

**PPH in midwifery units****Study 01/19****Case Report Form – CASE**

**Please report all women meeting the case definition
who gave birth in the midwifery unit on or after 1st September 2019
and before 1st September 2020**

Case Definition:

Any woman who gives birth in the midwifery unit:

- who has a postpartum haemorrhage (PPH) requiring transfer to an obstetric unit, where the primary or secondary indication for transfer is PPH (for example, including transfer for retained placenta or perineal trauma where the woman has an associated PPH in the midwifery unit)
OR
- who receives care from an obstetrician in the midwifery unit for a PPH without transfer to an obstetric unit.

Exclude:

Any woman who has a PPH in the midwifery unit which is managed without any obstetric input.

Any woman who has a PPH **only after transfer** to an obstetric unit or after transfer to obstetric care.

Any woman who gives birth in a midwifery unit and has a PPH only after discharge home.

Instructions:

This is a Sample Data Collection Form for information only. **Please do not use this form to provide us with information on a case you have reported.** Data should be entered using our OpenClinica system at <https://openclinica.npeu.ox.ac.uk/OpenClinica>

Section 1. Case definition

Please complete this section first. These questions will confirm whether this woman fits our case definition or not. If your responses indicate that this woman is NOT a case you will not need to enter any further data and should contact the UKMidSS office.

1.1 Did this woman give birth in the midwifery unit/birth centre?

Yes/No

If Yes, go to **1.1.1**If No, this woman is **NOT** a case, please contact the UKMidSS office. Do**NOT enter any further data for this Case ID.****1.1.1. In which month did this woman give birth?**

Month and year

1.2 Did this woman have a postpartum haemorrhage (PPH) requiring transfer to an obstetric unit?

Yes/No

If Yes, go to **Section 2**

If No, go to **1.2.1**

1.2.1 Did this woman receive care from an obstetrician in the midwifery unit for a PPH without transfer to an obstetric unit?

Yes/No

If Yes, go to Section 2 If No, this woman is **NOT** a case, please contact the UKMidSS office. Do **NOT** enter any further data for this Case ID

Section 2. Woman's details

2.1 What was the woman's age at delivery (years)?

_____ years

2.2 What was the woman's ethnic group?

Please tick one only

01. White British
02. White Irish
03. Any other White background
04. Mixed White & Black Caribbean
05. Mixed White & Black African
06. Mixed White & Asian
07. Any other mixed background
08. Indian
09. Pakistani
10. Bangladeshi
11. Any other Asian background
12. Black Caribbean
13. Black African
14. Any other Black background
15. Chinese
16. Any other ethnic group
17. Not recorded

2.3 Is the woman currently in paid employment?

Yes/No/Not recorded

If Yes, Woman's occupation _____ OR Not recorded

2.4 Is the woman's partner currently in paid employment?

Yes/No/No partner/Not recorded

If Yes, Partner's occupation _____ OR Not recorded

2.5 Children in Low-income Families Measure score

0.000 [Note: This is derived from the woman's postcode _____ You will need to click on a link in the online data collection form and enter the woman's postcode when prompted. Then copy the number returned and paste it into the form.]

2.6 What was the woman's height at booking (cm)?

_____ cm OR Not recorded

2.7 What was the woman's weight at booking (kg)?

_____ kg OR Not recorded

If 2.6 = not recorded & 2.7 = not recorded, go to **2.7.1**

2.7.1. What was the woman's body mass index (BMI)?

00.0 OR Not recorded

2.8 What was the woman's smoking status at delivery?

[Please tick one only]

- 01. Never smoked
- 02. Gave up prior to pregnancy
- 03. Gave up during pregnancy
- 04. Current smoker
- 05. Not recorded

Section 3. Pregnancy/antenatal history

3.1 Has this woman had any previous pregnancies?

Yes/No [If Yes, go to **3.1.1**; if No, go to **3.1.3**]

3.1.1. How many completed pregnancies ≥ 24 weeks has this woman had, prior to this pregnancy?

3.1.2. How many pregnancy losses < 24 weeks has this woman had, prior to this pregnancy?

3.1.3. Was this woman known to have had any complications in previous pregnancies?

Please tick all that apply:

- 01. Primary postpartum haemorrhage needing treatment or transfusion

- 02. Retained placenta requiring manual removal
- 03. Caesarean section
- 04. Uterine surgery (excluding Caesarean section)
- 05. Other, please specify _____
- 06. None of the above

3.2 Was this pregnancy conceived through assisted conception?

Yes/No/Not recorded

3.3 What was the final Estimated Date of Delivery (EDD)?

[Note: Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation]

DD/MM/YY

3.3.1. What was the gestation at admission (in completed weeks)?

3.4 Immediately prior to admission in labour was this woman known to have any medical conditions?

Please tick all that apply:

- 01. Essential hypertension
- 02. Confirmed cardiac disease
- 03. Thromboembolic disorder
- 04. Atypical antibodies
- 05. Hyperthyroidism
- 06. Diabetes
- 07. Renal disease
- 08. Epilepsy
- 09. Other, please specify _____
- 10. None of the above

3.5 Were any current pregnancy risk factors identified antenatally, prior to admission in labour?

Please tick all that apply:

- 01. BMI at booking >35kg/m²
- 02. Post-term (>42 weeks)
- 03. Anaemia (haemoglobin <105g/litre)
- 04. Group B Streptococcus
- 05. Antepartum haemorrhage
- 06. Pre-eclampsia / pregnancy induced hypertension
- 07. Gestational diabetes
- 08. Malpresentation (breech or transverse lie)
- 09. Other, please specify _____
- 10. None of the above

Section 4. Labour and birth care

4.1 Dates and times

You will need to click on a link in the online data collection form and go to separate web page to enter key labour and birth care dates and times, then copy and paste the output from there into online form. See separate sample web page document for dates and times required.

4.2 Was this woman's labour induced?

Yes/No/Not recorded

4.3 On initial assessment at the start of labour care were any of the following identified?

Please tick all that apply:

01. Maternal tachycardia (Pulse >120 beats/minute on 2 occasions, 30 minutes apart)
02. Hypertension (Single blood pressure reading - diastolic ≥ 110 mmHg or systolic ≥ 160 mmHg OR diastolic ≥ 90 mmHg or systolic ≥ 140 mmHg on 2 readings 30 minutes apart)
03. Proteinuria (2+ of protein or more and single reading of either diastolic blood pressure ≥ 90 mmHg or systolic ≥ 140 mmHg)
04. Maternal pyrexia (Temperature of $\geq 38^{\circ}\text{C}$ on a single reading, or $\geq 37.5^{\circ}\text{C}$ on 2 readings 1 hour apart)
05. Vaginal blood loss (Other than a show)
06. Prolonged rupture of membranes (>24 hours before onset of established labour)
If Yes, please specify duration _____ hrs
07. Significant meconium (Dark green or black amniotic fluid that is thick or tenacious, or any meconium stained amniotic fluid containing lumps of meconium)
08. Reported pain differing from pain normally associated with contractions
09. Abnormal presentation, including cord presentation
10. Transverse or oblique lie
11. High or free-floating head (4/5–5/5 palpable, or free-floating head in a **nulliparous woman**)
12. Suspected fetal growth restriction or macrosomia
13. Suspected anhydramnios or polyhydramnios
14. Fetal heart rate abnormality (<100 or >160 beats/minute)
15. Deceleration in fetal heart rate
16. Reduced fetal movements in the last 24 hours
17. None of the above

4.4 What was the stage of labour at the start of labour care?

01. Latent stage
02. Active 1st stage
03. Passive 2nd stage
04. Active 2nd stage

4.5 Did this woman use immersion in water for pain relief at any time during labour?

Yes/No

4.6 Were any of the following identified during labour care (after initial assessment) before birth?

Please tick all that apply:

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Vaginal blood loss
05. Prolonged rupture of membranes
If Yes, please specify duration
06. Significant meconium
07. Reported pain differing from pain normally associated with contractions
08. Confirmed/suspected delay in first stage of labour
09. Confirmed/suspected delay in second stage of labour
10. Obstetric emergency
If Yes, please specify
11. Abnormal presentation, including cord presentation
12. Transverse or oblique lie
13. High or free-floating head
14. Fetal heart rate abnormality
15. Deceleration in fetal heart rate
16. None of the above

4.7 Was responsibility for this woman's care transferred to an obstetrician before birth?

Yes/No [If Yes, go to **4.7.1**; if No, go to **4.8**]

4.7.1. What was the primary reason for transfer?

Please tick one only

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Prolonged rupture of membranes
If Yes, please specify duration
05. Significant meconium
06. Confirmed/suspected delay in first stage of labour
07. Confirmed/suspected delay in second stage of labour
08. Abnormal presentation, including cord presentation
09. Transverse or oblique lie
10. High or free-floating head
11. Fetal heart rate abnormality
12. Deceleration in fetal heart rate
13. Other, please specify _____

4.8 What was the mode of birth?

Please tick one only

01. Spontaneous vertex birth
02. Vaginal Breech
03. Ventouse
04. Forceps

4.9 Did this woman give birth in water?

Yes/No

4.10 Did this woman receive syntocinon or syntometrine as a component of active management of the 3rd stage?

Yes/No

Section 5. Maternal outcomes

5.1 What was the estimated blood loss (total ml)?

_____ml OR Not recorded

5.2 What treatment for PPH did the woman receive?

Tick all that apply:

01. Bimanual compression
02. Catheterisation
03. Cannulation/IV fluids
04. First-line uterotonics, e.g. syntocinon, syntometrine, misoprostol, ergometrine, prostaglandin
05. Second-line uterotonics, e.g. Hemabate, Carboprost
06. Blood products/transfusion or iron transfusion
07. Tranexamic acid
08. Invasive procedure, e.g. intra-abdominal packing, intrauterine balloons or packing, interventional radiology, brace suture, hysterectomy
09. Other, please specify _____
10. Not recorded

5.3 Was a major obstetric haemorrhage call documented in the notes?

Yes/No

5.4 Did this woman receive a blood transfusion?

Yes/No [If Yes, go to 5.4.1; if No go to 5.5]

5.4.1. When was the first blood transfusion given?

Please tick one only

01. End of third stage – 23 hours after birth
02. 24-48 hours after birth
03. More than 48 hours after birth

5.4.2. How many units of whole blood or packed cells did this woman receive?

5.5 What was the primary underlying cause of the PPH?

Please tick one only

- 01. Uterine atony
- 02. Genital tract trauma
- 03. Retained products / morbidly adherent placenta
- 04. Other, please specify _____
- 05. Not recorded

5.6 Did this woman have any perineal trauma involving the anal sphincter (3rd/4th degree tear)?

Yes/No

5.7 Within the first 48 hours after giving birth did this woman receive a higher level of care, e.g. enhanced maternity care or intensive care?

Yes/No [if yes go to **5.7.1**; if no go to **5.8**]

5.7.1. What was the highest level of care the woman received?

Please tick one only

- 01. Enhanced maternity care (high dependency)
- 02. Intensive care
- 03. Other higher level care, please specify (free text) _____

5.7.2. What was the main reason for higher level care?

5.7.3. What was the total duration of higher level care?

_____ Hours OR _____ days

5.8 Was there any other maternal morbidity?

Yes/No If Yes, please specify _____

5.9 Did this woman die?

Yes/No. If Yes go to **5.9.1** If No go to **Section 6**

5.9.1. What was the underlying cause of maternal death?

_____ OR Not yet known

Section 6. Baby outcomes

6.1 What was the baby's birthweight?

_____g

6.2 What was the sex of the baby?

Please tick one only

- 01. Male
- 02. Female
- 03. Indeterminate

6.3 Was the baby stillborn?

Yes/No [If Yes, go to **6.3.1**; if No, go to **6.4**]

6.3.1. When did the baby die?

Please tick one only

- 01. Before the start of care in labour
- 02. After the start of care in labour

6.4 What was the Apgar score at 5 minutes?

6.5 Was the baby breastfed at least once before discharge home?

Yes/No

6.6 Was the baby admitted to a neonatal unit or any other paediatric high level care within 48 hours of birth?

Yes/No [If Yes, go to **6.6.1**; if No, go to **01**]

6.6.1. What was the duration of stay in the neonatal unit?

_____ Hours OR _____ Days

6.6.2. What was the main reason for admission to the neonatal unit?

Please tick one only

- 01. Respiratory problems
- 02. Suspected perinatal asphyxia
- 03. Hypoglycaemia
- 04. Physical trauma/birth injury
- 05. Feeding problems
- 06. Suspected infection
- 07. Meconium aspiration
- 08. Jaundice
- 09. Congenital anomaly
- 10. Maternal admission to higher level care
- 11. Maternal substance-misuse
- 12. Other, please specify _____

6.7 Was there any other neonatal morbidity?

Yes/No If Yes, please specify _____

6.8 Did this baby die after birth?

Yes/No [If Yes, go to **6.8.1**; if No, go to **Section 7**]

6.8.1. How old was the baby when they died?

_____ Hours OR _____ Days

6.8.2. What was the primary cause of neonatal death?

Please tick one only

- 01. Congenital anomaly
- 02. Antepartum infection
- 03. Immaturity related conditions
- 04. Intrapartum asphyxia, anoxia or trauma
- 05. Infection
- 06. Other _____
- 07. Not yet known

Section 7. Any other information

7.1 Please enter any other information you feel may be important

Sample Form