



**Previous PPH**

**Study 01/18**

**Case Report Form – CONTROL**

## **Section 1. Control selection**

**Please read the following instructions for selecting controls for this study.**

1. Identify the date and time of **ADMISSION** for the woman you reported who was admitted to the midwifery unit having had a postpartum haemorrhage (PPH) in a previous pregnancy

**This woman is the CASE.**

2. From the unit admissions register or electronic records identify the **multiparous woman who was admitted to the midwifery unit immediately before the CASE, who did not meet the case definition.**

**Please note, this woman:**

- Must have had **at least one previous** completed pregnancy  $\geq 24$  weeks' gestation
- Must have been **admitted** to the midwifery unit immediately before the case
- Must not have had a PPH in a previous pregnancy
- Does **not** need to have given birth in the midwifery unit

**This woman is the CONTROL.**

### **1.1 Please confirm that this woman has had at least one previous completed pregnancy $\geq 24$ weeks' gestation**

Yes/No

If Yes, go to 1.2 If No, this woman may not be correctly identify as a control. **[This woman may not be correctly selected as a control. Please contact the UKMidSS office. Do NOT enter any further data for this woman at this point.]**

### **1.2 Please confirm that this woman was admitted to the midwifery unit immediately before the case (not counting any primiparous women admitted before the case)**

Yes/No

If Yes, go to **1.2.1** If No, this woman may not be correctly identify as a control. **[This woman may not be correctly selected as a control. Please contact the UKMidSS office. Do NOT enter any further data for this woman at this point.]**

### 1.2.1. In which month was this woman admitted for labour care to the midwifery unit/birth centre?

Month and year

### 1.3 Please confirm that this woman has NOT had a PPH or received a blood transfusion for a PPH $\geq$ 24 weeks before discharge home in a previous pregnancy

Yes/No

If Yes, go to **Section 2**. If No, this woman may not be correctly identify as a control. **[This woman may not be correctly selected as a control. Please contact the UKMidSS office. Do NOT enter any further data for this woman at this point.]**

## Section 2. Woman's details

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

\_\_\_\_\_

### 2.2 What was the woman's ethnic group?

[Drop-down menu]

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 \_\_\_\_\_

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

Yes/No/No partner/Not recorded

If Yes, Partner's occupation \_\_\_\_\_

### 2.5 Children in Low-income Families Measure score

0.000 [note: link to an external look-up website where you can enter postcode to derive the CLFM score which can then be entered in the form]

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

\_\_\_\_\_cm and not recorded option

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

\_\_\_\_\_kg and not recorded option

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

- 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 How many completed pregnancies $\geq 24$ weeks has this woman had, prior to this pregnancy?

\_\_\_\_\_

### 3.2 How many pregnancy losses $< 24$ weeks has this woman had, prior to this pregnancy?

\_\_\_\_\_

### 3.3 Was this woman known to have had any complications in previous pregnancies?

Please tick all that apply [at least one option must be ticked, "none of the above" cannot be ticked with any other option]

- 01. Retained placenta requiring manual removal
- 02. Caesarean section
- 03. Other, please specify \_\_\_\_\_
- 04. None of the above

### 3.4 Was this pregnancy conceived through assisted conception?

Yes/No

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

DD/MM/YY

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

\_\_\_\_\_

### 3.6 Immediately prior to the onset of labour was this woman known to have any medical conditions?

Please tick all that apply [at least one option must be ticked, “none of the above” cannot be ticked with any other option]

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

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

Please tick all that apply [at least one option must be ticked, “none of the above” cannot be ticked with any other option]

01. BMI at booking  $>35\text{kg}/\text{m}^2$
02. Post-term ( $>42$  weeks)
03. Anaemia (haemoglobin less than 85 g/litre)
04. Pre-eclampsia / pregnancy induced hypertension
05. Gestational diabetes
06. Malpresentation (breech or transverse lie)
07. Other, please specify \_\_\_\_\_
08. None of the above

## Section 4. Labour and birth care

### 4.1 Dates and times

Please click here to open separate web page to enter key labour and birth care dates and times.

See sample web page

### 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 [at least one option must be ticked, “none of the above” cannot be ticked with any other option]

01. Maternal tachycardia
02. Hypertension

03. Proteinuria
04. Maternal pyrexia
05. Vaginal blood loss
06. Prolonged rupture of membranes  
If Yes, please specify duration
07. Significant 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
12. Suspected fetal growth restriction or macrosomia
13. Suspected anhydramnios or polyhydramnios
14. Fetal heart rate abnormality
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 Was this woman transferred to the care of an obstetrician at any time during labour care or immediately after the birth?**

Yes/No [if yes go to **4.6.1**; if no go to **4.7**]

##### **4.6.1. When was the woman transferred?**

01. Before birth
02. After birth

##### **4.6.2. Was the woman transferred because of PPH?**

Yes/No [if yes go to **4.6.3**; if no go to **4.6.2.1**]

##### **4.6.2.1. What was the primary reason for transfer?**

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Significant meconium
05. Confirmed delay in first stage of labour
06. Confirmed delay in second stage of labour
07. Epidural/other pain relief request
08. Fetal heart rate abnormalities in first stage

09. Fetal heart rate abnormalities in second stage
10. Retained placenta
11. Repair of perineal trauma
12. Other, please specify \_\_\_\_\_

#### **4.6.3. Was labour augmented with syntocinon?**

Yes / No

#### **4.6.4. Did this woman have an epidural or spinal?**

Yes / No

#### **4.6.5. Did this woman have a general anaesthetic?**

Yes / No

#### **4.7 Where did this woman give birth?**

01. Midwifery unit, under midwifery care
02. Midwifery unit, under care of obstetrician
03. Obstetric unit, under midwifery care
04. Obstetric unit, under care of obstetrician

#### **4.8 What was the mode of birth?**

01. Spontaneous vertex birth
02. Vaginal breech
03. Ventouse
04. Forceps
05. Caesarean Section

#### **4.8.1 What was the grade of urgency of the Caesarean section?**

01. Category 1: Immediate threat to life of woman or fetus
02. Category 2: Maternal or fetal compromise, not immediately life-threatening
03. Category 3: Needing early delivery, no maternal or fetal compromise
04. Category 4: At a time to suit the woman and maternity team

#### **4.8.2 What was the primary reason for Caesarean section?**

01. Abnormal presentation
02. Fetal compromise
03. Maternal compromise
04. Slow progress
05. Other                                      Please enter reason
06. Not known

#### **4.9 Did this woman give birth in water?**

#### **4.10 Did this woman receive syntocinon or syntometrine as a component of active management of the 3<sup>rd</sup> stage?**

Yes/No

## Section 5. Maternal outcomes

### 5.1 Did this woman have any perineal trauma involving the anal sphincter (3<sup>rd</sup>/4<sup>th</sup> degree tear)?

Yes/No

### 5.2 Within the first 48 hours after giving birth was this woman admitted to a higher level of care, e.g. high dependency or intensive care?

Yes/No [if yes go to 5.2.1; if no go to 5.3]

#### 5.2.1. Where was the woman admitted?

01. High dependency unit or area
02. Intensive care unit
03. Other higher level care, please specify (free text)\_\_\_\_\_

#### 5.2.2. What was the main reason for admission to HDU/ICU?

Free text \_\_\_\_\_

#### 5.2.3. What was the total duration of stay in HDU/ICU?

Hours OR days

### 5.3 Was this woman recorded as having a PPH $\geq$ 500ml within 24 hours of birth?

Yes/No [If Yes, go to Error! Reference source not found.3.1; if No go to 5.4]

#### 5.3.1. What was the estimated blood loss?

\_\_\_\_\_ or not recorded

#### 5.3.2. What treatment did the woman receive?

Please tick all that apply [at least one option must be ticked, "Not recorded" cannot be ticked with any other option]

01. Uterotonics, e.g. syntocinon, ergometrine, prostaglandin
02. Invasive procedure, e.g. intra-abdominal packing, intrauterine balloons or packing, interventional radiology, brace suture.
03. Blood products/transfusion or iron transfusion
04. Not recorded

#### 5.3.3. What was the primary underlying cause of the PPH?

[Drop-down menu]

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

### 5.4 Was there any other maternal morbidity?

Yes/No If Yes, please specify\_\_\_\_\_

## 5.5 Did this woman die?

Yes/No [If Yes, go to 5.5.1; if No go to Section 6]

### 5.5.1. What was the underlying cause of maternal death?

Free text \_\_\_\_\_/Not yet known

## Section 6. Baby outcomes

### 6.1 What was the baby's birthweight?

\_\_\_\_\_ grams

### 6.2 What was the sex of the baby?

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?

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 6.6]

#### 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?

01. Hypoxic-ischaemic encephalopathy
02. Birth trauma
03. Feeding problems
04. 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?**

- 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