

# UKOSS

UK Obstetric Surveillance System

## Peripartum hysterectomy

03/24

Data Collection Form - CONTROL

Please complete control forms for the two women who gave birth immediately before the woman who had a peripartum hysterectomy

Case ID Number:

Control 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](mailto: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<sup>1\*</sup> (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

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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 previous completed 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

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- Macrosomia
- 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? \_\_\_\_\_



**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"/>
Heparin	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin		<input type="checkbox"/>
Other, please specify _____		



## Section 5: Delivery

**5.1** Date and time of birth      :

**5.2** Was delivery induced? Yes  No

If Yes, specify start of induction

:

Please state indication \_\_\_\_\_

How was labour induced? (*tick all that apply*)

Prostaglandins  Oxytocin  Amniotomy

Catheter/mechanical means  Other

If Other, please specify \_\_\_\_\_



**5.3** Did the woman labour? Yes  No

If Yes, please give the date and time of the onset of active labour (defined as dilation  $\geq 5$  cm):

:

Was epidural analgesia used during labour? Yes  No

Was oxytocin infusion used during labour? Yes  No

If Yes, when did administration start:

:

When did administration end:

:

What was the maximum cervical dilation achieved   cm

Were 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

**5.4 Was this birth by caesarean section?**Yes  No 

If No, was this:

Spontaneous vaginal delivery  Induced vaginal delivery Operative vaginal delivery (vacuum/forceps) **If No, please go to Section 6**

If Yes, was this

Planned  Emergency/unplanned Grade of urgency<sup>5\*</sup>**5.5 Method of anaesthesia:**Regional  General anaesthetic **5.6 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 \_\_\_\_\_**5.7 What was the type of incision**Low-transverse incision Low-vertical incision  High-vertical incision  Unknown**5.8 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**5.9 Was intraoperative antibiotic prophylaxis administered?**Yes  No

## Section 6: Postpartum Haemorrhage (1000 ml)

6.1 Did this woman experience a postpartum haemorrhage ( $\geq 1000$  ml)?

Yes  No  *If No, please go to Section 7*

6.2 Date of postpartum haemorrhage diagnosis ( $\geq 1000$  ml)?

/   /

6.3 What was the cause of postpartum haemorrhage?

	Initial main cause (select one)	All contributing causes (select all that apply)
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"/>
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 _____		

6.4 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 \_\_\_\_\_

6.5 Was medical treatment of postpartum haemorrhage administered?

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 \_\_\_\_\_

6.6 Estimated total blood loss

ml

## Section 7: Maternal Outcomes

7.1 Did the woman experience any severe complication?<sup>6\*</sup> 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 \_\_\_\_\_

7.2 Was the woman transferred to a different health facility? Yes  No

If Yes, specify the date

 /  / 

7.3 Was the woman admitted to the Intensive Care Unit? Yes  No

If Yes, specify the days in the ICU

 days

7.4 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 8: Perinatal Outcomes

8.1 Birthweight     g

8.2 Sex of infant Male  Female  Indeterminate

8.3 5 min Apgar

8.4 Was the infant stillborn? Yes  No

8.5 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

**8.6 Did any other major infant complication occur?<sup>7\*</sup>**

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 \_\_\_\_\_

**8.7 Did this infant die?**

Yes  No

If Yes, please specify date and time of death

/   /   :   24hr

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

*(Please state if not known)* \_\_\_\_\_

CS Sample





## 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