Please report any woman delivering on or after 1st July 2011 and before 1st July 2014.

Case Definition:
Please report any woman who has received immediate basic life support (BLS) (ie. chest compressions and usually, ventilation breaths) at any time in pregnancy and the immediate postpartum period.

Note that women requiring ventilatory support only, are NOT included.
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 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: 

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

1.3 Marital status: single married cohabiting 

1.4 Was the woman in paid employment at booking? 

   If Yes, what is her occupation: 

   If No, what is her partner’s (if any) occupation: 

1.5 Height at booking: 

1.6 Weight at booking: 

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 beyond 24 weeks: 

   Number of pregnancies less than 24 weeks: 

   If No previous pregnancies, please go to section 3  

2.2 Did the woman have any previous pregnancy problems?* 

   If Yes, please specify: 

Section 3: Previous Medical History

3.1 Does the woman have a history of pre-disposing factors for heart disease?* 

   If Yes, please specify: 

3.2 Does the woman have a history of a previous cardiac arrest? 

   If Yes, please specify date: 

   And record cause if known: 

3.3 Does the woman have a history of recreational/illegal drug use? 

   If Yes, please specify drug/s used: 

   Record time and date of last known intake 

   OR Tick if not known 

3.4 Does the woman have any other previous or pre-existing medical problems?* 

   If Yes, please specify: 

*For guidance please see back cover
Section 4: This Pregnancy

Section 4a:

4a.1 Final Estimated Date of Delivery (EDD)*

4a.2 Was this a multiple pregnancy?
Yes ☐ No ☐

If Yes, please specify number of fetuses:

4a.3 Was pregnancy induced hypertension or pre-eclampsia diagnosed in this pregnancy?
Yes ☐ No ☐

4a.4 Were there any other problems in this pregnancy?
Yes ☐ No ☐

If Yes, please specify:

4a.5 Was tocolytic therapy used at any point in this pregnancy?
Yes ☐ No ☐

If Yes, please specify agent used and date first used:

<table>
<thead>
<tr>
<th>Agent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Section 4b: Cardiac Arrest in Pregnancy

4b.1 Where was the woman when she collapsed?

Was this outside hospital?
Yes ☐ No ☐

If Yes, what time did the paramedic arrive?

4b.2 Was the arrest witnessed?
Yes ☐ No ☐

4b.3 Was the woman in established labour (>4cm dilated)?
Yes ☐ No ☐

4b.4 Were there any obvious pre-arrest events?*
Yes ☐ No ☐ Not known ☐

If Yes, please specify:

4b.5 What was felt to be the most likely cause of the cardiac arrest?

Section 4c: Resuscitation

4c.1 Date and time cardiac arrest was diagnosed:

4c.2 Please give times of the following or tick if not done:

- Time Basic Life Support (cardiac compressions) started
- Time Advanced Life Support started (ECG monitor first applied)
- Time woman was intubated

Not done ☐

4c.3 What type of defibrillator was used?
AED ☐ Manual ☐ Not used ☐

If AED, was rhythm:
Shockable ☐ Non-shockable ☐

If manual, was rhythm identified?
Yes ☐ No ☐

If Yes, please specify the rhythm:

4c.4 Were shocks given?
Yes ☐ No ☐

4c.5 Did the rhythm change during resuscitation?
Yes ☐ No ☐

*For guidance please see back cover
4c.6 Were any additional interventions undertaken?  
If Yes, please specify: ________________________________  
Yes ☐ No ☐

4c.7 Were any of the following medications administered?  
If Yes, please specify:  
Epinephrine ☐  Amiodarone ☐  Atropine ☐  Calcium ☐  Sodium Bicarbonate ☐  Potassium ☐  Thrombolysis ☐  Antiarrhythmics (e.g. beta blockers) ☐  Intralipid ☐  Yes ☐ No ☐

Section 5: Peri-arrest (peri-mortem) Caesarean Section

Please record the events surrounding Peri-arrest (peri-mortem) Caesarean Section (PMCS) (delivery after 20 weeks’ gestation only)

5.1 Was a peri-arrest (peri-mortem) caesarean section (PMCS) performed?  
Yes ☐ No ☐
If No, please state why not, then go to section 6.  
5.2 Was the PMCS performed at the place of collapse?  
Yes ☐ No ☐
If No, where was the PMCS performed?  
Why was the woman moved?  
5.3 How was aortocaval compression reduced?  
Not done ☐ Tilt of pelvis ☐  Manual displacement of uterus ☐ Not documented ☐
5.4 Who made the decision to perform PMCS?  
Specialty ________________________________  
Grade ________________________________
5.5 What time was the decision to perform PMCS made?  
Was this more than 5 minutes after the arrest?  
If Yes, why was there a delay?  
5.6 Who performed the operation?  
Specialty ________________________________  
Grade ________________________________
5.7 Was CPR continued throughout the PMCS?  
Yes ☐ No ☐
If No, please state why not:  
5.8 Were aseptic precautions taken?*  
Yes ☐ No ☐
If Yes, please specify:  
5.9 Is there a scalpel on the arrest trolley for PMCS?  
Yes ☐ No ☐

*For guidance please see back cover
5.10 What surgical incision was used to enter the abdomen? _______________________
5.11 What surgical incision was used to enter the uterus? _______________________

## Section 6: Outcomes

### Section 6a: Woman

**6a.1 Was the woman’s cardiac output restored?**
- Yes ☐  No ☐
- If Yes, what time was cardiac output restored?
- If No, what time was resuscitation abandoned?

**6a.2 Was the woman admitted to ITU (level 3) care?**
- Yes ☐  No ☐
- If Yes, please specify:
  - Date of admission: ___/___/____
  - Duration of stay: ___ days
  - OR Tick if woman is still in ITU (level 3) care: ☐
  - OR Tick if woman was transferred to another hospital: ☐

**6a.3 Was the woman admitted to a coronary care unit?**
- Yes ☐  No ☐
- If Yes, please specify:
  - Date of admission: ___/___/____
  - Duration of stay: ___ days
  - OR Tick if woman is still in coronary care unit: ☐
  - OR Tick if woman was transferred to another hospital for coronary care: ☐

**6a.4 Did any other major maternal morbidity occur?**
- Yes ☐  No ☐
- If Yes, please specify: ________________________________

**6a.5 Did the woman die?**
- Yes ☐  No ☐
- If No, what was the total duration of hospital stay post arrest? ___ days
- If Yes, please specify date and time of death: ___/___/____: ___:___
  - What was the primary cause of death as stated on the death certificate? (Please state if not known.) ________________________________
  - Was a post-mortem performed? Yes ☐  No ☐
  - If Yes, please specify main findings: ________________________________

### 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:** ___/___/____: ___:___

**6b.2 Mode of delivery:**
- Spontaneous vaginal ☐  Ventouse ☐  Lift-out forceps ☐  Rotational forceps ☐
- Breech ☐  Pre-labour caesarean section ☐  Caesarean section after onset of labour ☐

*For guidance please see back cover*
6b.3 Birthweight: [ ________ g ]

6b.4 Sex of infant: Male [ ] Female [ ] Indeterminate [ ]

6b.5 Was the infant stillborn? Yes [ ] No [ ]
   - If Yes, was fetus known to be dead before delivery? Yes [ ] No [ ]
   - If infant was stillborn, please go to section 7.

6b.6 5 min Apgar

6b.7 Were cord gases measured? Yes [ ] No [ ]
   - If Yes, please record cord gas results:
     Arterial
     - pH [ ________ ] [ ________ ]
     - Base Excess [ ________ ] [ ________ ]
     Venous
     - [ ________ ] [ ________ ]

6b.8 Was the infant admitted to the neonatal unit? Yes [ ] No [ ]
   - If Yes, please give duration of stay: [ ________ days ]

6b.9 Did any other major infant complications occur? Yes [ ] No [ ]
   - If Yes, please specify: ____________________________

6b.10 Did this infant die? Yes [ ] No [ ]
   - If Yes, please specify date and time of death [ ________ / ________ / ________ ] [ ________ : ________ ]
   - What was the primary cause of death as stated on the death certificate? (Please state if not known) ____________________________

Section 7:
Please use this space to enter any other information you feel may be important
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Section 8:
8.1 Name of person completing the form: ____________________________
8.2 Designation: ____________________________
8.3 Today’s date: [ ________ / ________ / ________ ]

You may find it useful in the case of queries to keep a copy of this form.

*For guidance please see back cover
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. Other risk factors for heart disease:
   Essential hypertension
   Known ischaemic heart disease
   Congenital heart disease
   Previous cardiac surgery
   Previous myocardial infarction
   Cardiomyopathy
   Presence of Permanent Pacemaker
   Known reduction in ventricular function
   Low levels of HDL cholesterol
   High levels of LDL cholesterol
   Cocaine use
   Valvular heart disease
   Vasculitis
   Ischaemic heart disease in first degree relative
   Diabetes
   Bromocriptine/cabergoline use
   Family history of sudden cardiac death
   History of arrhythmia
   Personal or family history of hypertrophic obstructive cardiomyopathy (HOCM)
   Family history of inherited arrhythmia e.g. long QT syndrome
   Marfan syndrome
   Turner’s Syndrome
   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
   Respiratory disease e.g. severe asthma, COPD

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

6. Pre-arrest events (please consider 4Hs, 4Ts and subsequent detail), for example:
   Trauma, please specify e.g. RTA, domestic violence, self harm
   Major genital tract bleeding
   Tension pneumothorax
   Anaphylaxis
   Drug administration, please specify e.g. overdose, drug reaction
   Cardiac tamponade
   Eclampsia
   Status epilepticus
   Pulmonary Embolus
   Amniotic Embolus
   Aortic dissection
   Hypovolaemia e.g. Abruption
   Cerebrovascular accident
   Hypoxaemia of any cause e.g. acute severe asthma, infection/ARDS/failed airway management
   Metabolic e.g. hypo/hyperkalaemia, hypoglycaemia

7. Additional interventions at time of cardiac arrest
   (Treatment of Hs and Ts)
   Arterial Blood Gas (ABG)
   Active temperature control
   Pericardiocentesis
   Needle thoracocentesis
   Insertion of formal chest drain
   Pulmonary embolectomy performed

8. Aseptic precautions at PMCS
   Full surgical scrub
   Sterile gown
   Sterile gloves
   Skin preparation
   Sterile drapes
   Antibiotics

9. Major maternal medical complications, including:
   Persistent vegetative state
   Repeat cardiac arrest
   Cerebrovascular accident
   Adult respiratory distress syndrome
   Disseminated intravascular coagulopathy
   HELLP
   Pulmonary oedema
   Mendleson’s syndrome
   Renal failure
   Thrombotic event
   Septicaemia

10. 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

Version 2, July 2013