



## Severe Obesity

### Study 01/16

#### Sample Data Collection Form – CONTROL

#### Instructions for identifying controls:

1. Identify the date and time of admission for labour care for the CASE you have reported.
2. From the unit admission book/electronic records identify the two women admitted for labour care in the unit immediately BEFORE the CASE. These women will act as CONTROLS.
3. Record identifying details for controls alongside the relevant case in your paper case log.
4. Retrieve the hospital case notes for the controls and enter data on controls via the website.

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

## Section 1. Woman's details

### 1.1 Body Mass Index (BMI) at time of booking

Should be  $\leq 35$  kg/m<sup>2</sup> for controls.

\_\_\_\_\_ kg/m<sup>2</sup>

### 1.2 Age at delivery (years)

\_\_\_\_\_ years

### 1.3 Ethnic group

Please tick one

- White British
- White Irish
- Any other White background
- Mixed White & Black Caribbean
- Mixed White & Black African
- Mixed White & Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Black Caribbean
- Black African

- Any other Black background
- Chinese
- Any other ethnic group
- Not recorded

#### 1.4 Is the woman in currently in paid employment?

- Yes, please give woman's occupation \_\_\_\_\_
- No, please give partner's occupation \_\_\_\_\_

#### 1.5 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 into the form]

#### 1.6 Height at booking (cm)

\_\_\_\_\_ cm [Or not recorded]

#### 1.7 Minimum recorded weight (kg) & date measured

\_\_\_\_\_ kg \_\_\_\_\_ (Date recorded) [Or not recorded]

#### 1.8 Maximum recorded weight (kg) & date measured

\_\_\_\_\_ kg \_\_\_\_\_ (Date recorded) [Or not recorded]

#### 1.9 Smoking status at delivery

- Never smoked
- Gave up prior to pregnancy
- Gave up during pregnancy
- Current smoker
- Not recorded

### Section 2. Pregnancy/antenatal history

#### 2.1 Has this woman had any previous pregnancies?

- Yes [If Yes, go to 2.1.1]
- No [If no, go to 2.2]

##### 2.1.1 Number of completed pregnancies $\geq 24$ weeks, prior to this pregnancy

\_\_\_\_\_

##### 2.1.2 Number of pregnancy losses $< 24$ weeks

\_\_\_\_\_

### 2.1.3 Was this woman known to have had complications in a previous pregnancy?

For example, unexplained stillbirth/neonatal death; pre-eclampsia requiring preterm birth; primary PPH requiring treatment or transfusion; retained placenta requiring manual removal; caesarean section; shoulder dystocia.

Yes, please specify \_\_\_\_\_

No

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

Yes

No

### 2.3 Final Estimated Date of Delivery (EDD)

Note: Use the best estimate (ultrasound or date of last menstrual period) based on a 40 week gestation  
\_\_\_\_\_ (Date)

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

For example: confirmed cardiac disease; essential hypertension; asthma (please specify if requiring increase in treatment or hospital treatment); thromboembolic disorders; atypical antibodies; Group B Streptococcus; hyperthyroidism; epilepsy.

Yes, please specify \_\_\_\_\_

No

### 2.5 During antenatal care were any current pregnancy problems identified?

For example: pre-eclampsia or pregnancy induced hypertension; small for gestational age.

Yes, please specify \_\_\_\_\_

No

### 2.6 Did this woman have an oral glucose tolerance test during pregnancy?

Yes [If Yes, go to 2.6.1]

No [If no, go to Section 3]

#### 2.6.1 Did this test indicate gestational diabetes?

Yes

No

### Section 3. Labour and birth care

#### 3.1 Date and time of start of labour care in the AMU

\_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)

#### 3.2 Stage of labour at start of labour care

- Latent stage: painful contractions & some cervical change, including cervical effacement and dilatation up to 4 cm;
- Active 1st stage: regular painful contractions & progressive cervical dilatation from 4 cm
- Passive 2nd stage: full dilatation before or in absence of involuntary expulsive contractions
- Active 2nd stage: baby visible or expulsive contractions with findings/signs of full dilatation or active maternal effort with full dilatation in absence of expulsive contractions

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

Please tick at least one box:

- Maternal tachycardia (Pulse >120 beats/minute on 2 occasions, 30 minutes apart)
- Hypertension (Single blood pressure reading - diastolic  $\geq 110$  mmHg or systolic  $\geq 160$  mmHg OR diastolic  $\geq 90$  mmHg or systolic  $\geq 140$  mmHg on 2 readings 30 minutes apart)
- Proteinuria (2+ of protein or more AND single reading of either diastolic blood pressure  $\geq 90$  mmHg or systolic  $\geq 140$  mmHg)
- 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)
- Vaginal blood loss (Other than a show)
- Prolonged rupture of membranes (>24 hours before onset of established labour)
- If Yes, please specify duration
- Significant meconium (Dark green or black amniotic fluid that is thick or tenacious, or any meconium-stained amniotic fluid containing lumps of meconium)
- Reported pain differing from pain normally associated with contractions
- Abnormal presentation, including cord presentation
- Transverse or oblique lie
- High or free-floating head (4/5–5/5 palpable or free-floating head **in a nulliparous woman**)
- Suspected fetal growth restriction or macrosomia
- Suspected anhydramnios or polyhydramnios
- Fetal heart rate abnormality (<100 or >160 beats/minute)
- Deceleration in fetal heart rate
- Reduced fetal movements in the last 24 hours
- None of the above

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

- Yes
- No

### 3.5 Was this woman transferred to the care of an obstetrician at any time during labour care or immediately after the birth?

Note: Includes transfers for epidural/pain relief. Does NOT include postnatal transfer where baby was transferred to specialist care, but mother's care was not transferred

- Yes [If Yes, go to 3.5.1]  
 No [If no, go to 3.6]

#### 3.5.1 Date and time of decision to transfer

\_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)

#### 3.5.2 Primary reason for transfer

- Hypertension  
 Significant meconium  
 Confirmed delay in first stage of labour  
 Confirmed delay in second stage of labour  
 Epidural/other pain relief request  
 Fetal heart rate abnormalities in first stage  
 Fetal heart rate abnormalities in second stage  
 Retained placenta  
 Repair of perineal trauma  
 Other, please specify

#### 3.5.3 Was labour augmented with syntocinon?

- Yes \_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)  
 No

#### 3.5.4 Did this woman have an epidural or spinal?

- Yes \_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)  
 No

#### 3.5.5 Did this woman have a general anaesthetic?

- Yes  
 No

### 3.6 Was this a multiple birth?

- Yes, number of babies \_\_\_\_\_  
 No

#### 3.6.1 Date and time of delivery

\_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)

### 3.7 What was the place of birth?

- AMU, under midwifery care  
 AMU, under care of obstetrician  
 Obstetric unit, under midwifery care  
 Obstetric unit, under care of obstetrician

**3.8 Did this woman give birth in water?**

- Yes  
 No

**3.9 What was the mode of birth?**

- Spontaneous vertex birth (go to 3.10)  
 Vaginal breech (go to 3.10)  
 Ventouse (go to 3.10)  
 Forceps (go to 3.10)  
 Caesarean section (got to 3.9.1)

**3.9.1 Grade of urgency of Caesarean section**

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

**3.9.2 Primary reason for Caesarean section**

- Abnormal presentation  
 Fetal compromise  
 Maternal compromise  
 Slow progress  
 Other, please specify \_\_\_\_\_  
 Not known

**3.10 Was shoulder dystocia documented?**

- Yes, please describe management technique used \_\_\_\_\_  
 No

**3.11 Did this woman receive a prophylactic oxytocic (syntocinon) in the 3<sup>rd</sup> stage?**

- Yes  
 No

**Section 4. Maternal outcomes****4.1 Did this woman have any perineal trauma involving the anal sphincter (3<sup>rd</sup>/4<sup>th</sup> degree tear)?**

- Yes  
 No

**4.2 Did this woman receive postnatal low molecular weight heparin (LMWH) thromboprophylaxis?**

- Yes. Please say for how long \_\_\_\_\_ days or \_\_\_\_\_ weeks  
 No

### 4.3 Within the first 48 hours after giving birth was this woman admitted to a higher level of care?

- No (go to 4.4)
- Yes, High dependency unit or area (go to 4.3.1)
- Yes, Intensive care unit (go to 4.3.1)
- Yes, other (please specify) \_\_\_\_\_ (go to 4.3.1)

#### 4.3.1 What was the main reason for admission to HDU/ICU:

\_\_\_\_\_

#### 4.3.2 What was the total duration of stay in HDU/ICU:

\_\_\_\_\_ hours or \_\_\_\_\_ days

### 4.4 Was this woman recorded as having a PPH of 1500ml or more?

- Yes
- No

### 4.5 Did this woman receive a blood transfusion within 48 hours of giving birth?

- Yes (go to 4.5.1)
- No (go to 4.6)

#### 4.5.1 When was the first blood transfusion given?

- Intrapartum
- End of third stage – 23 hours after birth
- 24-48 hours after birth

#### 4.5.2 How many units of whole blood or packed cells did this woman receive?

\_\_\_\_\_ units

#### 4.5.3 Was a cell saver used?

- Yes. Volume of patient's blood transfused \_\_\_\_\_ ml
- No

#### 4.5.4 What was the main reason for blood transfusion?

- Uterine atony
- Genital tract trauma
- Retained products/morbidly adherent placenta
- Other, please specify \_\_\_\_\_

### 4.6 Was there any other maternal morbidity?

- Yes, please specify \_\_\_\_\_
- No

### 4.7 Did this woman die?

- Yes (go to 4.7.1)
- No (go to 4.8)

#### 4.7.1 Date and time of maternal death

\_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)

#### 4.7.2 What was the underlying cause of maternal death?

Please describe \_\_\_\_\_

Not yet known

#### 4.8 What was the date of maternal discharge?

\_\_\_\_\_ (Date)

### Section 5. Baby outcomes

Please repeat this section if more than one baby

#### 5.1 What was the birthweight?

\_\_\_\_\_ g

#### 5.2 Sex of baby

Male

Female

Indeterminate

#### 5.3 Was the baby stillborn?

Yes (go to 5.3.1)

No (go to 5.4)

##### 5.3.1 When did the baby die?

Before the start of care in labour

After the start of care in labour

#### 5.4 What was the Apgar score at 5 minutes?

\_\_\_\_\_

#### 5.5 Was the baby breastfed at least once?

Yes

No

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

Yes (go to 5.6.1)

No (go to 5.7)

##### 5.6.1 What was the duration of stay in the neonatal unit?

\_\_\_\_\_ hours or \_\_\_\_\_ days



**5.6.2 What was the main reason for admission to the neonatal unit?**

- Hypoxic-ischaemic encephalopathy
- Hypoglycaemia
- Birth trauma
- Feeding problems
- Other, please specify \_\_\_\_\_

**5.7 Was there any other neonatal morbidity?**

- Yes, please specify \_\_\_\_\_
- No

**5.8 Did this baby die after birth?**

- Yes (go to 5.8.1)
- No (go to 5.9)

**5.8.1 Date and time of neonatal death**

\_\_\_\_\_ (Date) \_\_\_\_\_ (Time, 24hr clock)

**5.8.2 Primary cause of neonatal death**

- Congenital anomaly
- Antepartum infection
- Immaturity related conditions
- Intrapartum asphyxia, anoxia or trauma
- Infection
- Other, please specify \_\_\_\_\_
- Not yet known

**5.9 Date of neonatal discharge**

\_\_\_\_\_ (Date)

**Section 6. Any other information**

**6.1 Please enter any other information you feel may be important**