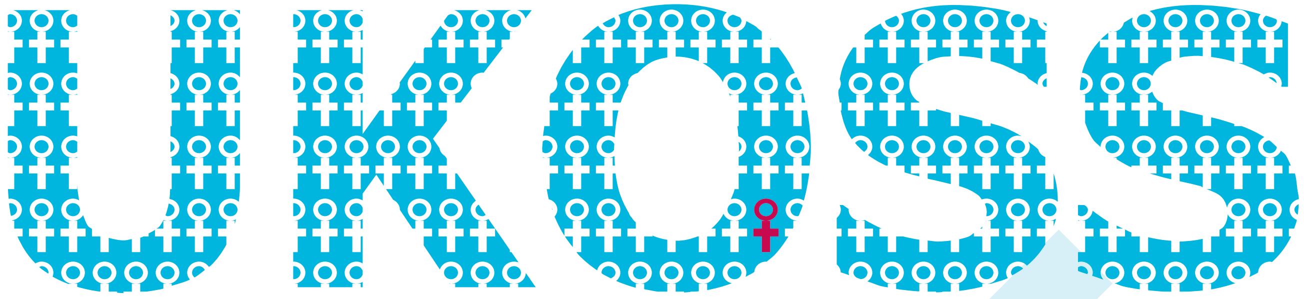
ID Number:



UK Obstetric Surveillance System

Vasa Praevia in Pregnancy Study 02/14

Data Collection Form - CASE

Please report any woman delivering on or after 1st December 2014 and before 1st December 2015

Case Definition:

A case should meet at least one of the criteria below:

1. Suspected VP on antenatal U/S ≥18 weeks gestation, and confirmed on antenatal U/S ≥31 weeks gestation (if not delivered prior to 31 weeks)
2. Palpation or visualisation of the fetal vessels during labour
3. Rupture of membranes with bleeding associated with fetal death/exsanguination or severe neonatal anaemia
4. Antenatal or intrapartum bleeding of fetal origin with pathologic CTG and/or positive Apt[6*] test
5. VP documented in medical records as reason for admission and caesarean section

And

At least one of the following:

- Clinical examination of the placenta confirming intact or ruptured velamentous vessels. These may be a velamentous insertion of the umbilical cord or exposed fetal vessels between placental lobes
- Confirmation of VP on pathologcial examination of the placenta
- Torn umbilical cord or placenta (not able to provide placental examination)

Royal College of Obstetricians and Gynaecologists

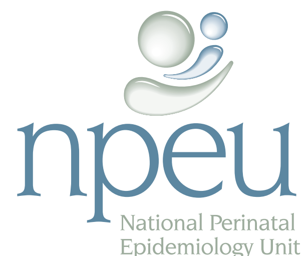
Bringing to life the best in women's health care

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: ______________________________



*For guidance please see back cover

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 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 live births ☐☐

Number of stillbirths ☐☐

Please give date of delivery of the most recent completed pregnancy beyond 24 weeks: D D / M M / Y Y

Number of pregnancies less than 24 weeks ☐☐

Number of miscarriages ☐☐

Number of terminations of pregnancy ☐☐

Number of ectopic pregnancies ☐☐

Please give the end date of the most recent pregnancy less than 24 weeks: D D / M M / Y Y

If No previous pregnancies, *please go to section 3.*

*For guidance please see back cover

CASE

2.2 Has the woman had any of the following uterine surgeries prior to this pregnancy?

Surgery type		Number in total
Caesarean section	Yes ☐ No ☐	☐☐
Evacuation of retained products of conception (ERPC)	Yes ☐ No ☐	☐☐
Surgical termination of pregnancy	Yes ☐ No ☐	☐☐
D&C (Dilation & Curettage)	Yes ☐ No ☐	☐☐
D&E (Dilation & Evacuation)	Yes ☐ No ☐	☐☐
Myomectomy	Yes ☐ No ☐	☐☐
Manual removal of placenta	Yes ☐ No ☐	☐☐
Other	Yes ☐ No ☐	☐☐

If Other, please specify surgery type ______

2.3 Has the woman had placental abnormalities in any previous pregnancy? Yes ☐ No ☐

If Yes, please tick all that apply

- Vasa praevia ☐
- Placenta praevia ☐
- Velamentous cord insertion ☐
- Bilobed placenta ☐
- Succenturiate/ accessory lobed placenta ☐

2.4 Did the woman have any other previous pregnancy problems?[2*] Yes ☐ No ☐

If Yes, please specify ______

Section 3: Previous Medical History

3.1 Did the woman have any significant pre-existing medical problems[3*] Yes ☐ No ☐

If Yes, please specify ______

Section 4: Current Pregnancy

4.1 Final estimated date of delivery[4*] D D / M M / Y Y

4.2 Was VP diagnosed antenatally? Yes ☐ No ☐

If Yes, what was the date of diagnosis? D D / M M / Y Y

4.3 Is this a multiple pregnancy? Yes ☐ No ☐

If Yes, specify number of fetuses ☐

Is the pregnancy *(please tick one only)*

Monochorionic monoamniotic ☐ Monochorionic diamniotic ☐

Monochorionic triamniotic ☐ Dichorionic diamniotic ☐ Dichorionic triamniotic ☐

Trichorionic triamniotic ☐ Other, please specify ______ ☐

Unknown ☐

In which fetus was vasa praevia diagnosed? Fetus 1 ☐ Fetus 2 ☐ Fetus 3 ☐

*For guidance please see back cover

CASE

4.4 Were any of the following risk factors for VP confirmed before or immediately after delivery?

Low lying placenta detected	At ultrasound ☐	At surgery ☐	No ☐	Not known ☐
Bilobed placenta		Yes ☐	No ☐	Not known ☐
Succenturiate/ accessory lobed placenta		Yes ☐	No ☐	Not known ☐
Velamentous cord insertion		Yes ☐	No ☐	Not known ☐
Marginal cord insertion		Yes ☐	No ☐	Not known ☐
In Vitro Fertilisation		Yes ☐	No ☐	Not known ☐

4.5 How many formal ultrasound scans were performed after 17 weeks gestation? ☐☐

4.6 Please give details of all formal ultrasound scans performed after 17 weeks gestation? *(please continue in section 7 if required)*

Date of scan	DD/MM/YY	DD/MM/YY	DD/MM/YY
Type of scan Transabdominal / transvaginal / both			
Was doppler used?	Yes ☐ No ☐ Not known ☐	Yes ☐ No ☐ Not known ☐	Yes ☐ No ☐ Not known ☐
Was Vasa Praevia suspected?	Yes ☐ No ☐ Not known ☐	Yes ☐ No ☐ Not known ☐	Yes ☐ No ☐ Not known ☐
Distance from internal os[5*] *(mm)* *(please state if not measured)*			
Closed cervical length *(mm)* *(please state if not measured)*			
Other abnormal finding on scan *(continue in section 7 if required - state if none)*			

4.7 Was the woman admitted to hospital at any point during the pregnancy? Yes ☐ No ☐
(please continue in section 7 if required)

Date of admission	Date of discharge	Was the admission because of VP?	Other reason	Details of other reason
DD/MM/YY	DD/MM/YY	Yes ☐ No ☐	Yes ☐ No ☐	
DD/MM/YY	DD/MM/YY	Yes ☐ No ☐	Yes ☐ No ☐	

4.8 Was fetal fibronectin testing undertaken because of VP? Yes ☐ No ☐

If Yes, was it used to inform decision on admission? Yes ☐ No ☐

4.9 Was cervical length measurement undertaken? Yes ☐ No ☐

If Yes, was it used to inform decision on admission? Yes ☐ No ☐

4.10 Was delivery planned by caesarean section? Yes ☐ No ☐

If Yes, was this because of

Vasa Praevia ☐

Other reason planned *(please specify)* ____________________ ☐

What was the planned date of caesarean section? DD/MM/YY

4.11 Was a course of antenatal steroids administered? Yes ☐ No ☐

*For guidance please see back cover

If Yes, date first dose administered D D / M M / Y Y

4.12 **Was magnesium sulphate administered for fetal neuroprotection?** Yes ☐ No ☐

If Yes, date of administration D D / M M / Y Y

4.13 **Was there antenatal bleeding of fetal origin?** Yes ☐ No ☐

If Yes, how was it suspected/confirmed? *(Please tick one only)*

Apt test[6]* ☐ Pathological CTG ☐ Other, please specify ______ ☐

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

If Yes, please specify ______

Section 5a: Delivery

5a.1 **Did this woman have a miscarriage?** Yes ☐ No ☐

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

5a.2 **Did this woman have a termination of pregnancy?** Yes ☐ No ☐

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

If Yes to 5a.1 or 5a.2, please now complete sections 6a, 7 and 8

5a.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

______

5a.4 **How did the membranes rupture?** ARM ☐ Spontaneously ☐ At CS ☐ Not known ☐

5a.5 **Was there bleeding when the membranes ruptured?** Yes ☐ No ☐

5a.6 **Did the woman labour?** Yes ☐ No ☐

If Yes, was VP suspected by palpation or visualisation of the fetal vessels in labour? Yes ☐ No ☐

Was there bleeding during labour? Yes ☐ No ☐

If Yes, were any of the following tests used to determine if the blood was of fetal origin? *(please tick one only)* Yes ☐ No ☐

Kleihauer test ☐

Apt test[6]* ☐

Other ☐

If Other, please specify ______

5a.7 **Was continous electronic fetal monitoring used around the time of delivery/labour?** Yes ☐ No ☐

If Yes, when was the last CTG started before birth? D D / M M / Y Y h h : m m (24hr)

What was the CTG classification? *(please tick one only)*

Normal ☐ Suspicious ☐ Pathological ☐

5a.8 **Was delivery by caesarean section?** Yes ☐ No ☐

If Yes, please state

Grade of urgency[7]* ☐

Indication for caesarean section ______

Method of anaesthesia: *(please tick one only)* Regional ☐ General anaesthetic ☐

*For guidance please see back cover

CASE

Section 5b: Placenta

(If multiple placentae, please complete for the placenta that shows evidence of vasa praevia)

5b.1 Was the placenta examined after delivery? Yes ☐ No ☐ Not known ☐

If Yes, what was the finding of the placental examination? *(tick all that apply)*

- Torn placenta/umbilical cord ☐
- Velamentous cord insertion ☐
- Velamentous vessels between placental lobes ☐
- Bilobed placenta ☐
- Succenturiate lobed placenta ☐
- Other *(please specify)* ______ ☐

5b.2 Was placenta sent to pathology? Yes ☐ No ☐ Not known ☐

If Yes, what was the result? *(tick one only)* Normal ☐ Fetal vessels in membranes ☐

Results pending ☐ Other *(please give details)* ______ ☐

Section 6: Outcomes

Section 6a: Woman

6a.1 Was the woman admitted to ITU (critical care level 3)? Yes ☐ No ☐

If Yes, please specify:

Duration of stay ☐☐ days

Or Tick if woman is still in ITU (critical care level 3) ☐

Or Tick if woman was transferred to another hospital ☐

6a.2 Did any major maternal morbidity occur?[8]* Yes ☐ No ☐

If Yes, please specify ______

6a.3 Did the woman die? Yes ☐ No ☐

If Yes, please specify date of death D D / M M / Y Y

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?

Yes ☐ No ☐ Not known ☐

Section 6b: Infant

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 ☐

*For guidance please see back cover

CASE

6b.5 **Was the infant stillborn?** Yes ☐ No ☐

If Yes, when did this occur? Ante-partum ☐ Intra-partum ☐

If Yes, *go to section 7*

6b.6 **Apgar** At 5 mins ☐☐ At 10 mins ☐☐

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

6b.8 **Did the infant have any of the following?** Yes ☐ No ☐

Anaemia ☐ Renal failure[9*] ☐ Seizures ☐

6b.9 **Did the infant require a blood (red cell) transfusion?** Yes ☐ No ☐

If Yes, how much was given? ☐☐ mls

6b.10 **Were other blood products given?** Yes ☐ No ☐

If Yes, please complete the table below

Blood product	Volume (mls)
	☐☐
	☐☐
	☐☐

6b.11 **Did any major infant complications occur?**[10*] Yes ☐ No ☐

If Yes, please specify __________

6b.12 **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:

Name of person completing the form __________

Designation __________

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

CASE

Definitions

1. UK Census Coding for ethnic group

WHITE
- 01. British
- 02. Irish
- 03. Any other white background *(please specify)*

MIXED
- 04. White and black Caribbean
- 05. White and black African
- 06. White and Asian
- 07. Any other mixed background *(please specify)*

ASIAN OR ASIAN BRITISH
- 08. Indian
- 09. Pakistani
- 10. Bangladeshi
- 11. Any other Asian background *(please specify)*

BLACK OR BLACK BRITISH
- 12. Caribbean
- 13. African
- 14. Any other black background *(please specify)*

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. Distance from internal os:

This is the distance of the Vasa Praevia (fetal vessals) from the internal os.

6. The Apt test:

The Apt test or alkali denaturation test is a test to differentiate maternal from fetal blood. It involves adding sodium hydroxide to the tested blood and then assessing the colour of the specimen.

7. 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

8. 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

9. Renal failure:

Low urine output (<1ml/kg/hr after 24 hours) and rising serum creatinine.

10. 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
Whole body cooling