Amniotic Fluid Embolism
Study 02/05

Data Collection Form - CASE

Case Definition:

EITHER a clinical diagnosis of AFE (acute hypotension or cardiac arrest, acute hypoxia or coagulopathy in the absence of any other potential explanation for the symptoms and signs observed)

OR a pathological diagnosis (presence of fetal squames or hair in the lungs).

Please return the completed form to:

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

Fax: 01865 289700
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.
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?
   - 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 Pregnancies

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*
   - Yes
   - No
   If Yes, please specify

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 History of allergy
   - Yes
   - No
   If Yes, please specify

3.3 History of atopy (asthma, eczema, hayfever)
   - Yes
   - No
   If Yes, please specify

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

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

4a.2 Was this pregnancy a multiple pregnancy?
   If Yes, please specify number of fetuses

4a.3 Were there problems in this pregnancy?**
   If Yes, please specify

**Section 4b: Diagnosis of amniotic fluid embolism**

Please indicate if any of the following features were present at or immediately preceding diagnosis

Please rank the features in order of occurrence

Tick all that apply (1,2,3,etc)

- Acute fetal compromise
- Cardiac arrest
- Cardiac rhythm problems
- Coagulopathy
- Hypotension
- Maternal haemorrhage
- Premonitory symptoms e.g. restlessness, agitation, numbness, tingling
- Seizure
- Shortness of breath

**Section 4c: Laboratory tests**

Please record the blood levels of the following at diagnosis and at their most abnormal level

<table>
<thead>
<tr>
<th>Marker</th>
<th>Level at diagnosis</th>
<th>Worst recorded level</th>
<th>Date worst level was recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet count (x10^9/l)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated partial thromboplastin time (APTT) (sec)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatinine (μmol/l)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 4d: Maternal event**

4d.1 Date and time of event

4d.2 Date and time diagnosis first considered

4d.3 Membranes ruptured at time of event?
   If Yes, please state date and time of rupture
   Was rupture

4d.4 Meconium staining of liquor

*For guidance please see back cover*
4d.5 Was there fetal distress before maternal collapse?
   Yes [ ] No [ ]
   If Yes, please specify

4d.6 Was woman:
   first stage [ ] second stage [ ] post-delivery [ ]

4d.7 Contraction frequency at time of event (number in 10 mins)

4d.8 Anaesthetic/analgesia at time of collapse
   spinal [ ] epidural [ ] combined spinal epidural [ ] GA [ ] none [ ]

4d.9 Were any clinical staff present at collapse?
   Yes [ ] No [ ]
   If Yes, please specify most senior grades present
   Midwifery
   Medical

4d.10 Time woman was first seen by an obstetrician after collapse
   : :

4d.11 Time woman was first seen by an anaesthetist after collapse
   : :

Section 4e: Associated morbidity

Please indicate if any of the following morbidities occurred and specify the management, if any

Disseminated intravascular coagulopathy (DIC)
   Yes [ ] No [ ]
   If Yes, please specify management

Other morbidity
   Yes [ ] No [ ]
   If Yes, please specify morbidity and management

Section 4f: Therapy

4f.1 Please indicate if any of the following therapies were used and when
   Please tick all that apply   Date   Time
   Hysterectomy [ ]   [ ]/ [ ]/ [ ]   [ ] : [ ]
   Exchange transfusion [ ]   [ ]/ [ ]/ [ ]   [ ] : [ ]
   Plasma exchange [ ]   [ ]/ [ ]/ [ ]   [ ] : [ ]
   Factor VIIa [ ]   [ ]/ [ ]/ [ ]   [ ] : [ ]
   Other [ ]   [ ]/ [ ]/ [ ]   [ ] : [ ]
   If Other, please specify

4f.2 Did the woman receive any blood?
   Yes [ ] No [ ]
   Please record units received by this woman
   Whole blood or packed red cells
Section 5: Delivery

5.1 Was delivery induced?  
Yes ☐ No ☐  
If Yes, was vaginal prostaglandin used?  
Yes ☐ No ☐  
If Yes, please record the preparation and total dose of prostaglandin given (mg)

5.2 Did the woman labour?  
Yes ☐ No ☐  
If Yes, please state date and time of diagnosis of labour: / /  
Was syntocinon used during labour?  
Yes ☐ No ☐  
Duration of syntocinon during labour: hrs mins  
Did hyperstimulation occur? (contractions more than 5 in 10 minutes)  
Yes ☐ No ☐  
If Yes, for how long did hyperstimulation occur? (mins)

5.3 Was delivery by caesarean section?  
Yes ☐ No ☐  
If Yes, please state whether elective ☐ OR emergency ☐  
Please state grade of urgency*  
and give indication for caesarean section

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 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?  
Was a post mortem examination undertaken?  
Yes ☐ No ☐  
If Yes, were fetal squames or hair found in the lungs?  
Yes ☐ No ☐

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 ☐  
6b.3 Birthweight (g)  

*For guidance please see back cover
6b.4 Was the infant stillborn?  
   Yes ☐ No ☐
   If Yes, go to section 7

6b.5 5 min Apgar

6b.6 Was the infant admitted to the neonatal unit?  
   Yes ☐ No ☐
   If Yes, duration of stay (days)
   Or Tick if infant is still in NICU/SBCU
   Or Tick if infant was transferred to another hospital

6b.7 Did any major infant complications occur?**  
   Yes ☐ No ☐
   If Yes, please specify ________________________________

6b.8 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) ________________________________

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.

If you are unable to make a copy please tick the box ☐
### 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:
- 3 or more miscarriages
- Amniocentesis
- Baby with a major congenital abnormality
- Gestational diabetes
- Haemorrhage
- Hyperemesis requiring admission
- Infant requiring intensive care
- Neonatal death
- Placenta praevia
- Placental abruption
- Post-partum haemorrhage requiring transfusion
- Pre-eclampsia (hypertension and proteinuria)
- Premature rupture of membranes
- Preterm birth or mid trimester loss
- Puerperal psychosis
- Thrombotic event
- Severe infection e.g. pyelonephritis
- Stillbirth
- Surgical procedure in pregnancy

#### 3. Previous or pre-existing maternal medical problems, including:
- Cardiac disease (congenital or acquired)
- Diabetes
- Epilepsy
- Endocrine disorders e.g. hypo or hyperthyroidism
- Essential hypertension
- Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
- Inflammatory disorders e.g. inflammatory bowel disease
- Psychiatric disorders
- Renal disease

#### 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 medical complications, including:
- Adult respiratory distress syndrome
- Cardiac arrest
- Cerebrovascular accident
- Disseminated intravascular coagulopathy
- HELLP
- Mendelson’s syndrome
- Persistent vegetative state
- Renal failure
- Required ventilation
- Septicaemia
- Thrombosis

#### 7. Infant complications, including:
- Chronic lung disease
- Exchange transfusion
- Intraventricular haemorrhage
- Jaundice requiring phototherapy
- Major congenital anomaly
- Necrotising enterocolitis
- Neonatal encephalopathy
- Respiratory distress syndrome
- Severe infection e.g. septicaemia, meningitis