ID Number:

UKOSS

UK Obstetric Surveillance System

# Spontaneous Haemoperitoneum in Pregnancy (SHiP) Study 01/16

## Data Collection Form - CASE

**Please report any woman delivering between 1st Jan 2016 and 31st Dec 2017.**

### Case Definition:

Any woman 20 weeks or more gestation with sudden intra-abdominal haemorrhage requiring surgery (CS, laparotomy, laparoscopy), without preceding trauma

EXCLUDE: women with uterine rupture, trauma.

Royal College of Obstetricians and Gynaecologists

Bringing to life the best in women's health care

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:** _____

npeu National Perinatal Epidemiology Unit

# 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:** Y Y Y Y

**1.2** **Ethnic group:**[1]* *(enter code, please see back cover for guidance)* ☐☐

**1.3** **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:

_____

**1.4** **Height at booking:** ☐☐☐ *cm*

**1.5** **Weight at booking:** ☐☐☐.☐ *kg*

**1.6** **Smoking status:** never ☐ gave up prior to pregnancy ☐ current ☐ gave up during pregnancy ☐

*For guidance please see back cover

## 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?[2]*** Yes ☐ No ☐

**If Yes**, please specify: _____

_____

**2.3 Has this woman had any previous deliveries by caesarean section?** Yes ☐ No ☐

## Section 3: Previous Medical History

**3.1 Does this woman have a known history of endometriosis?** Yes ☐ No ☐

**If Yes**, what year was it diagnosed: Y Y Y Y

**OR** tick if not known ☐

Was it histologically confirmed? Yes ☐ No ☐ Not known ☐

**3.2 Has this woman had prior abdominal surgery?** Yes ☐ No ☐

**If Yes**, please specify surgery undertaken: _____

and indication: _____

Was this surgery for endometriosis? Yes ☐ No ☐ Not known ☐

**3.3 Did the woman have any other pre-existing medical problems[3]*?** Yes ☐ No ☐

**If Yes**, please give details: _____

_____

## Section 4: This Pregnancy

**4.1 Final Estimated Date of Delivery (EDD):[4]*** D D / M M / Y Y

**4.2 Was this a multiple pregnancy?** Yes ☐ No ☐

**If Yes**, please specify number of fetuses: ☐

**4.3 What was the planned mode of delivery for this pregnancy prior to diagnosis of SHiP?**

Vaginal (including trial of labour) ☐

Abdominal (elective caesarean section) ☐

*For guidance please see back cover

**4.4** **Did the woman receive any anticoagulation in this pregnancy?** Yes ☐ No ☐

**If Yes**, please indicate anticoagulants received and timing relative to diagnosis

| Anticoagulant used *(please tick all that apply)* | | Was this for prophylaxis (P) or Treatment (T)? | | Was this anticoagulation received prior to diagnosis? | |
|---|---|---|---|---|---|
| Aspirin | ☐ | ☐ | | Yes ☐ | No ☐ |
| Heparin (inc. LMWH) | ☐ | ☐ | | Yes ☐ | No ☐ |
| Warfarin | ☐ | ☐ | | Yes ☐ | No ☐ |
| Thrombolysis | ☐ | ☐ | | Yes ☐ | No ☐ |

**4.5** **What date was SHiP was first diagnosed?** D D / M M / Y Y

**4.6** **What were the symptoms prior to diagnosis?** *(please tick all that apply)*

abdominal pain ☐ altered uterine contractions ☐
haematuria ☐ vaginal bleeding ☐
fetal heart rate abnormality ☐ Other ☐

**If Other**, please specify: _____

**4.7** **What was the initial presumed diagnosis?** _____

**4.8** **How was the haemoperitoneum diagnosed?** *(please tick all that apply)*

Peritoneal lavage ☐ Ultrasound ☐
CT ☐ CTPA ☐
MRI ☐ At surgery ☐

**4.9** **What mode of surgery was used to manage the haemorrhage?** *(please tick one)*

laparoscopy ☐ planned caesarean section or hysterotomy ☐
*(i.e. delivery of baby intended at onset of surgery)*

laparotomy ☐ emergency caesarean section or hysterotomy ☐
*(delivery of baby not planned at the start of laparotomy)*

**4.10** **Were there signs of active endometriosis at the time of surgery for SHiP?** Yes ☐ No ☐

**4.11** **At the time of surgery, was the pregnancy noted to be:** intrauterine ☐ extrauterine ☐

**4.12** **What was the identified source/location of bleeding?** _____

**4.13** **What was the estimated total blood loss?** ☐☐☐☐ *ml*

**4.14** **What was the estimated intraperitoneal blood loss?** <500*ml* ☐ ≥500*ml* ☐

**4.15** **What was the woman's lowest measured haemoglobin value?** ☐☐☐.☐ *g/dl*

**OR** tick if not measured ☐

*For guidance please see back cover

**4.16 Did the woman refuse blood products?** Yes ☐ No ☐

**If No**, were blood products given? Yes ☐ No ☐

**If Yes**, please state total units of each: *(enter zero if none given)*

Whole blood or packed red cells ☐☐

Fresh Frozen Plasma (FFP) ☐☐

Platelets ☐☐

Cryoprecipitate ☐☐

Cell salvaged blood (ml) ☐☐☐☐☐

**4.17 Were any haemostatic drugs used?** Yes ☐ No ☐

**If Yes**, *please tick all that apply:* fibrinogen ☐ Factor VII ☐ Tranexamic acid ☐ Other ☐

**If Other**, please specify: _____

**4.18 Were there any other problems in this pregnancy?[2]*** Yes ☐ No ☐

**If Yes**, please specify: _____

## Section 5: Delivery

**5.1 Did this woman have a miscarriage?** Yes ☐ No ☐

**If Yes**, please specify date: D D / M M / Y Y

**5.2 Did this woman have a termination of pregnancy (including hysterotomy)?** Yes ☐ No ☐

**If Yes**, please specify date: D D / M M / Y Y

**If Yes to 5.1 or 5.2, please go to sections 6a, 7 and 8**

**5.3 Is this woman still undelivered?** Yes ☐ No ☐

**If Yes**, will she be receiving the rest of her antenatal care from your hospital? Yes ☐ No ☐

**If No**, please indicate name of hospital providing future care:

_____

Will she be delivered at your hospital? Yes ☐ No ☐

**If No**, please indicate name of delivery hospital, then *go to Section 7*

_____

**5.4 Was delivery induced?** Yes ☐ No ☐

**If Yes**, please state indication: _____

**5.5 Did the woman labour?** Yes ☐ No ☐

**5.6 Was delivery by caesarean section?** Yes ☐ No ☐

**If Yes**, please state:

Grade of urgency:[5]* ☐

Indication for caesarean section: _____

Method of anaesthesia: Regional ☐ General anaesthetic ☐

*For guidance please see back cover

**5.7** **Was any placental abnormality identified?** Yes ☐ No ☐

**If Yes**, please tick which abnormalities were identified:

Praevia ☐

Accreta ☐

Increta/percreta ☐

Other ☐

**If Other**, please specify: _____

## Section 6: Outcomes

### Section 6a: Woman

**6a.1** **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.2** **Did any other major maternal morbidity occur?[6]*** Yes ☐ No ☐

**If Yes**, please specify: _____

**6a.3** **Did the woman die?** Yes ☐ No ☐

**If Yes**, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

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 the examination confirm the certified cause of death/diagnosis? Yes ☐ No ☐ 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**

**6b.1** **Date and time of delivery:** D D / M M / Y Y h h : m m (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** ☐☐

*For guidance please see back cover

**6b.7 Was the umbilical artery pH measured?** Yes ☐ No ☐

If Yes, please give result: ☐.☐☐

**6b.8 Was the infant admitted to the neonatal unit?** Yes ☐ No ☐

**6b.9 Did any other major infant complications occur?[7]*** Yes ☐ No ☐

**If Yes**, please specify: _____

**6b.10 Did this infant die?** Yes ☐ No ☐

**If Yes**, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

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

*(Please state if not known)* _____

## 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:** D D / M M / Y Y

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. 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:**

Persistent vegetative state
Cardiac arrest
Cerebrovascular accident
Adult respiratory distress syndrome
Disseminated intravascular coagulopathy
HELLP
Pulmonary oedema
Mendleson's syndrome
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