

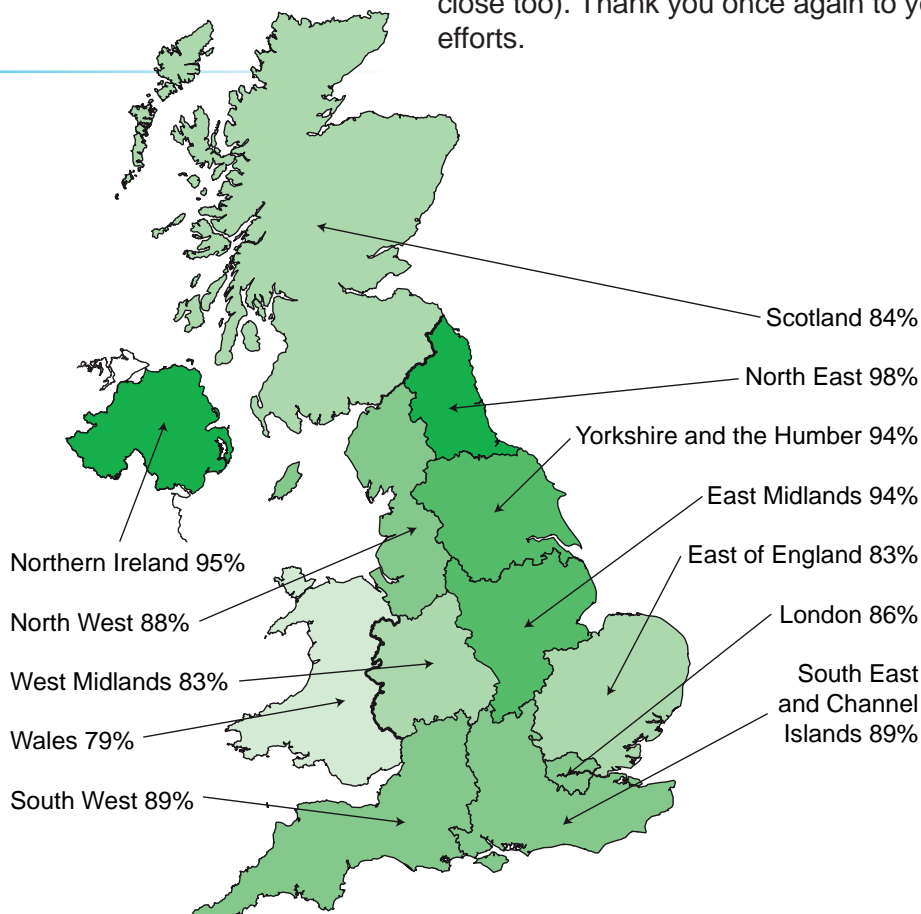


Royal College of
Obstetricians and
Gynaecologists

Newsletter 8: January 07

Happy New Year!

As UKOSS enters its third calendar year we have taken the opportunity to look at overall regional card return rates since data collection began in February 2005. As you will see from the map, over this whole period hospitals in the North East have returned 98% of cards, which we think is fantastic! Northern Ireland, East Midlands and Yorkshire and Humber hospitals also deserve a special mention for returning over 90% of cards (and South West, South East and Channel Islands hospitals are pretty close too). Thank you once again to you all for your fantastic efforts.



Disorder	Actual Number of cases	Expected number of cases
CE { }ä [cá&Á' ~ääÁ^ { à [ä• {	46	23
FMAIT (NAIT)	18	50
Gastroschisis	98	77
Myocardial infarction	14	102
Non-renal solid organ transplant recipients	Data collection starts January 2007	
Pulmonary vascular disease	11	7
Renal transplant recipients	Data collection starts January 2007	

Peripartum Hysterectomy Study – Preliminary Results

The hysterectomy study ran from February 2005 to February 2006. 100% of consultant-led we have completed data collection for 339 cases (93%). 21 cases (6%) were either duplicate peripartum hysterectomies in the UK over the thirteen months of the study, giving an estimated births). The majority of hysterectomies were undertaken to control haemorrhage, but a small proportion (1%) were undertaken electively for malignancy. Two women died, giving a case

Thank you again to all of you who contributed data to this study. The results have now been submitted for publication. Accepted abstracts of the preliminary results of this and other studies have been posted on our website and we will add the full results as soon as possible.

Reporting women who are diagnosed antenatally but not yet delivered

to be diagnosed early in pregnancy and usually well before delivery. We are interested in recording both the occurrence of the disease (incidence) and delivery information (outcomes) for these women and therefore questions about both pregnancy and delivery are included on the data collection form. We have been asked by several of you whether these women should be identified them, i.e. during pregnancy. We will then send you a data collection form which you should complete with as many details as you have available at the time and return to us. As a minimum we need the woman's year of birth and expected date of delivery (EDD) to allow us to exclude duplicate case reports. We will then send the form back to you for completion of the delivery information two weeks after the woman's EDD. We will not send any requests for missing information before the woman has delivered.

delivered, then please report the woman on the blue card for the month in which she has delivered, then please report the woman on the blue card for the month in which she has delivered, then please report the woman on the blue card for the month in which she has delivered, then please report the woman on the blue card for the month in which she has delivered.

In either event, please keep your usual record of the woman's hospital number and other details on the right hand side of your card to allow you to trace the notes easily in order to complete the form.

Please look out for women who have had a myocardial infarction

There have been fewer cases of myocardial infarction (MI) in pregnancy reported than we expected. This may be because there have genuinely been very few, but it may be that these women are not being reported. Please tell us about any woman who has had an MI at 1st August 2005.

