

UKOSS

UK Obstetric Surveillance System

Peripartum hysterectomy

03/24

Data Collection Form - CASE

Please report any woman delivering on or after the
01/08/2024 and before 31/07/2025

Case Definition:

Any woman undergoing surgical removal of the uterus during pregnancy or within 42 days of the end of pregnancy.

Case ID Number:



Royal College of
Obstetricians
and Gynaecologists

Bringing to life the best
in women's health care

Please return the completed form to:

ukoss@npeu.ox.ac.uk

UKOSS

National Perinatal Epidemiology Unit
University of Oxford, Old Road Campus, Oxford, OX3 7LF

Phone: 01865 617764 / 617774

Reporting Month: _____

Reporting Hospital: _____



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 for your own reference on the 'UKOSS - Reported cases' document.
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**
- 1.2 Country of birth** _____
- 1.3 Ethnic group^{1*} (enter code, please see back cover for guidance)**
- 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
- 1.7 Was the woman in paid employment at booking?** Yes No
If Yes, what is her occupation _____
If No, is her partner (if any) in paid employment at booking?
Yes No N/A

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Section 2: Previous Obstetric History

- 2.1 Did the woman have any previous pregnancies?** Yes No **If No, please go to Section 3**
- If Yes, please specify:**
- Number of previous pregnancies less than 22 weeks
- Please specify (tick all that apply)
- Number of terminations
- Number of miscarriages
- Number of pregnancies 22 weeks or over
- Please specify: (tick all that apply)
- Number of intrauterine deaths
- Number of live births

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- 2.2 Has the woman had previous caesarean sections?** Yes No
 If Yes, please specify number
- 2.3 Did the woman have any previous pregnancy problems?*** Yes No
 If Yes, please specify

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Section 3: Previous Medical History

- 3.1 Does the woman have any previous or pre-existing medical conditions?*** Yes No
 If Yes, please specify: (tick all that apply)
- Diagnosed thrombophilia (excluding MTHFR, PAI1 mutations)
 - Pelvic inflammatory disease
 - Endometriosis
 - Abdominal surgical interventions, please specify
 - Placenta accreta spectrum (PAS)
 - Bleeding disorder (e.g. haemophilia)
 - Other, please specify
- 3.2 Has the woman had previous uterine surgery (excluding CS)? (tick all that apply)**
 Open myomectomy Laparoscopic myomectomy Other
 If Other, please specify

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Section 4: This Pregnancy

- 4.1 Date of first booking appointment?** / /
- 4.2 Final Estimated Date of Birth (EDB)?*** / /
- 4.3 Was this pregnancy obtained through assisted reproductive technologies (e.g. IVF)?** Yes No
- 4.4 Was this a multiple pregnancy?** Yes No
 If Yes, please specify number of fetuses
- 4.5 Were there any problems in this pregnancy?*** Yes No
 If Yes, please specify: (tick all that apply)
- Gestational diabetes
 - Hypertensive disorders of pregnancy, please specify
 - Deep vein thrombosis
 - Severe infection (e.g., pyelonephritis), please specify
 - Autoimmune disease
 - Polyhydramnios
 - Fetal growth restriction
 - Macrosomia

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- PPROM/PROM (Preterm Premature Rupture of Membranes/ Premature Rupture of Membranes)
- Known fibroids reported on ultrasound
- Antepartum haemorrhage leading to hospitalisation
- Known placenta praevia
- Known or suspected placenta accreta spectrum (PAS) eg. accreta, increta or percreta
- Surgical interventions during pregnancy, please specify _____
- Other, please specify^{2*} _____

4.6 Were anticoagulant medications taken during this pregnancy? Yes No

If Yes, please specify

	Prevention	Treatment
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Low molecular weight heparin	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin		<input type="checkbox"/>
Other, please specify _____		

Section 5: Pregnancy Outcome

5.1 Did this woman have a miscarriage? Yes No

If Yes, please specify date

 / /

and go to Section 6b: Hysterectomy

5.2 Did this woman have a termination of pregnancy? Yes No

If Yes, please specify date

 / /

and go to Section 6b: Hysterectomy

5.3 Did this woman have an ectopic pregnancy? Yes No

If Yes, please select location of ectopic:

Tubal Cornual Cervical Scar

Please specify date of diagnosis

 / /

and go to Section 6b: Hysterectomy

5.4 Date and time of childbirth / / :

24hr

5.5 Was delivery induced?Yes No

If Yes, specify start of induction

DD / MM / YY hh : mm
24hr

Please state indication _____

How was labour induced? (tick all that apply)

Prostaglandins Oxytocin Amniotomy Catheter/mechanical means Other

If Other, please specify _____

5.6 Did the woman labour?Yes No If Yes, please give the date and time of the onset of active labour (defined as dilation ≥ 5 cm):DD / MM / YY hh : mm
24hrWas epidural analgesia used during labour? Yes No Was syntocinon infusion used during labour? Yes No

If Yes, when did administration start:

DD / MM / YY hh : mm
24hrWhen did administration end: DD / MM / YY hh : mm
24hrWhat was the maximum cervical dilation achieved cmWere there clinical signs of hyperstimulation (defined as hypertonic uterus between contractions or more than 5 contractions in 10 minutes for 30 consecutive minutes) Yes No If Yes, was Terbutaline administered Yes No **5.7 Was delivery by caesarean section?**Yes No

If No, was this:

Spontaneous vaginal delivery Induced vaginal delivery Operative vaginal delivery (vacuum/forceps) **and go to Section 6**If Yes, was this Elective OR Emergency Grade of urgency^{5*}

Indication for caesarean section _____

Method of anaesthesia: Regional General anaesthetic

What was the main indication for caesarean section? (please tick one)

- Fetal malposition (e.g., breech)
- Placenta praevia
- Multiple pregnancy
- Previous caesarean not candidate for VBAC
- Previous uterine surgery
- Suspected chorioamnionitis or maternal sepsis
- Prematurity/IUGR, other fetal indication
- Other maternal medical complications, please specify _____
- Other non-obstetric indication (e.g., maternal request)
- Delay in first stage of labour

- Delay in second stage of labour
- Fetal distress
- Other, please specify _____

What was the type of incision? Low-transverse incision
 Low-vertical incision High-vertical incision Unknown

Were any of the following encountered during the caesarean section?
(tick all that apply)

- Uterine atony
- Uterine rupture
- Dehiscence of previous uterine incision
- Placental abruption
- Major placenta praevia
- PAS
- Evidence of intraoperative coagulopathy
- Adhesions
- Other, please specify _____
- No findings

Were intraoperative antibiotic prophylaxis administered? Yes No

Section 6: Outcomes

Section 6a: Postpartum Haemorrhage (1000 ml) Before Hysterectomy

6a.1 Did this woman experience a postpartum haemorrhage (≥1000 ml)?

Yes No *If No, please go to Section 6b*

6a.2 Date of postpartum haemorrhage diagnosis (≥1000 ml)?

/ /

6a.3 What was the cause of postpartum haemorrhage?

	Initial main cause <i>(select one)</i>	All contributing causes <i>(select all that apply)</i>
Uterine atony	<input type="checkbox"/>	<input type="checkbox"/>
Retention of placental tissue	<input type="checkbox"/>	<input type="checkbox"/>
Placental abruption	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhage from placenta praevia	<input type="checkbox"/>	<input type="checkbox"/>
Genital laceration	<input type="checkbox"/>	<input type="checkbox"/>

	Initial main cause <i>(select one)</i>	All contributing causes <i>(select all that apply)</i>
Uterine rupture	<input type="checkbox"/>	<input type="checkbox"/>
Uterine inversion	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation abnormalities (secondary to haemorrhage)	<input type="checkbox"/>	<input type="checkbox"/>
DIC (disseminated intravascular coagulation)	<input type="checkbox"/>	<input type="checkbox"/>
Intraoperative injury	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____		

6a.4 Were one or more of the following obstetric surgical interventions performed during the postpartum? *(tick all that apply)*

Manual removal of placenta Instrumental revision of uterine cavity
 Other

If Other, please specify _____

6a.5 Was medical treatment of postpartum haemorrhage administered before hysterectomy?

Yes No

If Yes, please specify: *(tick all that apply)*

Oxytocics (e.g. syntocinon) Tranexamic acid Prostaglandins
 Recombinant factor VII Other

If Other, please specify _____

6a.6 Was one or more of the following treatments of postpartum haemorrhage performed before hysterectomy? *(tick all that apply)*

- Local sutures
- Uterine tamponade (e.g., Bakri balloon)
- Haemostatic uterine sutures (e.g., B-Lynch)
- Intervention radiology with vascular occlusion
- Intraarterial balloons
- Surgical ligation of arteries (uterine, iliac)
- External or internal aortic compression
- Intra-abdominal packing
- Other, please specify _____
- None

6a.7 Lowest haemoglobin level before hysterectomy during the present hospital admission

g/dL Unknown

6a.8 Estimated total blood loss

ml

Section 6b: Hysterectomy

6b.1 Date and time of hysterectomy / / : 24hr

6b.2 Was this hysterectomy Planned (e.g. PAS, 1st trimester complications) **OR**
Emergency (e.g. bleeding or infectious complications)

6b.3 Please specify the indications for hysterectomy
(tick all that apply)

- Haemorrhage
- Placenta Accreta Spectrum
- Extension of previous caesarean section scar at the time of the CS
- Uterine rupture
- Uterine inversion
- Major cervical laceration or trauma
- Major haematoma
- Suspected maternal sepsis –
If Yes, Was sepsis confirmed by culture of microbiological specimens (e.g. blood, swab)? Yes No Not known
- Benign uterine pathology (e.g., fibroids)
- Neoplastic pathology
- Other, please specify _____

6b.4 Type of hysterectomy performed Subtotal Total

6b.5 During hysterectomy, was any other organ injured or removed? Yes No

If Yes, which: (tick all that apply)

	Injured	Removed
Ovaries	<input type="checkbox"/>	<input type="checkbox"/>
Fallopian tubes	<input type="checkbox"/>	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>
Ureter	<input type="checkbox"/>	<input type="checkbox"/>
Intestine (small intestine, colon, sigmoid)	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____		

6b.6 Was any other surgical procedure performed in addition to hysterectomy? Yes No Not known

If Yes, please specify _____

6b.7 Were there complications following hysterectomy?

- Yes, need for re-laparotomy
- Yes, specify other _____
- No

6b.8 Estimated overall blood loss in procedure ml

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Section 6c: Medical Treatment

6c.1 Were blood products accepted (if required)? Yes No Not required

6c.2 Were point of care coagulation testing used? Yes No

6c.3 How many of the following were administered? (enter 00 if none)

Whole blood or packed red cells

Plasma (units)

Platelets (units)

Fluids (crystalloids/colloids) ml

Other treatment:

- Tranexamic acid
- Cryoprecipitate
- Fibrinogen
- Recombinant Factor VII
- Other haemostatic drugs, please specify _____
- Intraoperative cell salvage used
- Swab washing used

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Section 6d: Maternal Outcomes

6d.1 Did the woman experience any severe complication?^{6*} Yes No

If Yes, please specify (tick all that apply)

- Hypoxic brain injury
- Cardiac arrest
- Sheehan syndrome
- Stroke
- Acute respiratory distress syndrome
- DIC (Disseminated Intravascular Coagulation)
- Pulmonary oedema
- Renal failure
- Thromboembolic event
- Sepsis (infection and organ dysfunction)
- Assisted ventilation (not related to anaesthesia)
- Other, please specify _____

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6d.2 Was the woman transferred to a different health facility? Yes No

If Yes, specify the date of transfer

/ /

6d.3 Was the woman admitted to the Intensive Care Unit? Yes No

If Yes, please specify duration of stay

days

6d.4 Did the woman die? Yes No

If Yes, specify the date of death

/ /

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

(Please state if not known) _____

Section 6e: Perinatal Outcomes

6e.1 Birthweight g

6e.2 Sex of infant Male Female Indeterminate

6e.3 5 min Apgar

6e.4 Was the infant stillborn? Yes No

6e.5 Was the infant admitted to Neonatal Intensive Care Unit (NICU)? Yes No

If Yes, please specify

Duration of stay days

Or Tick if infant is still in neonatal unit

Or Tick if infant was transferred to another hospital

6e.6 Did any other major infant complication occur?* Yes No

If Yes, please specify: (tick all that apply)

- Respiratory distress syndrome
- Intraventricular haemorrhage
- Necrotising enterocolitis
- Neonatal encephalopathy
- Severe jaundice requiring phototherapy
- Major congenital anomalies
- Sepsis
- Other, please specify _____

6e.7 Did this infant die? Yes No

If Yes, please specify date and time of death

/ / :

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

(Please state if not known) _____

Definitions

1. UK Census Coding for ethnic group

WHITE

01. English, Welsh, Scottish, Northern Irish or British
02. Irish
03. Gypsy or Irish Traveller
04. Roma
05. Any other white background

MIXED

06. White and black Caribbean
07. White and black African
08. White and Asian
09. Any other mixed or multiple ethnic background

ASIAN OR ASIAN BRITISH

10. Indian
11. Pakistani
12. Bangladeshi
13. Chinese
14. Any other Asian background

BLACK OR BLACK BRITISH

15. Caribbean
16. African
17. Any other black, black British or Caribbean background

OTHER ETHNIC GROUP

18. Arab
19. Any other ethnic group

2. Previous or current pregnancy problems, including:

3 or more miscarriages
Amniocentesis
Baby with a major congenital abnormality
Gestational diabetes
Haemorrhage
Hyperemesis requiring admission
Infant requiring intensive care
Neonatal death
Placenta praevia
Placental abruption
Post-partum haemorrhage requiring transfusion
Pre-eclampsia (hypertension and proteinuria)
Premature rupture of membranes
Preterm birth or mid trimester loss
Puerperal psychosis
Thrombotic event
Severe infection e.g. pyelonephritis
Stillbirth
Surgical procedure in pregnancy

3. Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired)
Diabetes
Epilepsy
Endocrine disorders e.g. hypo or hyperthyroidism
Essential hypertension
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Psychiatric disorders
Renal disease

4. Estimated date of birth (EDB):

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 morbidity, including:

Adult respiratory distress syndrome
Cardiac arrest
Cerebrovascular accident
Disseminated intravascular coagulopathy
HELLP
Mendelson's syndrome
Persistent vegetative state
Renal failure
Required ventilation
Septicaemia
Thrombotic event

7. Fetal/infant complications, including:

Chronic lung disease
Exchange transfusion
Intraventricular haemorrhage
Jaundice requiring phototherapy
Major congenital anomaly
Necrotising enterocolitis
Neonatal encephalopathy
Respiratory distress syndrome
Severe infection e.g. septicaemia, meningitis