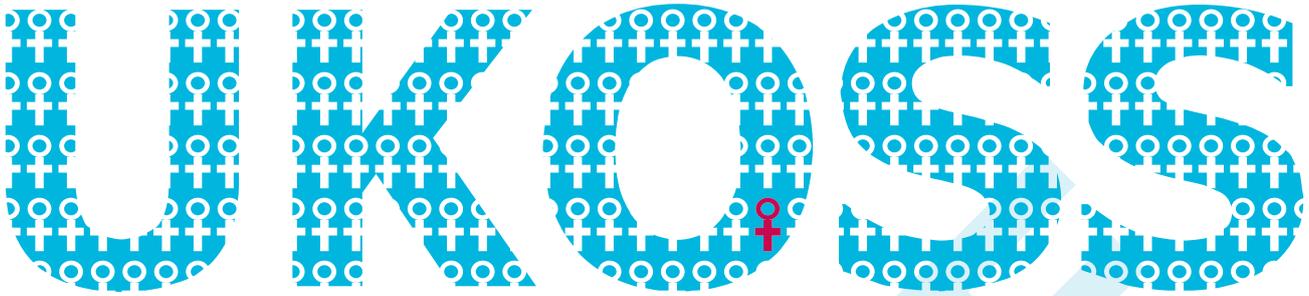


ID Number:



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

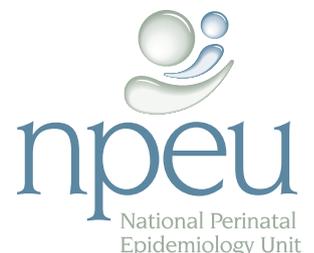
Fax: 01865 617775

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^{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 _____

*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" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>			
2	<input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>			
3	<input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>			
4	<input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>			
5	<input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>			

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^{3*} 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^{4*} 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)^{5*} / /

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?^{2*} 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^{6*} _____

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 DD / MM / YY h h : m m

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 α	<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?^{7*}

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

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?^{8*}

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

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