New published results – Specific therapies for PPH

Full results of the UKOSS specific therapies for postpartum haemorrhage study were published in BJOG in June. Overall, 272 women were identified who were managed with either uterine compression sutures, pelvic vessel ligation, interventional radiology or factor VIIa. In 75% of women these therapies were used after uterotonic therapy alone; in the remaining 25% these therapies were used after failure of uterotonic therapy and failure of intrauterine balloon tamponade. Treatment was considered successful if there was no further treatment needed for PPH, including the use of hysterectomy, after the specific therapy had been used.

Where the therapy was used immediately following failed uterotonic therapy, uterine compression sutures were successful in 120 women (75%; 95% CI 67–81%), pelvic vessel ligation was successful in five women (36%; 95% CI 13–65%), interventional radiology was successful in 12 women (86%; 95% CI 57–98%) and factor VIIa was successful in five women (31%; 95% CI 11–59%). These success rates were not significantly different in women in whom intrauterine balloon tamponade had also failed.

Thus uterine compression sutures and interventional radiological techniques had higher success rates than factor VIIa and pelvic vessel ligation, although it should be noted that the cases managed with factor VIIa and ligation tended to be more clinically complex. Overall, more than a quarter of women treated had a hysterectomy as a rescue therapy.

Reference:
Thanks to the following hospitals who have returned cards for the last three months:

- Aberdeen Maternity Hospital, Aberdeen
- Airedale General Hospital, Keighley
- Alexandra Hospital, Redditch
- Altnagelvin Area Hospital, Londonderry
- Antirn Hospital, Antirn
- Ayrshire Maternity Unit, Kilmarnock
- Barnet and Chase Farm Hospitals NHS Trust, Enfield
- Basildon Hospital, Basildon
- Bassetlaw District General Hospital, Worksop
- Birmingham City Hospital, Birmingham
- Birmingham Heartlands Hospital, Birmingham
- Birmingham Women’s Hospital, Birmingham
- Borders General Hospital, Melrose
- Bradford Royal Infirmary, Bradford
- Bronglais Hospital, Aberystwyth
- Bury Mead General Hospital, Bury
- Chelsea & Westminster Hospital, London
- Chesterfield & North Derbyshire Royal Hospital, Chesterfield
- City Hospital, Sunderland NHS Trust, Sunderland
- Colchester Valley General Hospital, Colchester
- Conquest Hospital, St Leonards-on-Sea
- Countess of Chester Hospital, Chester
- Craighaven Area Hospital, Portadown
- Craydon University Hospital, Thornton Heath
- Cumberland Infirmary, Carlisle
- Darlington Memorial Hospital, Darlington
- Derby Hospitals NHS Foundation Trust, Derby
- Dewsbury and District Hospital, Dewsbury
- Duchess of York Hospital, York
- Dorset County Hospital, Dorchester
- Dr Gray’s Hospital, Elgin
- Dumfries & Galloway Royal Infirmary, Dumfries
- Ealing Hospital, London
- Eastbourne District General Hospital, Eastbourne
- Ermelo Hospital, Enniskillen
- Fairfield General Hospital, Bury
- Forth Park Hospital, Kirkcaldy
- Friarage Hospital, Northallerton
- Friern Park Hospital, Croydon
- Furness General Hospital, Barrow-in-Furness
- Glan Clwyd District General Hospital, Rhyl
- Good Hope Hospital, Sutton Coldfield
- Hamgrove District Hospital, Harrogate
- Hartlepool Community Hospital, Hartlepool
- Hillingdon Hospital, Uxbridge
- Homerton University Hospital, London
- Hope Hospital, Manchester
- Hull Royal Infirmary, Hull
- Ipswich Hospital, Ipswich
- James Cook University Hospital, Middlesbrough
- James Paget Hospital, Great Yarmouth
- Jersey General Hospital, St Helier
- John Radcliffe Hospital, Oxford
- Kettering General Hospital, Kettering
- King’s College Hospital, London
- Leeds General Infirmary, Leeds
- Leicester General Hospital, Leicester
- Lincoln County Hospital, Lincoln
- Lister Hospital, Stevenage
- Macclesfield District General Hospital, Macclesfield
- Mater Infirmum Hospital, Belfast
- Medway Maritime Hospital, Gillingham
- Milton Keynes General Hospital, Milton Keynes
- Nevill Hall Hospital, Aberavon
- New Cross Hospital, Wolverhampton
- Ninewells Hospital & Medical School, Dundee
- Norfolk & Norwich University Hospital, Norwich
- North Devon District Hospital, Barnstaple
- North Manchester General Hospital, Manchester
- North Middlesex Hospital, London
- Nottingham University Hospitals NHS Trust, Nottingham
- Pembury Hospital, Tunbridge Wells
- Peterborough City Hospital, Peterborough
- Pilgrim Hospital, Boston
- Pinderfields General Hospital, Wakefield
- Poole Hospital, Poole
- Prince Charles Hospital, Methyr Tydfil
- Princess Alexandra Hospital, Harlow
- Princess Anne Hospital, Southampton
- Princess Elizabeth Hospital, St Martins
- Princess of Wales Hospital, Bridgend
- Princess Royal University Hospital, Orpington
- Queen Alexandra Hospital, Portsmouth
- Queen Elizabeth Hospital, Gateshead
- Queen Elizabeth the Queen Mother Hospital, Margate
- Queen’s Hospital, Burton upon Trent
- Ragmore Hospital, Inverness
- Rochdale Infirmary, Rochdale
- Rosie Maternity Hospital, Cambridge
- Rotherham District General Hospital, Rotherham
- Royal Albert Edward Infirmary, Wigan
- Royal Alexandra Hospital, Paisley
- Royal County Hospital, Truro
- Royal Devon & Exeter Hospital, Exeter
- Royal Free Hospital, London
- Royal Hampshire County Hospital, Winchester
- Royal Lancaster Infirmary, Lancaster
- Royal Oldham Hospital, Oldham
- Royal Shrewsbury Hospital, Shrewsbury
- Royal Surrey County Hospital, Guildford
- Russell Hall Hospital, Dudley
- Salisbury District Hospital, Salisbury
- Scarborough Hospital, Scarborough
- Scunthorpe General Hospital, Scunthorpe
- Simpson Centre for Reproductive Health, Edinburgh
- Singleton Hospital, Swansea
- South Tyneside District Hospital, South Shields
- Southend Hospital, Westcliff-on-Sea
- Southern General Hospital, Glasgow
- Southmead Hospital, Bristol
- Southport & Perciern Hospital NHS Trust, Ormskirk
- St George’s Hospital, London
- St Helens and Knowsley NHS Trust, St Helens
- St James’s University Hospital, Leeds
- St John’s Hospital, Chelmsford
- St John’s Unit at Howden, Livingston
- St Mary’s Hospital, London
- St Mary’s Hospital, Newport
- St Michael’s Hospital, Bristol
- St Peter’s Hospital, Chertsey
- Stepping Hill Hospital, Stockport
- Stirling Royal Infirmary, Stirling
- Stoke Mandeville Hospital, Aylesbury
- Taunton and Somerset County Hospital, Taunton
- The Jessop Wing, Sheffield
- Torbay Hospital, Torquay
- Ulster Hospital, Belfast
- University College Hospital, London
- University Hospital Lewisham, London
- University Hospital of North Durham, Durham
- University Hospital of North Tees, Stockton-on-Tees
- University Hospital of Wales, Cardiff
- Victoria Hospital, Blackpool
- Wansbeck General Hospital, Ashington
- Warrington Hospital, Warrington
- Warwick Hospital, Warwick
- West Cumberland Hospital, Whitehaven
- West Middlesex University Hospital, Isleworth
- West Suffolk Hospital, Bury St Edmunds
- West Sussex General Hospital, Carmaarthen
- Western Isles Hospital, Stornaway
- Whexham Park Hospital, Slough
- Whips Cross University Trust Hospital, London
- Whiston Hospital, Prescot
- Whittington Hospital, London
- William Harvey Hospital, Ashford
- Wishaw General Hospital, Wishaw
- Withybush Hospital, Haverfordwest
- Worcestershire Royal Hospital, Worcester
- Worthing Hospital, Worthing
- Wrexham Maelor Hospital, Wrexham
- Yeovil Women’s Hospital, Yeovil
- York Hospital, York
- Ysbyty Gwynedd District General Hospital, Bangor

Returned all three cards. Returned two cards. Returned one card.
New studies:

Severe Maternal Sepsis

Given the recent increase in maternal deaths and morbidity incidence in the general population due to sepsis, an understanding of the risk factors in the UK of obstetric sepsis morbidity before death occurs is needed to better target potential points of clinical intervention. The aim of this study, therefore, is to estimate the incidence of severe maternal sepsis in the UK, to investigate and quantify the associated risk factors, causative organisms, management and outcomes and to explore whether any factors are associated with poor outcomes.

**Surveillance Period:** June 2011- May 2013

**Case definition:** Any pregnant or recently pregnant woman (up to 6 weeks postpartum) diagnosed with severe sepsis (irrespective of the source of infection).

**Report only cases diagnosed as having severe sepsis by a senior clinician.**

A severe sepsis case would be expected to include women in one of the following groups:

1. Death related to infection or suspected infection
2. Any women requiring level 2 or level 3 critical care (or obstetric HDU type care) due to severe sepsis or suspected severe sepsis
3. A clinical diagnosis of severe sepsis.

**As a guide** clinical diagnosis of severe sepsis would usually be associated with 2 or more of the following:

a) Temperature >38°C or <36°C measured on two occasions at least 4 hours apart
b) Heart rate >100 beats/ minute measured on two occasions at least 4 hours apart
c) Respiratory rate >20/ minute measured on two occasions at least 4 hours apart
d) White cell count >17x10^9/L or <4x10^9/L or with >10% immature band forms, measured on two occasions.

**Funding:** This study is funded by the National Institute for Health Research (NIHR) as part of the UK Maternal Near-miss Surveillance Programme (UKNeS) (www.npeu.ox.ac.uk/uknes).*

Cardiac Arrest in Pregnancy

This study will investigate the incidence of maternal cardiac arrest and peri-arrest or perimortem caesarean section (PMCS,) assess outcomes and explore underlying causes. This information will be used to establish optimal management guidelines to improve survival of mother and infant.

**Surveillance Period:** July 2011- June 2014

**Case definition:** Any pregnant women in the UK identified as receiving basic life support (chest compressions and, where possible, ventilation breaths), including women who have undergone PMCS.

**Funding:** This study is funded by Wellbeing of Women.

**Investigators:** Virginia A. Beckett, Laura McCarthy, Bradford Teaching Hospitals NHS Trust
Paul Sharpe, University Hospitals of Leicester NHS Trust
Marian Knight, NPEU
Congratulations!

Our congratulations to Kate Fitzpatrick, epidemiologist on the UKNeS programme, who was recently awarded the prize for best oral presentation in the labour and delivery category at the recent Perinatal Medicine 2011 meeting, when she presented the results of the uterine rupture study. Congratulations also to Jo Cook, specialist registrar at Queen Charlotte’s and Chelsea Hospital, who gave an excellent presentation of the multiple repeat caesarean section study results in the same session. Full study results coming soon!

Welcome!

The UKOSS team has recently been joined by Melanie Workman who is our new Administrative Assistant, and works alongside Dominika, Alex and Jane to process all UKOSS data prior to study analysis. Melanie has a background in midwifery and is already proving herself invaluable in dealing with clinical queries so we hope you will join us in welcoming her to the team!

Case report summary for current studies up until 13 June 2011

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Actual number of reported cases</th>
<th>Data collection forms returned (%)</th>
<th>Number of confirmed cases</th>
<th>Expected number of confirmed cases</th>
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<tbody>
<tr>
<td>Adrenal Tumours</td>
<td>5</td>
<td>2(40)</td>
<td>1(50)</td>
<td>5</td>
</tr>
<tr>
<td>Amniotic Fluid Embolism*</td>
<td>137</td>
<td>130 (95)</td>
<td>90 (70)</td>
<td>76</td>
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<tr>
<td>Aortic Dissection</td>
<td>11</td>
<td>10 (91)</td>
<td>5 (50)</td>
<td>84</td>
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<tr>
<td>Severe Obstetric Cholestasis</td>
<td>731</td>
<td>566 (77)</td>
<td>459 (83)</td>
<td>360</td>
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<tr>
<td>Myeloproliferative Disorders</td>
<td>29</td>
<td>20 (69)</td>
<td>15 (75)</td>
<td>71</td>
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<tr>
<td>Pregnancy in Non-renal Solid Organ Transplant Recipients</td>
<td>92</td>
<td>80 (87)</td>
<td>63 (80)</td>
<td>90</td>
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<tr>
<td>Pituitary Tumours</td>
<td>49</td>
<td>30 (61)</td>
<td>12 (44)</td>
<td>63</td>
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<td>Placenta Accreta*</td>
<td>173</td>
<td>123 (71)</td>
<td>109 (89)</td>
<td>200</td>
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<tr>
<td>Pulmonary Vascular Disease</td>
<td>81</td>
<td>69 (85)</td>
<td>28 (41)</td>
<td>44</td>
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<tr>
<td>Sickle Cell Disease</td>
<td>120</td>
<td>99 (83)</td>
<td>83 (85)</td>
<td>250</td>
</tr>
</tbody>
</table>

Funding: *These sections of the newsletter represent independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Programme Grant RP-PG-0608-10038).

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