Placenta Accreta
Study 04/10
Data Collection Form - CASE

Please report any woman delivering on or after the 1st May 2010 and before 1st May 2011.

Case Definition:
All pregnant women identified as having:

Either Placenta accreta/increta/percreta diagnosed histologically following hysterectomy or postmortem

Or An abnormally adherent placenta, requiring active management, including conservative approaches where the placenta is left in situ.

Excluded Women who have had a manual placental removal with minimal or moderate difficulty but required no additional active management.

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

Royal College of Obstetricians and Gynaecologists

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. **Year of birth**
   - [ ] [ ] [ ] [ ]

2. **Ethnic group** *(enter code, please see back cover for guidance)*
   - [ ] [ ]

3. **Marital status**
   - single
   - married
   - cohabiting

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
   - [ ]

5. **Height at booking**
   - [ ] [ ] [ ] cm

6. **Weight at booking**
   - [ ] [ ] . [ ] kg

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
   - [ ]

*For guidance please see back cover*
2.3 Has the woman had any previous deliveries by caesarean section? Yes ☐ No ☐

If Yes, please specify number in total

Was the immediately preceding delivery by caesarean section? Yes ☐ No ☐

Please give details of previous caesarean sections in the table below

<table>
<thead>
<tr>
<th>Month/year</th>
<th>Indication for caesarean section</th>
<th>Type of incision (e.g. classical/LSCS)</th>
<th>Cervical dilatation at time of CS (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<td>4</td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3: Previous Medical History

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

3.1 Previous or pre-existing medical problems* Yes ☐ No ☐

If Yes, please specify

3.2 Has the woman had any previous uterine surgery? Yes ☐ No ☐

If Yes, please specify type and number of operations

- Myomectomy
  - If Yes, was the cavity breeched? Yes ☐ No ☐
- Dilatation and curettage
- Surgical termination of pregnancy
- Evacuation of retained products of conception (ERPC)
- Manual removal of placenta
- Other**
  - If Other, please specify

3.3 Has the woman had a previous uterine perforation? Yes ☐ No ☐

If Yes, was any treatment given? Yes ☐ No ☐

If Yes please specify

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD)*

4.2 Date of first booking visit

4.3 Was this a multiple pregnancy? Yes ☐ No ☐

If Yes, please specify number of fetuses

4.4 Was placenta praevia diagnosed prior to delivery? Yes ☐ No ☐

If Yes, specify grade

*For guidance please see back cover
Section 5: Delivery and management of placenta accreta

5.1 Did this woman have a miscarriage?  
If Yes, please specify date

5.2 Did this woman have a termination of pregnancy?  
If Yes, please specify date

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

5.4 Was delivery induced?  
If Yes, please state indication

5.5 Did the woman labour?  

*For guidance please see back cover
5.6 Was delivery by caesarean section?  
If Yes, please state:
   Grade of urgency*  
   Grade of operator  
   Indication for caesarean section  
   Method of anaesthesia: Regional, General anaesthetic
What was the position of the uterine incision?

5.7 Was the placenta left in situ?  
If Yes, was this Complete, Partial
Was methotrexate used?

5.8 Was a hysterectomy performed?  
If Yes, was this planned/anticipated?
   If Not planned/anticipated, what was the indication for hysterectomy?

   Was an attempt made to remove the placenta prior to hysterectomy?
   Was the hysterectomy Total, Subtotal
   Date and time of hysterectomy
   Was the uterus sent for pathological examination?
   If Yes, what were the pathological findings?

5.9 Please indicate below all other therapies used to prevent or treat haemorrhage
<table>
<thead>
<tr>
<th>Therapy</th>
<th>Tick all that apply</th>
<th>Please rank the therapies in the order in which they were first used (1,2,3 etc)</th>
<th>Was this therapy used for prophylaxis (P) or treatment of haemorrhage (T)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syntocinon infusion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ergometrine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prostaglandin F2α</td>
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<td></td>
<td></td>
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<tr>
<td>Recombinant activated factor VII</td>
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<td></td>
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<tr>
<td>Artery embolisation/balloon tamponade</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Uterine artery ligation</td>
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</tr>
<tr>
<td>Internal iliac artery ligation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-Lynch or other brace suture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra-abdominal packing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrauterine balloons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Other, please specify ____________________________

5.10 Estimated total blood loss (mls)  

*For guidance please see back cover
### 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 If the woman was managed conservatively or hysterectomy was not performed, was the woman followed up to document complete resorption of the placenta?**
- Yes [ ] No [ ] Not known [ ]
  - If Yes, was the placenta completely resorbed? Yes [ ] No [ ] Not known [ ]
  - Date complete resorption documented [DD/MM/YYYY]

**6a.4 Did the woman die?**
- Yes [ ] No [ ]
  - If Yes, please specify date of death [DD/MM/YYYY]
  - What was the primary cause of death as stated on the death certificate? (Please state if not known.) ________________________________
  - Was a post mortem examination undertaken? Yes [ ] No [ ]
    - If Yes, did this confirm
      - Placenta accreta [ ]
      - Placenta increta [ ]
      - Placenta percreta [ ]
      - None of the above [ ]
    - If None, please give postmortem diagnosis ________________________________

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**5.11 Did the woman refuse transfusion of blood products?**
- Yes [ ] No [ ]
  - If No, were blood products given? Yes [ ] No [ ]
    - If Yes, please state total units given (enter zero if none given)
      - Whole blood or packed red cells [ ]
      - Fresh Frozen Plasma (FFP) [ ]
      - Platelets [ ]
      - Cryoprecipitate [ ]
      - Cell salvaged blood (mls) [ ]

**5.12 What was the final diagnosis after delivery?** (please tick one)
- Placenta accreta [ ]
- Placenta increta [ ]
- Placenta percreta [ ]
- None of the above [ ]
  - If None, please give final diagnosis ________________________________

*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? 
If Yes, please go to section 7.

6b.6 5 min Apgar

6b.7 Was the infant admitted to the neonatal unit?
Yes
No

6b.8 Did any other major infant complications occur?*
If Yes, please specify ____________________________
Yes
No

6b.9 Did this infant die 
If Yes, please specify date of death
Yes
No

Section 7:
Please use this space to enter any other information you feel may be important
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

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:

- Pre-eclampsia (hypertension and proteinuria)
- Eclampsia
- Thrombotic event
- Amniotic fluid embolism
- 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
- Gestational diabetes
- Significant placental abruption
- Post-partum haemorrhage requiring transfusion

3. Previous or pre-existing maternal medical problems, including:

- Essential hypertension
- 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
- Epilepsy
- Diabetes
- Autoimmune diseases
- Cancer
- HIV

4. Examples of other previous uterine surgery:

- Endometrial resection/ablation
- Septal resection
- Polypectomy

5. Estimated date of delivery (EDD)

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

6. RCA/RCOG/CEMACH/CNST Classification for urgency of caesarean section:

- Immediate threat to life of woman or fetus
- Maternal or fetal compromise which is not immediately life-threatening
- Needing early delivery but no maternal or fetal compromise
- At a time to suit the woman and maternity team

7. Major maternal medical complications, including:

- Persistent vegetative state
- Cerebrovascular accident
- Pulmonary oedema
- Mendleson’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
- Major congenital anomaly
- Severe infection e.g. septicaemia, meningitis
- Exchange transfusion