Management of Pregnancy following Laparoscopic Adjustable Gastric Band Surgery

Study 04/11

Data Collection Form - CASE

Please report any woman delivering on or after 1st September 2011 and before 1st September 2012.

Case Definition:
Any woman with an ongoing pregnancy who has had laparoscopic adjustable gastric band (LAGB) surgery for obesity.

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.

Section 1: Woman’s details

1.1 Year of birth: Y Y Y Y

1.2 Ethnic group:1* (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 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?2*

If Yes, please specify: __________________________________________________________

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

3.1 What was the date the gastric band was inserted? 

3.2 Please indicate whether any of the following were present:

- diabetes
- hypertension
- heart disease
- renal disease

3.3 Did the woman have any other pre-existing medical problem? If Yes, please specify:

Section 4: This Pregnancy

Section 4a:

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

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

4a.3 Was conception: spontaneous assisted not known

4a.4 Was dietary advice given at booking? If Yes, was the advice given by a dietician?

4a.5 Was vitamin supplementation given?

4a.6 Was the woman screened for gestational diabetes?

4a.7 Did the woman develop diabetes in this pregnancy?

4a.8 Did the woman become anaemic during this pregnancy?

4a.9 Did the woman develop high blood pressure during this pregnancy? If Yes, was this treated?

4a.10 Did the woman develop pre-eclampsia during this pregnancy? If Yes, what was the date of diagnosis?

4a.11 Did the woman develop thromboembolic disease? If Yes, was this: antenatally postpartum

4a.12 Were there any other problems in this pregnancy? If Yes, please specify:

*For guidance please see back cover
Section 4b: Weight Changes During Pregnancy

4b.1 Is the woman’s pre-pregnancy weight known?  
Yes ☐ No ☐

If Yes, what was the
Weight: ☐ ☐ kg
BMI: ☐ ☐
Date recorded: ☐ ☐  

4b.2 What was the first recorded weight in pregnancy?  
Weight: ☐ ☐ kg
BMI: ☐ ☐
Date recorded: ☐ ☐  

4b.3 What was the last recorded weight in pregnancy?  
Weight: ☐ ☐ kg
BMI: ☐ ☐
Date recorded: ☐ ☐  

Section 4c: Gastric Band Management During Current Pregnancy

4c.1 Was the band managed in your hospital during this pregnancy?  
Yes ☐ No ☐

If No, please give the name of the hospital where the band was managed:  

4c.2 Was the band deflated during this pregnancy?  
Yes ☐ No ☐

If Yes, please give the date(s) the band was deflated:  

4c.3 Was the band inflated during this pregnancy?  
Yes ☐ No ☐

Date band was inflated ☐ ☐  ☐ ☐  ☐ ☐  ☐ ☐  ☐ ☐  

Any adverse symptoms during times of inflation?
If Yes, please tick all that apply:  
Yes ☐ No ☐  Yes ☐ No ☐

Nausea ☐ ☐
Vomiting ☐ ☐
Abdominal pain ☐ ☐
Other ☐ ☐

If Other, please specify  

4c.4 Was the woman managed by a team that included an obstetrician AND an endocrinologist AND a dietician?  
Yes ☐ No ☐

*For guidance please see back cover
Section 5: Delivery

5.1 Did this woman have a miscarriage?  
Yes ☐ No ☐  
If Yes, please specify date:  
☐ ☐ ☐ ☐ D M Y YMD

5.2 Did this woman have a termination of pregnancy?  
Yes ☐ No ☐  
If Yes, please specify date:  
☐ ☐ ☐ ☐ D M Y YMD

5.3 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

5.4 Was delivery induced?  
Yes ☐ No ☐  
If Yes, please state indication:  

Was vaginal prostaglandin used?  
Yes ☐ No ☐

5.5 Did the woman labour?  
Yes ☐ No ☐

5.6 Was delivery by caesarean section?  
Yes ☐ No ☐  
If Yes, please state:  
Grade of urgency: 5*  
Indication for caesarean section:  
Method of anaesthesia:  
Regional ☐ General anaesthetic ☐

5.7 Were there any obstetric or anaesthetic complications during or following delivery? 6*  
Yes ☐ No ☐  
If Yes, please specify:

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU or level 3 care?  
Yes ☐ No ☐  
If Yes, please specify duration of stay:  
☐ ☐ ☐ ☐ ☐ days  
OR Tick if woman is still in ITU or level 3 care:  
☐ ☐ ☐ ☐ ☐ ☐  
OR Tick if woman was transferred to another hospital:  
☐ ☐ ☐ ☐ ☐ ☐

6a.2 Was there any reported wound infection following delivery?  
Yes ☐ No ☐

6a.3 Did any other major maternal morbidity occur? 7*  
Yes ☐ No ☐  
If Yes, please specify:  

6a.4 Was the band still deflated at time of delivery?  
Yes ☐ No ☐ Not applicable ☐  
If Yes, was there a plan for it to be re-inflated postnatally?  
Yes ☐ No ☐ Not known ☐  
If Yes, what was the planned date of re-inflation?  
☐ ☐ ☐ ☐ ☐ ☐ D M Y YMD

*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  
   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?  
   Yes  
   No  
   If Yes, when did this occur? 
      antepartum  
      intrapartum  
   Please go to section 7.  
6b.6 5 min Apgar:  
6b.7 Was the infant admitted to the neonatal unit?  
   Yes  
   No  
6b.8 Was any congenital abnormality detected?  
   Yes  
   No  
   If Yes, was this detected antenatally?  
      Yes  
      No  
      Not known  
   Please specify abnormality:  
6b.9 Was there any evidence of abnormal growth?  
   Yes  
   No  
   If Yes, please specify:  
6b.10 Did any other major infant complications occur?*  
   Yes  
   No  
   If Yes, please specify:  
6b.11 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)  

*For guidance please see back cover
Section 7:
Please use this space to enter any other information you feel may be important

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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. 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, anaemia
   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. 6RCA/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. Obstetric and anaesthetic intra and postpartum complications, including:
   Failed regional anaesthesia
   Failed intubation
   Failed instrumental delivery
   Shoulder Dystocia
   Third degree tear
   Major Obstetric haemorrhage

7. Major maternal medical complications, including:
   Persistent vegetative state
   Cardiac arrest
   Cerebrovascular accident
   Adult respiratory distress syndrome
   Disseminated intravascular coagulopathy
   HELLP
   Pulmonary oedema
   Mendelson’s syndrome
   Renal failure
   Thrombotic event
   Septicaemia
   Required ventilation

8. Fetal/infant complications, including:
   Respiratory distress syndrome
   Intraventricular haemorrhage
   Necrotising enterocolitis
   Neonatal encephalopathy
   Chronic lung disease
   Severe jaundice requiring phototherapy
   Severe infection e.g. septicaemia, meningitis
   Exchange transfusion