
Instructions for selecting control women:

1. Identify the date and time of delivery of the woman you have reported who has had a 5th (or more) delivery by caesarean section. This woman is the CASE.

2. From the delivery suite/labour ward records identify the two women who delivered by ELECTIVE caesarean section immediately BEFORE the case. These women should have had at least one and not more than three previous deliveries by caesarean section.

3. Please retrieve the hospital case notes for these control women from medical records.

4. Please complete a Control Data Collection Form (this form) for each of the women you have identified as the controls.

5. You will also have been sent a Case Data Collection Form. Please complete the case form with information about the woman who has had a 5th (or more) delivery by caesarean section.

Please return the completed form to:

UKOSS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Fax: 01865 289701
Phone: 01865 289714

Case reported in: ____________________________
**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 you do not know the answers to some questions, please indicate this in section 7.**

8. 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.

*For guidance please see back cover*
**Section 1: Woman's details**

1.1 Year of birth

1.2 Ethnic group** (enter code, please see back cover for guidance)

1.3 Marital status

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 Obstetric History**

2.1 Gravidity
   - Number of completed pregnancies 24 weeks and beyond
   - Number of pregnancies less than 24 weeks

2.2 Did the woman have any previous pregnancy problems?**
   - Yes [ ]
   - No [ ]
   - If Yes, please specify

2.3 Has the woman had any previous vaginal deliveries?
   - Yes [ ]
   - No [ ]
   - If Yes, please specify

<table>
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<tr>
<th>Month/Year</th>
<th>Spontaneous (please tick)</th>
<th>Instrumental (please tick)</th>
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2.4 Total previous caesarean sections

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Indication for caesarean section</th>
<th>Type of section (e.g. Classical/LSCS/T)</th>
<th>Any intraoperative complications?**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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*For guidance please see back cover
Section 3: Previous Medical History
Please indicate whether any of the following were present:

3.1 Previous or pre-existing medical problems*  
Yes ☐ No ☐  
If Yes, please specify ____________________________

3.2 Has the woman had any other previous uterine surgery?  
Yes ☐ No ☐  
If Yes, please specify type and number of operations:
- Myomectomy  
  Yes ☐ Number ☐  
  If Yes, Was the cavity breached? Yes ☐ No ☐  
- Dilatation and curettage  
  Yes ☐ Number ☐  
- Surgical termination of pregnancy  
  Yes ☐ Number ☐  
- Evacuation of retained products of conception (ERPC)  
  Yes ☐ Number ☐  
- Other*  
  Yes ☐ Number ☐  
  If Other, please specify ____________________________

3.3 Did the woman have a previous uterine perforation?  
Yes ☐ No ☐  
If Yes, was any treatment given for the perforation? Yes ☐ No ☐  
If Yes, please specify ____________________________

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD)*  
_____/_____/______

4.2 Was this pregnancy a multiple pregnancy?  
Yes ☐ No ☐
If Yes, please specify number of fetuses

4.3 Was placenta praevia diagnosed prior to delivery?  
Yes ☐ No ☐  
If Yes, please specify the grade

4.4 Was placental invasion diagnosed prior to delivery?  
Yes ☐ No ☐
If Yes, was this accreta ☐ percreta ☐ increta ☐  
How was this diagnosed? USS ☐ MRI ☐
Were any pre-operative interventional radiology measures taken? Yes ☐ No ☐

4.5 Were there other problems in this pregnancy?*  
Yes ☐ No ☐
If Yes, please specify ____________________________

4.6 Gestation at which delivery was planned to occur (weeks)  
______

Section 5: Delivery

5.1 Did the woman labour?  
Yes ☐ No ☐  
If Yes, please state date and time of diagnosis of labour _______ / _______ / _______ : _______

  Did the woman receive syntocinon?  
  Yes ☐ No ☐
  If Yes, Duration of syntocinon _______ : _______

5.2 What was the indication for caesarean section?  
______________________________

5.3 Was the c-section LSCS ☐ or classical ☐

5.4 What was the grade of urgency?*  
______

5.5 What was the grade of operator?  
______________________________

5.6 What was the grade of anaesthetist?  
______________________________

*For guidance please see back cover
5.7 Were any of the following diagnosed intra-operatively? (please record all that apply)

- Uterine dehiscence
  - Yes □ No □
  - disruption of uterine muscle with intact serosa

- Uterine rupture
  - Yes □ No □
  - disruption or tear of uterine muscle & visceral peritoneum or a separation of uterine muscle with extension to the bladder or broad ligament

- Placenta praevia
  - Yes □ No □
  - If Yes, please specify the grade

- Placental invasion
  - Yes □ No □
  - If Yes, was this accreta □ percreta □ increta □

5.8 Did the woman have a postpartum haemorrhage?

- Yes □ No □
  - If Yes, what was the estimated blood loss (mls):
  - □ □ □ □
  - What was the underlying cause of any haemorrhage? (please tick all that apply)
    - Uterine atony □
    - Placenta accreta □
    - Uterine infection □
    - Uterine rupture □
    - Other □
    - If Other, please specify

5.9 Did the woman refuse blood products?

- Yes □ No □
  - If No, were blood products given?
  - Yes □ No □
  - If Yes, please state total units of each
    - Whole blood or packed red cells □ □ □ □
    - Fresh Frozen Plasma (FFP) □ □ □ □
    - Platelets □ □ □ □
    - Cryoprecipitate □ □ □ □

5.10 Were any of the following required?

- Intra-abdominal balloon catheter □ □ □ □
- B-Lynch suture □ □ □ □
- Uterine packing □ □ □ □
- Hysterectomy □ □ □ □
- Factor VIIa □ □ □ □

5.11 Were any of the following structures damaged intra-operatively?

- Bladder □ □ □ □
- Ureter □ □ □ □
- Ovary □ □ □ □
- Bowel □ □ □ □

5.12 Was the woman sterilised?

- Yes □ No □
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?**
  Yes  No
  If Yes, please specify ________________________________

6a.3 Was post natal counselling documented?  
  Yes  No
  If Yes, please state advice given __________________________

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?

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
  Please check that this is BEFORE the delivery of the case

6b.2 Birthweight
  g

6b.3 Was the infant stillborn?  
  Yes  No
  If Yes, Please go to section 7

6b.4 5 min Apgar

6b.5 Was the infant admitted to the neonatal unit?  
  Yes  No
  If Yes, duration of stay (days)

6b.6 Did any major infant complications occur?**
  Yes  No
  If Yes, please specify ________________________________

6b.7 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) ____________________________

*For guidance please see back cover
Section 7
Please use this space to enter any other information you feel may be important

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Section 8:
Name of person completing the form ________________________________________
Designation _____________________________________________________________
Today's date __________/________/____

You may find it useful in the case of queries to keep a copy of this form.
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:
   Surgical procedure in pregnancy
   Hyperemesis requiring admission
   Dehydration requiring admission
   Thrombotic event
   Ovarian hyperstimulation syndrome
   Severe infection e.g. pyelonephritis
   Pre-eclampsia (hypertension and proteinuria)
   Significant antepartum haemorrhage
   Gestational diabetes
   Placental abruption
   Cardiac problems

3: Intraoperative complications, including:
   Damage to bowel
   Damage to bladder
   Uterine rupture
   Infection
   Return to theatre

4: 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

5: Examples of other previous uterine surgery:
   Endometrial resection/ablation
   Septal resection
   Polypectomy

6: Estimated date of delivery (EDD): Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

7: 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

8: Major maternal medical complications, including:
   Persistent vegetative state
   Cardiac arrest
   Cerebrovascular accident
   Adult respiratory distress syndrome
   Disseminated intravascular coagulopathy
   Pulmonary oedema
   Mendleson’s syndrome
   Renal failure
   Thrombotic event
   Septicaemia
   Required ventilation

9: 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