

ID Number:



UK Obstetric Surveillance System

## COVID-19 in Pregnancy Study 03/20

Data Collection Form - CASE

**Please report all pregnant women admitted on or after 1st March 2020**

**and before 31st March 2022**

### Case Definition:

Any woman admitted to hospital with presumed or confirmed COVID-19 infection in pregnancy.



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 617764 / 617774**

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



**NPEU**

## 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 table provided 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<sup>1\*</sup>** (enter code, please see back cover for guidance)

 

**1.3 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

**1.4 Height at booking**

   cm

**1.5 Weight at booking**

   .  kg

**1.6 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

 

### Section 3: Previous Medical History

**3.1 Does the woman have asthma requiring regular inhaled or oral steroids?**

Yes  No 

**3.2 Has the woman had any other previous or pre-existing medical problems?<sup>3\*</sup>**

Yes  No 

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

**3.3 Has the woman ever been immunised against Covid-19?**

Yes  No 

If Yes, please provide date of:

First dose   /   /

Second dose   /   /

Second dose not yet given

## Section 4: This Pregnancy

- 4.1 Final Estimated Date of Delivery (EDD)<sup>4\*</sup>** / /
- 4.2 Was this pregnancy a multiple pregnancy?** Yes  No   
If Yes, specify number of fetuses
- 4.3 Was the woman admitted to hospital?** Yes  No   
If Yes, please give date of admission / /   
If Yes, what was her oxygen saturation on admission  % or tick if not measured?   
**What was the primary reason for admission? (please tick one)**  
COVID-19 disease or symptoms  Delivery  Other   
If Other, please specify \_\_\_\_\_
- 4.4 Has virological testing for COVID-19 been carried out?**  
Yes - for symptoms  Yes - routine screening  No   
If Yes, did this confirm the diagnosis? Yes  No
- 4.5 Did the women have confirmed pneumonia on imaging?** Yes  No

## Therapy

- 4.6 Was this woman recruited to the RECOVERY trial?** Yes  No
- 4.7 Did the women require respiratory support for COVID-19 disease?** Yes  No   
If Yes, what was the maximal level of support required (please tick one)  
O<sub>2</sub> via nasal prongs  O<sub>2</sub> via mask  O<sub>2</sub> via non-rebreathe mask   
CPAP  Invasive ventilation  ECMO   
If this women received O<sub>2</sub> via nasal prongs or mask, what was the maximum flow rate  
 litres/min  
If this women received ECMO, please indicate:  
Date ECMO commenced / /   
Name of ECMO centre \_\_\_\_\_  
Was this woman delivered during her ECMO treatment? Yes  No   
If Yes, please give reason for delivery \_\_\_\_\_

## 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  
\_\_\_\_\_

**If still undelivered, please complete section 6a and then go to section 7.  
If the woman has delivered, please continue.**

5.4 Was delivery induced? Yes  No

If Yes, please state indication \_\_\_\_\_

5.5 Was delivery by caesarean section? Yes  No

If Yes, please state:

Grade of urgency<sup>5\*</sup>

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

## Section 6: Outcomes

### Section 6a: Woman

6a.1 Was the woman admitted to Level 3 critical care? Yes  No

6a.2 What was the woman's date of discharge after her admission with COVID-19?  
DD / MM / YY

6a.3 Did the woman die? Yes  No

If Yes, please specify date and time of death DD / MM / YY hh : mm

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

(Please state if not known.) \_\_\_\_\_

### Section 6b: 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 DD / MM / YY hh : mm

6b.2 Mode of delivery Spontaneous vaginal  Ventouse or forceps  Breech   
Pre-labour caesarean section  Caesarean section after onset of labour

6b.3 Was the infant stillborn? Yes  No

If Yes, please go to section 7.

6b.4 Was the infant admitted to the neonatal unit? Yes  No

6b.5 Was the infant diagnosed with COVID-19 infection?  
Yes - sample taken <12 hours  Yes - sample taken >=12 hours  No

6b.6 Did this infant die? Yes  No

If Yes, please specify date of death DD / MM / YY

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  
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  
Secondary infection e.g. pneumonia  
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