Aortic Dissection/Dissecting Aortic Aneurysm Study 05/09

Data Collection Form - CASE

Please report any woman delivering on or after 1st September 2009

Case Definition:

(a) aortic dissection confirmed using suitable imaging (Echocardiography, Computed Tomography, Magnetic Resonance Imaging)

Or

(b) aortic dissection confirmed at surgery or postmortem

Cases should be reported for women with aortic dissection diagnosed in the current pregnancy AND those with pre-existing aortic dissection or previous aortic repair prior to the current pregnancy.

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: __________________________

Royal College of Obstetricians and Gynaecologists
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

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

Section 2: Previous Obstetric History

2.1 Gravidity
   Number of previous completed pregnancies beyond 24 weeks
   Number of previous 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 ____________________________

*For guidance please see back cover
### Section 3: Previous Medical History

Please indicate whether any of the following were present prior to pregnancy:

<table>
<thead>
<tr>
<th>3.1 Previous or pre-existing medical problems*</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please specify ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2 Known essential hypertension</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.3 Previous cardiovascular disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of diagnosis D D / M M / Y Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.4 Previous aortic dissection/dissecting aortic aneurysm</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of diagnosis (tick one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type A (involving the arch and ascending aorta)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Type B (from left subclavian to descending aorta)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Type AB (involving the arch and descending aorta)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of diagnosis D D / M M / Y Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How was the aortic dissection managed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conservatively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repaired</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.5 Is there a history of:</th>
<th>Yes</th>
<th>No</th>
<th>Date of diagnosis D D / M M / Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connective tissue disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turner’s Syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic coarctation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicuspid aortic valve</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.6 Is there a history of repair of the aorta or aortic valve?</th>
<th>Yes</th>
<th>No</th>
<th>Date of repair D D / M M / Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please specify date of repair</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.7 Is there a family history of aortic dissection?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.8 Was pre-pregnancy counselling given?</th>
<th>Yes</th>
<th>No</th>
<th>Not documented</th>
</tr>
</thead>
</table>

### Section 4: This Pregnancy

<table>
<thead>
<tr>
<th>4.1 Final Estimated Date of Delivery (EDD)*</th>
<th>D D / M M / Y Y</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.2 Was antenatal care undertaken in the usual hospital for this woman’s area of residence?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No, please indicate reasons for care at a different hospital (tick all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to a tertiary centre because of underlying medical condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient preference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.3 Was this pregnancy a multiple pregnancy?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please specify number of fetuses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For guidance please see back cover
4.4 Were there problems in this pregnancy?*  
Yes ☐  No ☐  
If Yes, please specify ____________________________________________

4.5 Did the woman present with aortic dissection during this pregnancy?  
Yes ☐  No ☐  
If No, please go to section 5d

Section 5: Presentation with Aortic Dissection During this Pregnancy

Section 5a: Symptoms at Presentation

5a.1 When did the woman first present with aortic dissection?  
D D / M M / Y Y

5a.2 What were the symptoms at presentation?  
Anterior chest pain ☐  Neck/jaw/shoulder pain ☐  
Syncope/collapse ☐  Cardiac arrest ☐  
Back pain ☐  Limb ischaemia ☐  
Neurological symptoms ☐  Visceral ischaemia (i.e. acute abdominal pain, acute renal failure, fetal distress) ☐  
Other ☐  If Other, please specify ____________________________________________

5a.3 Was the blood pressure taken on admission?  
Yes ☐  No ☐  
If Yes, what was the blood pressure?  
_____/_____ / _____ / __________

5a.4 What was the highest blood pressure recorded following admission?  
Date of recording and highest systolic BP  
D D / M M / Y Y  
Date of recording and highest diastolic BP  
D D / M M / Y Y

5a.5 Was a recording of blood pressure in both arms undertaken?  
Yes ☐  No ☐  
If Yes, was there a difference?  
Yes ☐  No ☐

5a.6 Were radial pulses assessed in both arms?  
Yes ☐  No ☐  
If Yes, was there a difference?  
Yes ☐  No ☐

Section 5b: Diagnosis of Aortic Dissection During this Pregnancy

5b.1 Were any of the following performed?  

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Abnormalities found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Echocardiogram</td>
<td>☐</td>
<td>☐</td>
<td>D D / M M / Y Y</td>
<td>☐</td>
</tr>
<tr>
<td>Chest x-ray</td>
<td>☐</td>
<td>☐</td>
<td>D D / M M / Y Y</td>
<td>☐</td>
</tr>
<tr>
<td>CT scan</td>
<td>☐</td>
<td>☐</td>
<td>D D / M M / Y Y</td>
<td>☐</td>
</tr>
<tr>
<td>MRI scan</td>
<td>☐</td>
<td>☐</td>
<td>D D / M M / Y Y</td>
<td>☐</td>
</tr>
<tr>
<td>Transthoracic/transoesophageal echocardiogram</td>
<td>☐</td>
<td>☐</td>
<td>D D / M M / Y Y</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please specify any abnormalities ____________________________________________

*For guidance please see back cover
5b.2 Was the woman treated for another condition before aortic dissection was diagnosed?  
Yes [ ] No [ ]
If Yes, please state
The condition ________________________________
Treatment given ________________________________

5b.3 What type of aortic dissection/dissecting aortic aneurysm was diagnosed?
Type of diagnosis (tick one)
Type A (involving the arch and ascending aorta) [ ]
OR Type B (from left subclavian to descending aorta) [ ]
OR Type AB (involving the arch and descending aorta) [ ]

5b.4 Date of diagnosis

Section 5c: Management of Aortic Dissection During this Pregnancy

5c.1 Please indicate which of the following specialists were involved in the care of the woman during this pregnancy (tick all that apply)
Cardio-thoracic Surgeon [ ]
Cardiologist [ ]
Vascular Surgeon [ ]
General Obstetrician [ ]
Maternal Medicine Specialist [ ]
Obstetric Physician [ ]
Obstetric Anaesthetist [ ]
General Medical Physician [ ]
Interventional Radiologist [ ]
Other [ ]
Please specify ________________________________

Date first consulted
Cardio-thoracic Surgeon DD-MM-YYYY [ ]
Cardiologist DD-MM-YYYY [ ]
Vascular Surgeon DD-MM-YYYY [ ]
General Obstetrician DD-MM-YYYY [ ]
Maternal Medicine Specialist DD-MM-YYYY [ ]
Obstetric Physician DD-MM-YYYY [ ]
Obstetric Anaesthetist DD-MM-YYYY [ ]
General Medical Physician DD-MM-YYYY [ ]
Interventional Radiologist DD-MM-YYYY [ ]
Other DD-MM-YYYY [ ]

5c.2 Was the woman initially treated with anti-hypertensive agent(s)?  
Yes [ ] No [ ]
If Yes,
Were they given Intravenously [ ] OR Orally [ ]
Specify agents used ________________________________

5c.3 How was the blood pressure monitored? Intravenously [ ] OR Non-invasively [ ]

5c.4 How was the aortic dissection managed? Conservatively [ ] OR Repaired [ ]
If Repaired,
Please state type of repair ________________________________
Date and time of repair DD-MM-YYYY hh:mm
Was the woman managed with endovascular stenting? Yes [ ] No [ ]
If Yes, please state date stenting done DD-MM-YYYY
What was the blood pressure on induction of anaesthesia? ____________ / ____________
What type of anaesthetic was used for aortic repair?
Regional [ ] General [ ]

*For guidance please see back cover
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

5d.3 Is this woman still undelivered?
   Yes ☐ No ☐
   If Yes, will she be receiving the rest of her antenatal care from your hospital?
   Yes ☐ No ☐
   If No, please indicate name of hospital providing future care

Will she be delivered at your hospital?
   Yes ☐ No ☐
   If No, please indicate name of delivery hospital, then go to section 7

5d.4 When was the delivery?
   Before the aortic repair ☐
   At the same time as the aortic repair ☐
   After the aortic repair ☐

5d.5 What type of anaesthetic was used for the delivery of the baby?
   Epidural ☐ Single-shot spinal ☐ Continuous spinal ☐ CSE ☐ General ☐

Section 6: Outcomes

Section 6a: Woman

6a.1 Was ITU admission planned prior to delivery?
   Yes ☐ No ☐

6a.2 Was the woman admitted to ITU/HDU/obstetric HDU/Coronary care unit?
   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.3 Did any other major maternal morbidity occur?*
   Yes ☐ No ☐
   If Yes, please specify __________

6a.4 Total duration of maternal postnatal stay ☐ days

6a.5 Was Marfan’s disease diagnosed during the admission?
   Yes ☐ No ☐

6a.6 Was a connective tissue disease diagnosed during the admission?
   Yes ☐ No ☐

6a.7 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 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 ☐  
   Pre-labour caesarean section ☐  Caesarean section after onset of labour ☐

6b.3 Birthweight
   g

6b.4 Was the infant stillborn?
   Yes ☐  No ☐
   If Yes, please go to section 7.

6b.5 5 min Apgar

6b.6 Was the infant admitted to the neonatal unit?
   Yes ☐  No ☐

6b.7 Did any other 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
   D D / M M / Y Y
   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 D D / M M / Y Y
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. 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. Major maternal medical complications, 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

6. 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