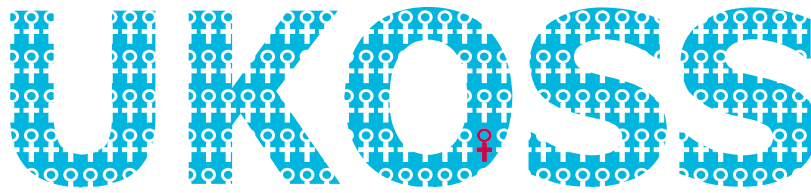
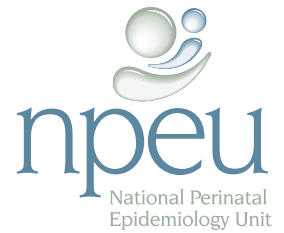




Royal College of
Obstetricians
and Gynaecologists



UK Obstetric Surveillance System



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Applications sought for UKOSS Steering Committee: Obstetric Physician AND Welsh Representative (anaesthetist, midwife or obstetrician currently working for NHS Wales)

UKOSS currently has a vacancy for an Obstetric Physician and Welsh Representative (anaesthetist, midwife or obstetrician currently working for NHS Wales) on its Steering Committee.

Applications will be assessed on the basis of the following criteria:

1. Evidence of contribution to UKOSS at a local level; for example, co-ordinating UKOSS reporting at a local level, returning monthly report cards and completing data collection forms.
2. Evidence of interest in UKOSS; for example, proposing new topic areas, making study applications and/or using UKOSS data in presentations or publications.
3. Evidence of forging links within and without one's own professional group.
4. Research, audit, confidential enquiry or clinical governance experience in obstetrics/maternity care.
5. Experience of committee work.

For more information about the roles, please see the advert on the UKOSS website: www.npeu.ox.ac.uk/ukoss

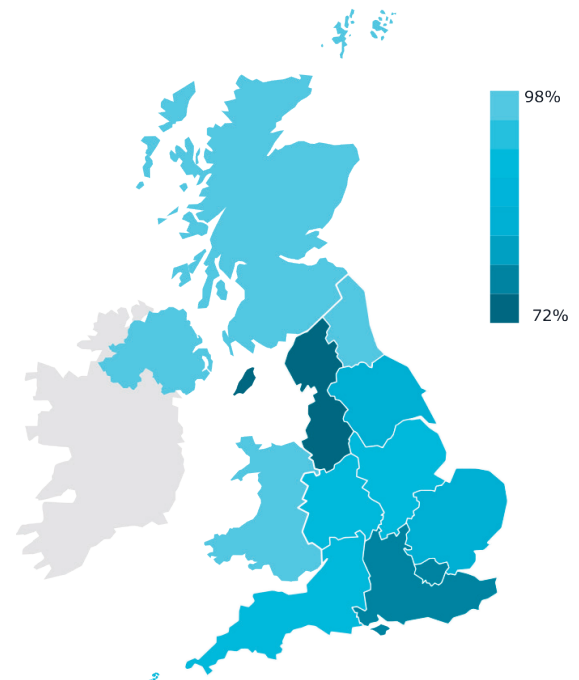
If you are interested in applying, please submit a two page CV and a short covering letter stating which role you are interested in and why you would like to undertake the role to UKOSS at ukoss@npeu.ox.ac.uk

The closing date for applications is Friday 26th August 2016.

Congratulations to Kim Hinshaw, the new chair of the UKOSS Steering Committee



Kim has been an active member of the UKOSS Steering Committee for the last 5 years and is extremely pleased to have the opportunity to continue working with the NPEU team. Kim has been a Consultant Obstetrician & Gynaecologist in Sunderland since 1994, and is Director of Research & Innovation for the Trust. He is Clinical Research Lead for Division 3 in the NE & North Cumbria Clinical Research Network and an Honorary Visiting Professor at the University of Sunderland. His clinical interests include high-risk pregnancy, obstetric ultrasound and 'hands-on' intrapartum care, and he actively promotes the embedding of clinical research within day to day obstetric practice. Kim hopes that his wide network of contacts will help to support further development of UKOSS across the country.



**UKOSS Regional Card Return Rates Map
March 2016 – May 2016**

- New studies: Single Twin Demise and Female Genital Mutilation

- Meet the newest member of the UKOSS Steering Committee



THIS MONTH

Thanks to the following hospitals who have returned cards for March, April, and May 2016:

Aberdeen Maternity Hospital, Aberdeen
Airedale General Hospital, Keighley
Altnagelvin Area Hospital, Londonderry
Antrim Hospital, Antrim
Barnet and Chase Farm NHS Trust Maternity Unit, Barnet
Basildon Hospital, Canvey Island
Bassetlaw District General Hospital, Worksop
Bedford Hospital, Bedford
Birmingham City Hospital, Birmingham
Birmingham Women's Hospital, Birmingham
Borders General Hospital, Borders
Bronglais Hospital,
Broomfield Hospital, Chelmsford
Caithness General Hospital, Wick
Calderdale Royal Hospital, Halifax
Chesterfield & North Derbyshire Royal Hospital, Chesterfield
Craigavon Area Hospital, Portadown
Croydon University Hospital, Thornton Heath
Daisy Hill Hospital, Newry
Darent Valley Hospital, Dartford
Derby Hospitals NHS Foundation Trust, Derby
Dewsbury and District Hospital, Dewsbury
Diana Princess of Wales Hospital, Grimsby
Doncaster Royal Infirmary, Doncaster
Dorset County Hospital, Dorchester
Dr Gray's Hospital, Elgin
Dumfries & Galloway Royal Infirmary, Dumfries
Forth Valley Royal Hospital, Larbert
Frimley Park Hospital, Camberley
George Eliot Hospital, Nuneaton
Gloucestershire Royal Hospital, Gloucester
Good Hope Hospital, Sutton Coldfield
Guy's and St Thomas' Hospital, London
Harrogate District Hospital, Harrogate
Hinchingsbrooke Hospital NHS Trust, Huntingdon
Homerton University Hospital, London
Horton Maternity Hospital, Banbury
Hull Royal Infirmary, Hull
Ipswich Hospital, Ipswich
James Paget University Hospitals Trust, Great Yarmouth
King's College Hospital, London
King's Mill Hospital, Sutton in Ashfield
Kingston Hospital, Kingston upon Thames
Lincoln County Hospital, Lincoln
Lister Hospital, Stevenage
Macclesfield District General Hospital, Macclesfield
Manor Hospital, Walsall
Medway Maritime Hospital, Gillingham
Milton Keynes Hospital NHS Foundation Trust, Milton Keynes
Nevill Hall Hospital, Abergavenny
New Cross Hospital, Wolverhampton
Nobles Hospital, Douglas
North Devon District Hospital, Barnstaple
Pilgrim Hospital, Boston
Prince Charles Hospital, Methyr Tydfil
Princess Anne Hospital, Southampton
Princess of Wales Hospital, Bridgend
Princess Royal Maternity Hospital, Glasgow
Queen Elizabeth Hospital, Gateshead
Queen Elizabeth Hospital, Kings Lynn
Queen Elizabeth Hospital, London
Queen Elizabeth the Queen Mother Hospital, Margate
Queen's Hospital, Romford
Queen's Medical Centre, Nottingham
Raigmore Hospital, Inverness
Rotherham District General Hospital, Rotherham
Royal Albert Edward Infirmary, Wigan
Royal Alexandra Hospital, Paisley

Royal Berkshire Hospital, Reading
Royal Cornwall Hospital, Truro
Royal Glamorgan Hospital, Llantrisant
Royal Oldham Hospital, Oldham
Royal Surrey County Hospital, Guildford
Royal United Hospital, Bath
Royal Victoria Infirmary, Newcastle-upon-Tyne
Scarborough Hospital, Scarborough
Scunthorpe General Hospital, Scunthorpe
Simpson Centre for Reproductive Health, Edinburgh
Singleton Hospital, Swansea
South West Acute Hospital, Enniskillen
Southend University Hospital NHS FT, Westcliff-on-Sea
Southmead Hospital, Bristol
St George's Hospital, London
St James's University Hospital, Leeds
St John's Hospital, Livingston
St Peter's Hospital, Chertsey
Stepping Hill Hospital, Stockport
Stoke Mandeville Hospital, Aylesbury
Taunton and Somerset Hospital, Taunton
The Great Western Hospitals NHS Foundation Trust, Swindon
The Portland Hospital, London
Ulster Hospital, Belfast
University College Hospital, London
University Hospital Lewisham, London
University Hospital of Coventry & Warwickshire, Coventry
University Hospital of North Staffordshire, Stoke on Trent
University Hospital of North Tees, Stockton-on-Tees
University Hospital of Wales, Cardiff
Victoria Hospital, Blackpool
Victoria Hospital, Kirkcaldy
Wansbeck General Hospital, Ashington
Warrington and Halton Hospitals NHS FT, Warrington
Warwick Hospital, Warwick
West Cumberland Hospital, Whitehaven
West Middlesex University Hospital, Isleworth
West Suffolk Hospital, Bury St Edmunds
West Wales General Hospital, Carmarthen
Western Isles Hospital, Stornoway
Wexham Park Hospital, Slough
Whiston Hospital, Prescot
Whittington Hospital, London
William Harvey Hospital, Ashford
Wishaw General Hospital, Wishaw
Worcestershire Royal Hospital, Worcester
Worthing Hospital, Worthing
Wrexham Maelor Hospital, Wrexham
Wythenshawe Hospital, Manchester
Yeovil Women's Hospital, Yeovil
York Hospital, York
Ysbyty Gwynedd District General Hospital, Bangor
Ayrshire Maternity Unit, Kilmarnock
Birmingham Heartlands Hospital, Birmingham
Bradford Royal Infirmary, Bradford
Causeway Hospital, Coleraine
Chelsea & Westminster Hospital, London
City Hospitals Sunderland NHS Trust, Sunderland
Countess of Chester Hospital, Chester
Cumberland Infirmary, Carlisle
Darlington Memorial Hospital, Darlington
Derriford Hospital, Plymouth
East Surrey Hospital, Redhill
Furness General Hospital, Barrow-in-Furness
Glan Clwyd District General Hospital, Bodolwyddan

James Cook University Hospital, Middlesbrough
Jersey General Hospital, St Helier
Leighton Hospital, Crewe
Ninewells Hospital & Medical School, Dundee
North Manchester General Hospital, Manchester
North Middlesex University Hospital, Edmonton
Northampton General Hospital, Northampton
Northwick Park Hospital, Harrow
Nottingham City Hospital, Nottingham
Peterborough City Hospital, Peterborough
Princess Royal Hospital, Haywards Heath
Queen's Hospital, Burton upon Trent
Rosie Maternity Hospital, Cambridge
Royal Devon & Exeter Hospital, Exeter
Royal Free Hospital, London
Royal Gwent Hospital, Newport
Royal Preston Hospital, Preston
Royal Sussex County Hospital, Brighton
Russells Hall Hospital, Dudley
Salisbury District Hospital, Salisbury
South Tyneside NHS Foundation Trust, South Shields
Southern General Hospital, Glasgow
St Helier Hospital, Carshalton
St Mary's Hospital, Newport
St Michael's Hospital, Bristol
Tameside General Hospital, Ashton-under-Lyne
The Jessop Wing, Sheffield
Torbay Hospital, Torquay
University Hospital of North Durham, Durham
Watford General Hospital, Watford
Barnsley Hospital NHS Foundation Trust, Barnsley
East Sussex Healthcare NHS Trust, St Leonards-on-Sea
Epsom General Hospital, Epsom
John Radcliffe Hospital, Oxford
Kettering General Hospital, Kettering
Lancashire Women and Newborn Centre, Burnley
Leicester Royal Infirmary, Leicester
Liverpool Women's Hospital, Liverpool
Norfolk & Norwich University Hospital, Norwich
North Hampshire Hospital, Basingstoke
Princess Alexandra Hospital, Harlow
Princess Elizabeth Hospital, St Martins
Princess Royal Hospital, Telford
Queen Charlotte's and Chelsea Hospital, London
Royal Bolton Hospital, Bolton
Royal Hampshire County Hospital, Winchester
Royal Jubilee Maternity Service, Belfast
Royal Lancaster Infirmary, Lancaster
St Mary's Hospital, London
St Mary's Hospital, Manchester
The Hillingdon Hospitals NHS Foundation Trust, Uxbridge
The Tunbridge Wells Hospital, Tunbridge Wells
Arrowe Park Hospital, Wirral
Colchester General Hospital, Colchester
Hereford County Hospital, Hereford
Leeds General Infirmary, Leeds
Leicester General Hospital, Leicester
Luton & Dunstable Hospital, Luton
Newham General Hospital, London
Pinderfields General Hospital, Wakefield
Poole Hospital, Poole
Princess Royal University Hospital, Orpington
Queen Alexandra Hospital, Portsmouth
Royal London Hospital, London
Southport & Ormskirk Hospital NHS Trust, Ormskirk
St Richard's Hospital, Chichester
Whipps Cross University Trust Hospital, London

Returned all three cards. Returned two cards. Returned one card. No Cards Returned.



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New UKOSS study starting this month! Single Intrauterine Fetal Death in Monochorionic Twins

Key points

- Monochorionic (MC) twins constitute 20-30% of all twin pregnancies and 2.6-6.2% will have a single intrauterine fetal death.
- This event is associated with increased risk of premature delivery and perinatal mortality and morbidity for the other twin.
- There is a lack of robust data regarding the incidence of single twin demise; interventions offered; maternal, fetal and neonatal outcomes and any prognostic indicators.
- The aim of the study is to use UKOSS to determine the incidence of single twin demise in monochorionic twin pregnancies and the adverse maternal, fetal and neonatal outcomes.
- The knowledge gained from this study will enable recommendations for the management of monochorionic twin pregnancies following single twin demise and improve the counselling and management.

Case Definition: All women in the UK with a monochorionic twin pregnancy with single twin demise after 14 weeks gestation, defined as:

- a) Monochorionic twin pregnancy – chorionicity confirmed at first trimester scan (<14 weeks) due to ultrasonic absence of the lambda sign (an echogenic V-shaped chorionic projection of tissue in dichorionic placentation).
- b) Single intrauterine fetal death – intrauterine death of one twin after 14 weeks of gestation (including spontaneous single twin demise or selective feticide).

Lead Investigators: Professor Mark Kilby, Dr Katie Morris, University of Birmingham; Professor Marian Knight NPEU.

Funding: This study is being funded by the British Maternal Fetal Medicine Society (BMFMS) and Twins and Multiple Births Association (TAMBA).

A full protocol will be sent out to all reporters soon.

Coming soon!

Prevalence of Female Genital Mutilation Type 3 in Pregnancy

Key points:

- Female Genital Mutilation (FGM) is commonly performed in parts of Africa, Asia and the Middle East; there are no identifiable health benefits associated with FGM.
- Good quality research evidence about the complications associated with FGM is sparse and there is none from the UK.
- The available evidence, largely from Africa, suggests there are substantial antenatal and delivery complications and poor fetal outcomes.
- The prevalence of FGM in pregnancy in the UK is currently based on unreliable estimates.

For this study **prevalence data only** will be collected for a four month period i.e. the number of cases of type 3 FGM (infibulation).

Case definition: Any pregnant woman in the UK who fulfils the following criteria:

- A woman identified on examination during pregnancy or at delivery who has been subject to type 3 FGM (infibulation): narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora or majora with or without removal of the clitoris.
- Include also women whose infibulation has been reversed by de-infibulation prior to this pregnancy.

Lead Investigators: Jenny Kurinczuk and Marian Knight, NPEU; Brenda Kelly, John Radcliffe Hospital, Oxford; Sarah Creighton, University College London Hospitals.

More information will soon be available on the UKOSS website, but in the meantime please contact ukoss@npeu.ox.ac.uk if you have any queries.

Chocolate Box



Chocolates this month go to Ms Jo Olagboyega at Queen Elizabeth the Queen Mother Hospital for completing all of her PE forms, and Ms Leah Noble at Wishaw General Hospital for being the first to return an epilepsy control form.

Many thanks to you both!

Read more online

To read this on your phone or to access our complete archive:
Open the BARCODE READER APP* on your phone and scan the code here

*Search your app store for 'qrcode'



Case report summary for current studies up until the end of May 2016

Disorder	Actual number of reported cases	Data collection forms returned (%)	Expected number of confirmed cases
Amniotic Fluid Embolism	209	203 (97%)	136
Aspiration	13	13 (100%)	41
Breast Cancer	32	15 (47%)	41
Cystic Fibrosis	61	46 (75%)	65
Epidural Haematoma or Abscess	17	14 (82%)	5
Epilepsy in Pregnancy	160	108 (68%)	337
Gastric Bypass	316	271 (86%)	70
Pulmonary Embolism	241	189 (78%)	188
SHiP	7	3 (43%)	6
Zika Virus in Pregnancy	10	6 (60%)	14

UKOSS Reporting is Going Electronic!

We are pleased to announce that we are planning to transition from paper-based to electronic reporting. We hope to launch electronic reporting early next year. We will soon be contacting all UKOSS reporters to confirm their e-mail addresses and we will provide further information about the change in reporting process later this year. We hope that electronic reporting will ultimately result in a more streamlined system both for UKOSS reporters and for the UKOSS administrative team. In the meantime, if you have any queries then please contact ukoss@npeu.ox.ac.uk

Meet new UKOSS Steering Committee Member, Susanna Stanford



What is your current role on the UKOSS Steering Committee and how long have you held that position?

I am a lay member on the UKOSS Steering Committee. I was appointed at the beginning of the year, so am new to the role. Lay members can be anyone with recent experience of NHS Maternity Care and an interest in research.

How did you become involved with UKOSS/Why did you apply to become a member of the Steering Committee?

I have always been fascinated by research but it wasn't until I was speaking with medics after my second child was born that I came to understand how clinicians develop their practice and the importance of research in enabling evidence based medicine.

Nuala Lucas, an Obstetric Anaesthetist and former Steering Committee member, sent me the advertisement for a new lay member because she thought I might be interested. The national and multidisciplinary collaborative approach to research appealed to me and I could appreciate how important it is for this research to happen so that mothers with the rarest conditions get the best possible care. There are huge benefits to medics too: working from a position of knowledge must be much less stressful than the alternative.

What does being a member of the UKOSS Steering Committee entail for you as a public member?

The Steering Committee meets three times year to consider new and existing projects. It is immensely interesting to read around these rare disorders and the discussions about the projects are fascinating.

What do you feel you will gain from being a member of the UKOSS Steering Committee?

Following personal experience of a spinal anaesthetic failing, I became very interested in communication between doctors and patients, and I have been invited to speak at a number of conferences giving a patient's perspective. I have always aimed to help clinicians as much as patients and I feel that having an appreciation of the complexity of their jobs is vital when speaking to professionals. My involvement as a member of the Steering Committee offers me the opportunity to better understand difficulties clinicians face.

What are your hobbies/what are your interests away from UKOSS?

I work in a school and I am a keen photographer. I have two boys and two dogs - all of whom seem to need a lot of exercise!



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Studies are additionally funded by Wellbeing of Women, National Institute for Academic Anaesthesia - OAA Grant, North Bristol Hospitals NHS Trust, Betsi Cadwaladr University Health Board (BCU HB) and NIHR HTA.

