia

Thrombotic event

Amniotic fluid embolism

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

Gestational diabetes

Significant placental abruption

Post-partum haemorrhage requiring transfusion

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

Essential hypertension

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

Epilepsy

Diabetes

Autoimmune diseases

Cancer

HIV

### 4. Examples of other previous uterine surgery:

Endometrial resection/ablation

Septal resection

Polypectomy

### 5. Estimated date of delivery (EDD)

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

### 6. 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

### 7. Major maternal medical complications, including:

Persistent vegetative state

Cerebrovascular accident

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

Major congenital anomaly

Severe infection e.g. septicaemia, meningitis

Exchange transfusion