Epidural Haematoma or Abscess after an Anaesthetic Regional Technique
Study 01/14

Data Collection Form - CASE

Please report any woman delivering on or after 01/01/2014 and before 01/01/2018

Case Definition:
All pregnant women identified as having an epidural haematoma or abscess after a regional anaesthetic technique or attempt at technique.

Please return the completed form to:
UKOSS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF
Fax: 01865 617775
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 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.

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**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 cm

1.6 Weight at booking kg

1.7 Smoking status never gave up prior to pregnancy current gave up during pregnancy

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**Section 2: Previous Pregnancies**

2.1 Number
   - 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?*
   - Yes No
   - If Yes, please specify ________________________________

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**Section 3: Previous Medical History**

3.1 Does the woman have a known bleeding disorder?
   - Yes No
   - If Yes, please give details ________________________________

3.2 Did the woman have any other pre-existing medical problems?*
   - Yes No
   - If Yes, please give details ________________________________

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

4.1 Final Estimated Date of Delivery (EDD)**

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

4.3 Did the woman have any of the following?
   Pre-eclampsia ☐ Intrauterine death ☐ Antepartum haemorrhage requiring transfusion ☐
   Postpartum haemorrhage requiring transfusion ☐ HELLP Syndrome ☐ Immunodeficiency ☐
   Any other condition associated with coagulopathy ☐ (please specify) ____________________

4.4Was the woman diagnosed with a systemic infection in pregnancy?
   Yes ☐ No ☐
   If Yes, please specify __________________________________________________________

4.5 Did the woman receive any anti-platelet drugs (e.g. aspirin), anticoagulants (e.g. heparin) or anticoagulant herbal remedies (e.g. garlic, ginseng, giroka) during this pregnancy?
   Yes ☐ No ☐
   If Yes, please complete the table below:

<table>
<thead>
<tr>
<th>Agent</th>
<th>Dose</th>
<th>Units</th>
<th>Date started</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td></td>
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<td>_________________________</td>
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</tr>
</tbody>
</table>

4.6 Were there any other problems in this pregnancy?**
   Yes ☐ No ☐
   If Yes, please specify __________________________________________________________

Section 5: Diagnosis and Delivery

Section 5a: Epidural Haematoma or Abscess

5a.1 Was this woman diagnosed with: (tick one only) Epidural haematoma ☐ Epidural abscess ☐

5a.2 What was the date and time of diagnosis?
               DD MM YYYY hh:mm

5a.3 Which of the following features were present at diagnosis?
   (tick all that apply and indicate date/time of onset)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Date of onset</th>
<th>Time of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain at site of regional</td>
<td>Yes ☐ No ☐</td>
<td>DD MM YYYY</td>
</tr>
<tr>
<td>Tenderness at site of regional</td>
<td>Yes ☐ No ☐</td>
<td>DD MM YYYY</td>
</tr>
<tr>
<td>Lower limb motor block</td>
<td>Yes ☐ No ☐</td>
<td>DD MM YYYY</td>
</tr>
<tr>
<td>Sphincter dysfunction</td>
<td>Yes ☐ No ☐</td>
<td>DD MM YYYY</td>
</tr>
<tr>
<td>Fever</td>
<td>Yes ☐ No ☐</td>
<td>DD MM YYYY</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Yes ☐ No ☐</td>
<td>DD MM YYYY</td>
</tr>
</tbody>
</table>

*For guidance please see back cover
5a.4 **How was the diagnosis confirmed?** *(tick all that apply and note findings)*

- Ultrasound
- CT
- MRI
- Clinical diagnosis only
- Other *(please specify)*

What date and time was the diagnosis confirmed?

Findings:

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**Section 5b: Details of associated regional procedure**

5b.1 **What was the indication for regional anaesthesia?** *(tick all that apply)*

- Labour
- Caesarean section
- Instrumental delivery
- Other *(please specify)*

5b.2 **Which of the following aseptic precautions were used?** *(tick all that apply)*

<table>
<thead>
<tr>
<th>By Anaesthetist</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>None</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>By person assisting anaesthetist</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

5b.3 **Was chlorhexidine used?**

If Yes, what strength was used *(tick one only)*

- 0.5%
- 2%
- Other *(please specify)*

If No, please specify what was used

5b.4 **Please list the drugs used for the epidural/spinal/CSE, with doses OR concentrations / volumes as appropriate:**

<table>
<thead>
<tr>
<th>Agent</th>
<th>Total dose <em>(include units)</em></th>
<th>Concentration</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

5b.5 **Was a mixture used for the epidural/spinal/CSE?**

If Yes, was it premixed in pharmacy? Yes No

If No, what date and time was it made up?

5b.6 **Was the regional abandoned?**

If Yes, what date and time was it abandoned?

If No, what date and time was the catheter successfully placed?

5b.7 **What technique was used?** *(tick one only)*

- Spinal
- Epidural
- CSE

If CSE or epidural, what date and time was the catheter removed?
5b.8 How many attempts at the procedure were made? 

5b.9 What was the needle gauge and type?

*Please list below and include needles used for all attempts (successful and unsuccessful)*

<table>
<thead>
<tr>
<th>Gauge</th>
<th>Type</th>
<th>Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

5b.10 Was there a bloody tap with either needle or catheter? Yes ☐ No ☐

5b.11 Was a resite required?

*If Yes, please indicate reason (tick one only)*

- Block failure ☐
- Displaced catheter ☐
- Other ☐

*If Other, please specify ____________________________*

5b.12 Did the woman have any abnormal clotting indices at the time of the regional procedure? Yes ☐ No ☐ Not known ☐

*If Yes, please indicate what tests were performed to investigate this and whether they were normal or abnormal:*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Performing?</th>
<th>Abnormal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coagulation screen</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Thromboelastography</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Platelet Function Studies</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

5b.13 Did this woman receive low molecular weight heparin in the 12 hours prior to or the 12 hours after her regional anaesthesia? Yes ☐ No ☐

*If Yes, please list agent, dose, indication and time given below:*

<table>
<thead>
<tr>
<th>Agent</th>
<th>Dose (include units)</th>
<th>Date given</th>
<th>Time given</th>
<th>Prophylactic (P) or Therapeutic (T)?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Section 5c: Management of epidural haematoma/abscess**

5c.1 Was an inter-hospital transfer required? Yes ☐ No ☐

5c.2 Was surgery performed?

*If Yes, what date and time was surgery performed?*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 5d: Delivery

5d.1 Did this woman have a miscarriage?  
**Yes** □  **No** □  
If Yes, please specify date:  
DD MM YYYY

5d.2 Did this woman have a termination of pregnancy?  
**Yes** □  **No** □  
If Yes, please specify date:  
DD MM YYYY

If Yes to 5d.1 or 5d.2, please now complete sections 6a, 7 and 8

5d.3 Is this woman still undelivered?  
**Yes** □  **No** □  
If Yes, what date was she discharged after her epidural haematoma and before delivery?  
DD MM YYYY

Will she be receiving the rest of her antenatal care from your hospital?  
**Yes** □  **No** □  
If No, please indicate the name of the hospital providing future care

Will she be delivered at your hospital?  
**Yes** □  **No** □  
If No, please indicate the name of delivery hospital then, complete sections 6a, 7 and 8

5d.4 Was delivery induced?  
**Yes** □  **No** □  
If Yes, please state indication:  

Was vaginal prostaglandin used?  
**Yes** □  **No** □

5d.5 Did the woman labour?  
**Yes** □  **No** □

5d.6 Was delivery by caesarean section?  
**Yes** □  **No** □  
If Yes, please state:  
Grade of urgency*:  
Indication for caesarean section:  
Method of anaesthesia: *(tick one only)*  
Spinal □  CSE □  Epidural top-up □  De-novo epidural □  General anaesthetic □  General for failed regional technique □

### Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU (critical care level 3)?  
**Yes** □  **No** □  
If Yes, please specify:  
Duration of stay:  
**days** □

Or Tick if woman is still in ITU  
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 Did the woman die?  
**Yes** □  **No** □  
If Yes, please specify date and time of death:  
DD MM YYYY HH:MM

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 6b: Infant

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

6b.3 Birthweight

6b.4 Sex of infant

Male  Female  Indeterminate

6b.5 Was the infant stillborn?

If Yes, what date was the intrauterine death confirmed?

Ante-partum  Intra-partum

If Yes, go to section 7

6b.6 5 min Apgar

6b.7 Was the infant admitted to the neonatal unit?

6b.8 Did any major infant complications occur?*

If Yes, please specify

6b.9 Did this infant die?

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)

Section 7:

Please use this space to enter any other information you feel may be important

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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:**
   - 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. **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

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

5. **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

6. **Major maternal morbidity, including:**
   - Persistent vegetative state
   - Cardiac arrest
   - Cerebrovascular accident
   - Adult respiratory distress syndrome
   - Disseminated intravascular coagulopathy
   - HELLP
   - Pulmonary oedema
   - Mendleson’s syndrome
   - Renal failure
   - Thrombotic event
   - Septicaemia
   - Required ventilation

7. **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 1, October 2013