Malaria in Pregnancy
Study 04/08

Data Collection Form - CASE
Please report all women delivering between 1st November 2008 and 31st October 2011.

Case Definition:
Any women with a positive blood film for malaria parasites (or confirmed placental malaria) at any time during pregnancy or immediately postpartum (before discharge from hospital after delivery).

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: ____________________
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.

*For guidance please see back cover
Section 1: Woman’s details
1.1 Year of birth
1.2 Ethnic group* (enter code, please see back cover for guidance)
1.3 Born in the UK
   If No, please specify date of arrival in the UK and country of origin
1.4 Marital status single married cohabiting
1.5 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

Section 2: Previous Pregnancies
2.1 Gravidity
   Number of completed pregnancies 24 weeks and beyond
   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 HIV co-infection Yes No

Section 4: This Pregnancy
4.1 Final Estimated Date of Delivery (EDD)**
4.2 Was this pregnancy a multiple pregnancy?
   If Yes, please specify number of fetuses
4.3 Were there problems in this pregnancy? Yes No
   If Yes, please specify

*For guidance please see back cover
4.4 Did the woman travel abroad whilst pregnant?  
Yes [ ] No [ ]  
If Yes, please complete the table below indicating dates of travel and return to the UK.

<table>
<thead>
<tr>
<th>Departure date from UK</th>
<th>Return date to UK</th>
<th>Country visited</th>
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If Yes, was malaria prophylaxis taken?  Yes [ ] No [ ]  
If Yes, please indicate which:
- Mefloquine (lariam)  Yes [ ] No [ ]  
- Malarone  Yes [ ] No [ ]  
- Doxycycline  Yes [ ] No [ ]  
- Chloroquine (nivaquine/avlochlor)  Yes [ ] No [ ]  
- Proguanil (paludrine)  Yes [ ] No [ ]  
- Unknown  Yes [ ] No [ ]  
- Other (please specify)  Yes [ ] No [ ]

If Other, please specify ____________________________

Date prophylaxis first started  [DD/MM/YYYY]  
Date last prophylactic dose taken  [DD/MM/YYYY]

Diagnosis of Malaria

4.5 Date of onset of symptoms  [DD/MM/YYYY]  
4.6 Symptoms at presentation  
4.7 Date of diagnosis  [DD/MM/YYYY]  
4.8 Method of diagnosis (please tick)
- Blood film  
- Placental histology  
- Rapid Diagnostic test  
- Clinical (please specify)  

4.9 What type of malaria was diagnosed (please tick one only)
- Falciparum  
- Vivax  
- Ovale  
- Malariae  

4.10 Was the haemoglobin level measured at presentation?  Yes [ ] No [ ]  
Result (g/dL)  .
4.11 Was treatment with anti-malarial drugs given as therapy?  
Yes ☐ No ☐  
If Yes, please complete the table below indicating drugs given, duration of treatment (days) and start date

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Duration of treatment (days)</th>
<th>Route of administration</th>
<th>Start date</th>
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4.12 Did the woman have any complications of treatment?  
Yes ☐ No ☐  
If Yes, please specify ____________________________

Section 5: Delivery

5.1 Did this woman have a miscarriage?  
Yes ☐ No ☐  
If Yes, please specify date □□□/□□/□□

5.2 Did this woman have a termination of pregnancy?  
Yes ☐ No ☐  
If Yes, please specify date □□□/□□/□□

5.3 Is this woman still undelivered?  
Yes ☐ No ☐  
If No, please go to Question 5.4

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

5.5 Did the woman labour?  
Yes ☐ No ☐

5.6 Date of discharge  
□□□/□□/□□

5.7 Was delivery by caesarean section?  
Yes ☐ No ☐  
If Yes, please state whether elective ☐ OR emergency ☐

grade of urgency* ☐  
and give indication for caesarean section ____________________________

Method of anaesthesia regional ☐ OR general anaesthetic ☐

*For guidance please see back cover
Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU?  
Yes ☐  No ☐
If Yes, 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 What was the date of discharge?  
☐ / ☐ / ☐ / ☐

6a.4 Did the woman die?  
Yes ☐  No ☐
If Yes, please specify date of death ☐ / ☐ / ☐ / ☐
Was malaria listed as a contributing cause of death?  
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

6b.3 Gender  
Male ☐  Female ☐

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 ☐
If Yes, duration of stay (days) ☐

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) __________________________

*For guidance please see back cover
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 medical complications, including:
   Adult respiratory distress syndrome
   Cardiac arrest
   Cerebral oedema
   Cerebrovascular accident
   Disseminated intravascular coagulopathy
   HELLP
   Jaundice
   Pulmonary oedema
   Mendleson’s syndrome
   Metabolic acidosis
   Persistent vegetative state
   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