CASE

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: ________________________
Section 1: Woman’s details

1.1 Year of birth:

1.2 Gravidity

Number of completed pregnancies beyond 24 weeks:

Number of pregnancies less than 24 weeks:

1.3 Final Estimated Date of Delivery (EDD):*

1.4 Did this woman receive intravenous Zanamivir (Dectova) during pregnancy? Yes ☐ No ☐

If No, this woman does not meet the case definition. Please do not complete any further information and return the form to UKOSS.

If Yes, please give date of first dose and continue to Section 2

Section 2: Delivery

2.1 Did this woman have a miscarriage? Yes ☐ No ☐

If Yes, please specify date:

2.2 Did this woman have a termination of pregnancy? Yes ☐ No ☐

If Yes, please specify date:

Was the pregnancy terminated due to a congenital malformation? Yes ☐ No ☐

If Yes, please specify:

If Yes to 2.1 or 2.2, please now complete sections 3, 4 and 5

2.3 Is this woman still undelivered? Yes ☐ No ☐

If Yes, will she be receiving the rest of her antenatal care from the current hospital? Yes ☐ No ☐

If No, please indicate name of hospital providing future care, then go to Section 4

Section 3: Outcomes

Section 3a: Woman

3a.1 Was the woman admitted to Level 3 critical care? Yes ☐ No ☐

If Yes, please specify duration of stay:

OR Tick if woman is still in ITU:

OR Tick if woman was transferred to another hospital:

3a.2 Did any other major maternal morbidity occur?** Yes ☐ No ☐

If Yes, please specify:

3a.3 Did the woman 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 3b: 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

3b.1 Date and time of delivery: 

3b.2 Mode of delivery: 
- Spontaneous vaginal
- Ventouse
- Lift-out Forceps
- Rotational Forceps
- Pre-labour caesarean section
- Caesarean section after onset of labour

3b.3 Birthweight:  

3b.4 Sex of infant: 
- Male
- Female
- Indeterminate

3b.5 Was the infant stillborn? 
- Yes
- No

If Yes, please go to section 4

3b.6 5 min Apgar

3b.7 Was the infant admitted to the neonatal unit? 
- Yes
- No

If Yes, please specify duration of stay: 

OR Tick if infant is still in neonatal unit:

OR Tick if woman was transferred to another hospital:

3b.8 Did any other major infant complications occur?*
- Yes
- No

If Yes, please specify

3b.9 Did this infant have a congenital abnormality? 
- Yes
- No

If Yes, please give details

3b.10 Did this infant die? 
- Yes
- No

If Yes, please specify date of death

### Section 4:

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### Section 5:

5.1 Name of person completing the form: ________________________________

5.2 Designation: ________________________________

5.3 Today's date:  

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

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

2. **Previous or current pregnancy problems, including:**
   - Persistent vegetative stage
   - Cardiac arrest
   - Cerebrovascular accident
   - Adult respiratory distress syndrome
   - Disseminated intravascular coagulopathy
   - HELLP
   - Pulmonary oedema
   - Mendleson’s syndrome
   - Renal failure
   - Thrombotic event
   - Septicaemia
   - Required ventilation

3. **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 eg. Septicaemia, meningitis
   - Exchange transfusion