Severe Maternal Sepsis
Study 03/11

Data Collection Form - Control

Instructions for selecting control women

1. Identify the date and time of delivery for the woman you have reported who has had severe sepsis. This woman is the CASE.

2. From the delivery suite/operating theatre records identify the two pregnant women delivering immediately BEFORE the woman who has had severe sepsis (these women should NOT have had severe sepsis). These women will act as the CONTROLS.

3. Please retrieve the hospital case notes for these control women from medical records.

4. Please complete a Control Data Collection Form (this form) for each of the women you have identified as the controls.

5. You will also have been sent a Case Data Collection Form. Please complete the case form with information about the woman who has had severe sepsis.

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: [ ]

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? [ ]

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 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?* [ ]

If Yes, please specify: ____________________________

2.3 Did the woman have any previous Caesarean sections? [ ]

If Yes, how many?

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

3.1 Does the woman have a history of recurrent infections?  
Yes ☐  No ☐  
If Yes, please specify: ____________________________

3.2 Was the woman immuno-compromised (including taking immuno-suppressants)?  
Yes ☐  No ☐  
If Yes, please specify cause: ____________________________

3.3 Does the woman have (or have a history of) diabetes?  
Yes ☐  No ☐

3.4 Does the woman have a history of a sexually transmitted infection?*  
Yes ☐  No ☐  
If Yes, please give details: ____________________________

3.5 Does the woman have any other previous or pre-existing medical problems?*  
Yes ☐  No ☐  
If Yes, please specify: ____________________________

3.6 Does the woman or any household member have a recent history (two weeks prior to presentation) of any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Woman</th>
<th>Household member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sore throat</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respiratory infection</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vomiting</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Flu-like illness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sustained abdominal pain</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mastitis (&gt;48 hrs duration)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Section 4: This Pregnancy - Antenatal Information

4.1 Final Estimated Date of Delivery (EDD)*  
☐ ☑ ☑ ☑ Y M D

4.2 Was this a multiple pregnancy?  
Yes ☐  No ☐  
If Yes, please specify number of fetuses:

4.3 Date of booking:  
☐ ☑ ☑ ☑ Y M D

4.4 Did the woman have any invasive antenatal procedures, eg CVS, amniocentesis?  
Yes ☐  No ☐  
If Yes, please specify: ____________________________

4.5 Was the woman prescribed antibiotics in the two weeks prior to her delivery?  
Yes ☐  No ☐  
If Yes: What antibiotics were taken? ____________________________  
What was the indication? ____________________________

4.6 Were there any other problems in this pregnancy?*  
Yes ☐  No ☐  
If Yes, please specify: ____________________________

*For guidance please see back cover
Section 5: Delivery

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

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

If Yes to 5.1 or 5.2, please now complete sections 6a, 7 and 8

5.3 Was delivery induced?  
If Yes, please state indication:  
Was vaginal prostaglandin used?  

5.4 What was the date and time of membrane rupture?  

5.5 Did the woman labour?  
If Yes, what was the date and time labour was diagnosed?  
How many vaginal examinations were documented?  
Was fetal blood sampling performed?  
Was a fetal scalp electrode used?  
Were there any complications of vaginal delivery  
(e.g. episiotomy, 2nd, 3rd or 4th degree tear)?  

If Yes, please specify:  
Did the woman undergo a manual removal of placenta?  

5.6 Did the woman deliver at home?  

5.7 Was delivery by caesarean section?  
If Yes, please state:  
Grade of urgency:*  
Indication for caesarean section:  
Method of anaesthesia:  
Were prophylactic antibiotics given?  

If Yes, please give names of antibiotics given:  

Were there any complications during the surgery?  
If Yes, please specify:  

5.8 Did the woman have any of the following during labour or delivery?  
(please tick all that apply)  
	Intravenous lines (‘venflons’)  
	Central venous lines  
	Intra-arterial lines  
	In-out urinary catheter  
	In-dwelling urinary catheter  

5.9 Did the woman have an epidural or a spinal for anaesthesia/analgesia?  

5.10 Was the woman admitted/re-admitted after delivery?  
If Yes, what was date of admission/re-admission?  

Please state the reason for admission/re-admission:  

*For guidance please see back cover
Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to HDU (including obstetric HDU) or level 2 care?  
- Yes [ ] No [ ]
  - If Yes, duration of stay: [ ] days
  - OR Tick if woman is still in HDU or level 2 care: [ ]
  - OR Tick if woman was transferred to another hospital: [ ]

6a.2 Was the woman admitted to ITU or level 3 care?  
- Yes [ ] No [ ]
  - If Yes, 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.3 Did any other major maternal morbidity occur?*  
- Yes [ ] No [ ]
  - If Yes, please specify: ________________________________

6a.4 Has the woman been discharged from hospital after delivery?  
- Yes [ ] No [ ]
  - If Yes, what was the date of the woman’s final discharge from hospital? [ ] [ ] [ ] [ ]

6a.5 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? (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
- 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, 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 the infant septic?
- Yes
- No

6b.9 Did any other major infant complications occur?*
- Yes
- No
If Yes, please specify: ________________________________

6b.10 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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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. pylonephritis
   - Rh(D) alloimmunisation

3. Previous history of sexually transmitted infection, including:

   - HIV
   - Syphilis
   - Gonorrhoea
   - Chlamydia
   - Genital herpes
   - Hepatitis C

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

   - Diabetes
   - 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
   - Depression

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:

   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

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
   - 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