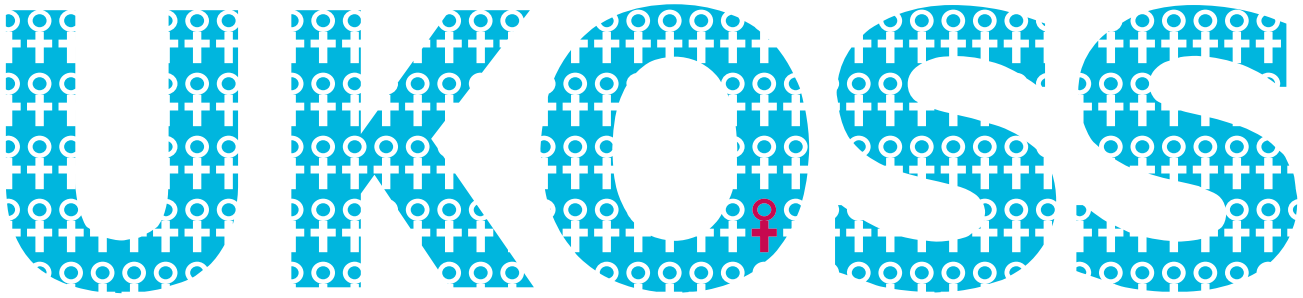


ID Number:



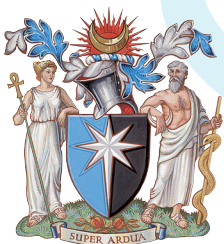
UK Obstetric Surveillance System

## 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.



Royal College of  
Obstetricians and  
Gynaecologists

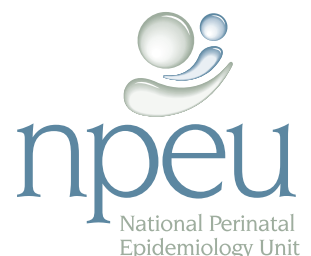
Please return the completed form to:

**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:<sup>1\*</sup> (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   
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?<sup>2\*</sup> Yes  No
- If Yes, please specify: \_\_\_\_\_
- 2.3 Did the woman have any previous Caesarean sections? Yes  No
- 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?<sup>3\*</sup> Yes  No

If Yes, please give details: \_\_\_\_\_

3.5 Does the woman have any other previous or pre-existing medical problems?<sup>4\*</sup> 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?

	Woman		Household member		
	Yes	No	Yes	No	Not Known
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu-like illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustained abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>			
Mastitis (>48 hrs duration)	<input type="checkbox"/>	<input type="checkbox"/>			

### Section 4: This Pregnancy - Antenatal Information

4.1 Final Estimated Date of Delivery (EDD)<sup>5\*</sup>   /   /

4.2 Was this a multiple pregnancy? Yes  No

If Yes, please specify number of fetuses:

4.3 Date of booking:   /   /

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?<sup>2\*</sup> Yes  No

If Yes, please specify: \_\_\_\_\_

\*For guidance please see back cover

## Section 5: Delivery

**5.1 Did the woman have a miscarriage?**

Yes  No

If Yes, please specify date:

/   /

**5.2 Did the woman have a termination of pregnancy?**

Yes  No

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?**

Yes  No

If Yes, please state indication: \_\_\_\_\_

Was vaginal prostaglandin used?

Yes  No

**5.4 What was the date and time of membrane rupture?**

/   /   :   :

**5.5 Did the woman labour?**

Yes  No

If Yes, what was the date and time labour was diagnosed?   /   /   :   :

How many vaginal examinations were documented?

Was fetal blood sampling performed?

Yes  No

Was a fetal scalp electrode used?

Yes  No

Were there any complications of vaginal delivery (e.g. episiotomy, 2nd, 3rd or 4th degree tear)?

Yes  No  Not applicable

If Yes, please specify: \_\_\_\_\_

Did the woman undergo a manual removal of placenta? Yes  No  Not applicable

**5.6 Did the woman deliver at home?**

Yes  No

**5.7 Was delivery by caesarean section?**

Yes  No

If Yes, please state:

Grade of urgency:<sup>6\*</sup>

Indication for caesarean section: \_\_\_\_\_

Method of anaesthesia: Regional  General anaesthetic

Were prophylactic antibiotics given? Yes  No

If Yes, please give names of antibiotics given: \_\_\_\_\_

Were there any complications during the surgery? Yes  No

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?**

Yes  No

**5.10 Was the woman admitted/re-admitted after delivery?**

Yes  No

If Yes, what was date of admission/re-admission?

/   /

Please state the reason for admission/re-admission: \_\_\_\_\_

## 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?<sup>7\*</sup>** 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   /   /   :   24hr

What was the primary cause of death as stated on the death certificate?  
(Please state if not known.) \_\_\_\_\_

## 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](http://www.npeu.ox.ac.uk/ukoss)

**6b.1 Date and time of delivery:**

/   /     :   24hr

**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.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?<sup>8\*</sup>**

Yes     No

If Yes, please specify: \_\_\_\_\_

**6b.10 Did this infant die?**

Yes     No

If Yes, please specify date and time of death

/   /     :   24hr

What was the primary cause of death as stated on the death certificate?

(Please state if not known) \_\_\_\_\_



## 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  
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  
Mendleson'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