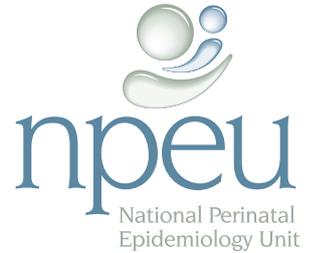




UK Obstetric Surveillance System



Royal College of
Obstetricians and
Gynaecologists

Newsletter 7: October 06

More 100% Hospitals!

Welcome to the seventh UKOSS newsletter. Both the North East and the East Midlands have returned 100% of cards for the last three months. Congratulations! Thank you again for all your hard work. We would be grateful if you could all check the details of your returns on page 2 as we have been having some problems with the post and there may be some lost cards. If you think we have not received any of your cards, please email us to let us know and we can update the database. Further congratulations to the following hospitals that are now 100% hospitals for the first year. Well done!

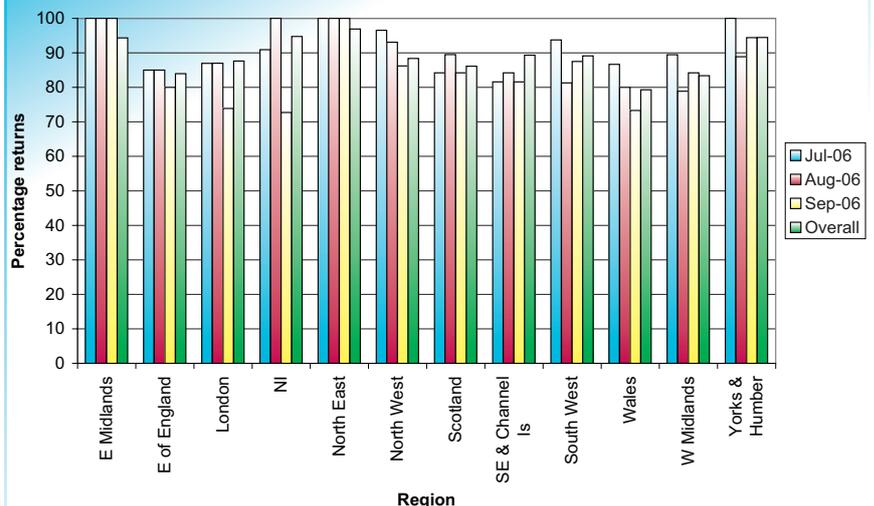
New 100% hospitals

Birmingham Women's Hospital
Bradford Royal Infirmary
Causeway Hospital
Darent Valley Hospital
Derriford Hospital
Erne Hospital
Glan Clwyd District General Hospital
Guy's and St Thomas' Hospital
Harrogate District Hospital
Hillingdon Hospital
Jersey General Hospital
Kettering General Hospital
Kingston Hospital
Liverpool Women's Hospital
Milton Keynes General Hospital
North Tyneside General Hospital
Northampton General Hospital
Pembury Hospital
Peterborough Maternity Unit
Princess Anne Hospital
Princess Royal University Hospital
Queen Charlotte's and Chelsea Hospital
Royal Bolton Hospital
Royal Jubilee Maternity Service
Royal Surrey County Hospital
Royal Sussex County Hospital
Scarborough Hospital
St Helier Hospital
St Mary's Hospital, London
St Mary's Hospital, Manchester
Ulster Hospital
University Hospital of Hartlepool
University Hospital of North Durham
Wansbeck General Hospital
Warwick Hospital
West Middlesex University Hospital
West Suffolk Hospital
Western Isles Hospital
Worcestershire Royal Hospital

Cases reported for current studies

Disorder	Actual Number of cases	Expected number of cases
Acute Fatty Liver	79	144
Amniotic Fluid Embolism	36	19
Antenatal Pulmonary Embolism	179	95
FMAIT	7	10
Gastroschisis	Data collection starts this month	
Myocardial Infarction	9	78
Pulmonary Vascular Disease	11	4
Tuberculosis	120	323

Regional card return rates July-Sept 2006



Thanks to the following hospitals who have returned cards for the last three months:

Aberdeen Maternity Hospital
 Airedale General Hospital
 Alexandra Hospital
 Barnsley District General Hospital
 Basildon Hospital
 Bassetlaw District General Hospital
 Birmingham City Hospital
 Birmingham Women's Hospital
 Bradford Royal Infirmary
 Bronglais Hospital
 Caithness General Hospital
 Causeway Hospital
 Chelsea & Westminster Hospital
 Cheltenham General Hospital
 Chesterfield & North Derbyshire Royal Hospital
 Colchester General Hospital
 Countess of Chester Hospital
 Craigavon Area Hospital
 Cumberland Infirmary
 Daisy Hill Hospital
 Darent Valley Hospital
 Darlington Memorial Hospital
 Derby Hospitals NHS Foundation Trust
 Derriford Hospital
 Dewsbury and District Hospital
 Diana Princess of Wales Hospital
 Doncaster Royal Infirmary
 Dorset County Hospital
 Dr Gray's Hospital
 Dumfries & Galloway Royal Infirmary
 Ealing Hospital
 East Surrey Hospital
 Epsom General Hospital
 Fairfield General Hospital
 Forth Park Hospital
 Friarage Hospital
 Frimley Park Hospital
 Furness General Hospital
 George Eliot Hospital
 Glan Clwyd District General Hospital
 Gloucestershire Royal Hospital
 Good Hope Hospital
 Guy's and St Thomas' Hospital
 Harold Wood Hospital
 Harrogate District Hospital
 Hereford County Hospital
 Hexham General Hospital
 Hillingdon Hospital
 Hinchingsbrooke Hospital
 Homerton Hospital
 Horton Hospital
 Hospital of St John and St Elizabeth
 Huddersfield Royal Infirmary
 Hull Royal Infirmary
 Ipswich Hospital
 James Cook University Hospital
 James Paget Hospital
 Jersey General Hospital
 John Radcliffe Hospital
 Kettering General Hospital
 King George Hospital
 Kings College Hospital
 King's Mill Hospital
 Kingston Hospital
 Lagan Valley Hospital
 Leeds General Infirmary
 Leicester General Hospital
 Leicester Royal Infirmary
 Leighton Hospital
 Lincoln County Hospital
 Lister Hospital
 Macclesfield District General Hospital
 Maidstone General Hospital
 Manor Hospital
 Mater Infirmorum Hospital
 Medway Maritime Hospital
 Mid-Ulster Hospital
 New Cross Hospital
 Ninewells Hospital & Medical School
 Nobles Hospital
 Norfolk & Norwich University Hospital
 North Devon District Hospital
 North Hampshire Hospital
 North Tyneside General Hospital
 Northampton General Hospital
 Nottingham City Hospital
 Nottingham University Hospitals NHS Trust
 Pembury Hospital
 Pilgrim Hospital
 Pontefract General Infirmary
 Poole Hospital
 Prince Charles Hospital
 Princess Alexandra Hospital
 Princess Elizabeth Hospital
 Princess Royal Hospital
 Princess Royal University Hospital
 Queen Elizabeth Hospital, Gateshead
 Queen Elizabeth II Hospital
 Queen Mother's Hospital
 Queen's Hospital
 Raigmore Hospital
 Rochdale Infirmary
 Royal Albert Edward Infirmary
 Royal Alexandra Hospital
 Royal Blackburn Hospital
 Royal Bolton Hospital
 Royal Cornwall Hospital
 Royal Hampshire County Hospital
 Royal Jubilee Maternity Service
 Royal Lancaster Infirmary
 Royal Oldham Hospital
 Royal Shrewsbury Hospital
 Royal Sussex County Hospital
 Royal Victoria Infirmary
 Russells Hall Hospital
 Salisbury District Hospital
 Sandwell District General Hospital
 Scarborough Hospital
 Scunthorpe General Hospital
 Sharoe Green Unit
 Simpson Centre for Reproductive Health
 Singleton Hospital
 South Tyneside District Hospital
 Southend Hospital
 Southern General Hospital
 Southmead Hospital
 Southport & Ormskirk Hospital NHS Trust
 St George's Hospital
 St Helier Hospital
 St James's University Hospital
 St John's Hospital
 St John's Unit at Howden
 St Mary's Hospital, London
 St Mary's Hospital, Newport
 St Mary's Hospital, Portsmouth
 St Michael's Hospital
 St Peter's Hospital
 St Richard's Hospital
 Staffordshire General Hospital
 Stepping Hill Hospital
 Stirling Royal Infirmary
 Stoke Mandeville Hospital
 Tameside General Hospital
 Taunton and Somerset Hospital
 The Jessop Wing
 The Portland Hospital
 Torbay Hospital
 Trafford General Hospital
 Ulster Hospital
 University College Hospital
 University Hospital Lewisham
 University Hospital of Hartlepool
 University Hospital of North Durham
 University Hospital of North Tees
 University Hospital of Wales
 Victoria Hospital
 Warwick Hospital
 Watford General Hospital
 West Cumberland Hospital
 West Middlesex University Hospital
 West Suffolk Hospital
 West Wales General Hospital
 Western Isles Hospital
 Wexham Park Hospital
 Whipps Cross Hospital
 Whittington Hospital
 Wishaw General Hospital
 Withybush Hospital
 Worcestershire Royal Hospital
 Worthing Hospital
 Wrexham Maelor Hospital
 Wythenshawe Hospital
 Yeovil Women's Hospital
 York Hospital
 Ysbyty Gwynedd District General Hospital
 Antrim Hospital
 Arrowe Park Hospital
 Ayrshire Maternity Unit
 Bedford Hospital
 Borders General Hospital
 Burnley General Hospital
 City Hospitals Sunderland NHS Trust
 Conquest Hospital
 Erme Hospital
 Hope Hospital
 Liverpool Women's Hospital
 Milton Keynes General Hospital
 Nevill Hall Hospital
 Newham General Hospital
 North Middlesex Hospital
 Northwick Park Hospital
 Princess Anne Hospital
 Princess of Wales Hospital
 Queen Charlotte's and Chelsea Hospital
 Queen Elizabeth Hospital, Kings Lynn
 Queen Elizabeth the Queen Mother Hospital
 Rosie Maternity Hospital
 Rotherham District General Hospital
 Royal Berkshire Hospital
 Royal Devon & Exeter Hospital
 Royal Glamorgan Hospital
 Royal Gwent Hospital
 Royal London Hospital
 St Mary's Hospital, Manchester
 Walsgrave Hospital
 Wansbeck General Hospital
 Warrington Hospital
 Whiston Hospital
 William Harvey Hospital
 Wycombe General Hospital
 Altnagalvin Area Hospital
 Barnet and Chase Farm Hospitals NHS Trust
 Calderdale Royal Hospital
 City General Hospital
 Eastbourne District General Hospital
 North Manchester General Hospital
 Peterborough Maternity Unit
 Queen Elizabeth Hospital, London
 Queen Mary's Hospital
 Royal Free Hospital
 The Great Western Hospital

Returned all three cards. Returned two cards. Returned one card.

New Studies commencing January/March 2007

Pregnancy in Transplant Recipients

Despite initial concerns about the advisability of pregnancy in solid-organ transplant recipients, there have now been reports of over 14,000 births to women with transplanted organs¹. Most studies are centre-based and retrospective. Three voluntary registers have collected data at various times: the US National Transplantation Pregnancy Register (1991-present), the UK Transplant Pregnancy Register (1994-2001) and the European Dialysis and Transplant Association Registry (1960-1992). Recent analysis of data from the UK Transplant Pregnancy Register has identified high rates of preterm delivery (50%) and delivery by caesarean section (72%) in pregnant renal transplant recipients. Worse outcomes were associated with poorer pre-pregnancy graft function and drug-treated hypertension during pregnancy. Increasing numbers of pregnancies are now occurring in recipients of non-renal solid organ transplants¹. However, the published information is insufficient to assess with confidence the outcomes associated with these pregnancies. The UK Transplant Register ceased to collect data in 2001 and there is currently no information available at a population level in the UK specifically relating to pregnancy. This project will collect information about pregnancy outcomes amongst current transplant recipients in the UK and assess the role of immunosuppressive regimens and other factors in the outcomes of women and their infants. This information is important to inform future management and counselling of these women. Data will be collected separately for women with kidney transplants and those with other transplanted organs.

1. McKay DB, Josephson MA. Pregnancy in recipients of solid organs--effects on mother and child. *N Engl J Med* 2006; 354(12):1281-93.

Extreme Obesity

Obesity is now recognised to be an important public health problem throughout the developed world. The prevalence of obesity is rising rapidly in the UK in all age groups, including women of reproductive age. Retrospective database analyses have identified a number of risks associated with pregnancy among obese women. Women are at risk of a number of complications of pregnancy, including pre-eclampsia, venous thromboembolism and gestational diabetes, and have higher rates of labour induction, delivery by caesarean section, general anaesthesia and anaesthetic complications¹. Obese women are also at increased risk of poor perinatal outcomes, including stillbirth and neonatal death². Recent reports of the UK Confidential Enquiry into Maternal and Child Health have also highlighted obesity as a factor in increasing numbers of maternal deaths in the UK. Over 35% of the mothers who died in 2000-2002 were classified as obese (BMI greater than 30). In comparison, 23% of the general female population of reproductive age are obese. The women died from a variety of causes, including antepartum and postpartum thromboembolism, failed intubation, and because their physical size precluded the availability of optimum care. This has particular significance for the future as the prevalence and degree of obesity rises, since adequate service provision will need to be ensured to avoid an increase in the numbers of maternal deaths. This study will investigate the prevalence and outcomes of pregnancy in women with extreme obesity in the UK, and assess the risk of adverse outcomes attributable to obesity. The project will also assess any adverse outcomes related to inadequate provision of equipment or services for these women.

1. Sebire NJ, Jolly M, Harris JP et al. Maternal obesity and pregnancy outcome: a study of 287,213 pregnancies in London. *Int J Obes Relat Metab Disord* 2001; 25(8):1175-82.
2. Kristensen J, Vestergaard M, Wisborg K, Kesmodel U, Secher NJ. Pre-pregnancy weight and the risk of stillbirth and neonatal death. *BJOG* 2005; 112(4):403-8.



British Association of Paediatric Surgeons Congenital Anomalies Surveillance System (BAPS-CASS)



Introducing BAPS-CASS

October saw the launch of the new British Association of Paediatric Surgeons Congenital Anomalies Surveillance System. This joint initiative between the NPEU and the British Association of Paediatric Surgeons will run in a very similar manner to UKOSS, conducting a rolling programme of studies through a monthly card reporting system. The first study will investigate outcomes following different types of surgical management for infants with gastroschisis.

Why does UKOSS need “nil returns”?

UKOSS Report Card
United Kingdom Obstetric Surveillance System

April 2006

No cases to report

Please specify the number of cases seen:

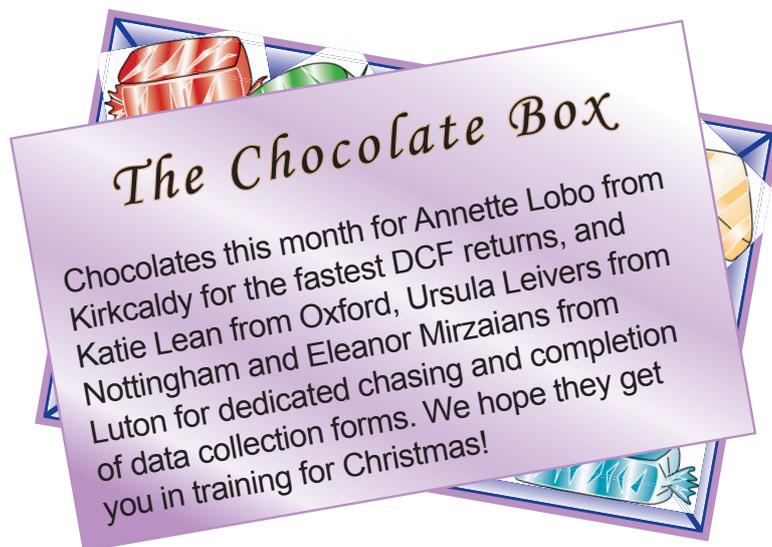
- Acute Fatty Liver
- Amniotic Fluid Embolism
- Antenatal Pulmonary Embolism
- Myocardial Infarction
- Pulmonary Vascular Disease
- Tuberculosis

My contact details have changed
My new details are:



The primary research aim of most UKOSS studies is to identify the incidence of a particular rare condition (proportion of women with that disorder). In order to generate an accurate estimate of incidence, we need to record both the number of cases occurring (the numerator), and the total number of births for all participating hospitals (the denominator). When you return a card indicating that there has been “nothing to report” at your hospital, it means that we know that we can include the births for your hospital in the denominator for the study. When you return a card indicating that there are cases to report, we can include your hospital figures in both the numerator and the denominator numbers. If we do not receive a card at all, we cannot be certain that there are no cases for your particular hospital and

therefore we cannot be certain of the accurate denominator to make our calculation of incidence. Nil returns also allow us to be sure that each hospital is recording cases and that we have not missed any case reports. Missing information about a few cases can make a very big difference to the estimates of incidence generated from studies of uncommon conditions such as those we study in UKOSS. Accurate incidence estimates are particularly important for identifying resources and planning services for women with such rare conditions.



Completed studies

The acute fatty liver, antenatal pulmonary embolism and TB studies have now completed reporting and will no longer appear on the blue card. If you have any data collection forms waiting to be completed, please can you return them as soon as possible so that we can start analysing the data. Thank you!

Marian Knight: **01865 289727**
Carole Harris: **01865 289714**

email: UKOSS@npeu.ox.ac.uk
web: www.npeu.ox.ac.uk/UKOSS