

Supplementary file 2 UKOSS study data collection form

UK Obstetric Surveillance System

Impacted fetal head at caesarean section

Study 02/19

Data Collection Form - CASE

Please report any woman delivering on or after the 01/03/19 and before 31/08/19

Case Definition:

Any woman with a singleton fetus in cephalic presentation who had an emergency caesarean section during the second stage of labour (i.e. when the cervix was fully dilated) in whom delivery required tocolysis or a technique to assist delivery of the fetal head (prophylactically or as a result of difficulty with delivery) or where the operating surgeon deemed there to be 'difficulty' in delivering the fetal head.

Please return the completed form to:

UKOSS

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

Fax: 01865 617775

Case reported in: _____

Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Fill in the form using the information available in the woman's case notes.
3. If the woman has received secondary mental health care (prior to or during her current pregnancy) please consult with the woman's most recent psychiatric team to complete this form. If you are unable to contact a psychiatrist involved in the woman's care please contact the UKOSS administrator and provide details of the mental health team she was receiving care from.
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 you do not know the answers to some questions, please indicate this in section 7
8. 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.
9. **If you do not know the answers to some questions, please indicate this in section 7.**
10. If you encounter any problems with completing the form please contact the UKOSS coordinator or use the space in section 10 to describe the problem.

Section 1: Woman's details

1.1 Year of birth:

Y Y YY

1.2 Ethnic group:^{1*} (enter code, please see back cover for guidance)

1.3 Height at booking:

cm

1.4 Weight at booking:

. kg

1.5 What is the woman's smoking status?

Never

Current

Gave up prior to pregnancy

Gave up during pregnancy

Section 2: Previous Obstetric History

2.1 Gravidity

Number of completed pregnancies beyond 24

weeks: Number of pregnancies less than 24 weeks:

If no previous pregnancies, please go to section 3

2.2 Has the woman had any previous instrumental deliveries?

If Yes, how many?

Yes No

2.3 Has the woman had any previous Caesarean sections?

If Yes, how many?

Yes No

2.4 Did the woman have any other previous pregnancy problems?^{2*}

If Yes, please specify: _____

Yes No

Section 3: Previous Medical History

3.1 Did the woman have any other pre-existing medical problems?^{3*}

If Yes, please give details: _____

Yes No

Section 4: This Pregnancy

4.1 Final Estimated Date of Delivery (EDD):^{4*}

DD / MM / YY

4.2 Was this a multiple pregnancy?

If Yes, please specify number of fetuses:

Yes No

4.3 Were there problems in this pregnancy antenatally?^{2*}

If Yes, please specify: _____

Yes No

Section 5: Delivery

5.1 Was delivery induced?

Yes No

If Yes, please state indication: _____

Was vaginal prostaglandin used?

Yes No

5.2 Did the woman labour?

Yes No

If Yes, what time and date did labour start?

D D / M M / Y Y h h : m m

24hr

What time and date was second stage diagnosed?

D D / M M / Y Y h h : m m

24hr

Did the woman receive syntocinon during labour?

Yes No

If Yes, how long was the syntocinon used for?

h h : m m

24hr

5.3 Was delivery by caesarean section?

Yes No

If No, this is not a case so therefore please continue to Section

8 If Yes, please state:

Grade of urgency:^{5*}

Indication for caesarean section:

Method of anaesthesia:

Regional

General anaesthetic

What was the time and date of the uterine incision?

D D / M M / Y Y h h : m m

24hr

5.4 Which of the following techniques were adopted to deliver the baby?

Please indicate whether used prophylactically or for treatment of an impacted head

If used, please give

Technique	Was this technique used?			If used, please give order of use (1, 2, 3 etc)
Push technique (the head is flexed and pushed upwards through the vagina by an assistant)	Prophylactic	Treatment	No	
Reverse breech extraction (pull) technique: the fetus is delivered feet first	Prophylactic	Treatment	No	
Patwardhan method: the fetal shoulders are delivered first	Prophylactic	Treatment	No	
Fetal pillow	Prophylactic	Treatment	No	
Head down tilt of the	Prophylactic	Treatment	No	
Administration of tocolytic	Prophylactic	Treatment	No	
Tydemman tube	Prophylactic	Treatment	No	
Tocolysis	Prophylactic	Treatment	No	
Uterine incision extension	Prophylactic	Treatment	No	
Other (please specify)	Prophylactic	Treatment	No	

If tocolysis was used, what drug was used and what time was it first given?

h h : m m
24hr

5.5 What was the grade of the main operator performing the caesarean section?

ST3-5 ST6-7 Consultant SAS doctor Other

If Other, please specify: _____

5.6 Was there a more senior doctor supervising in theatre? ST6-7 Consultant None

5.7 Did the main operator fail to deliver the head? Yes No

If Yes, what was the grade of the operator who delivered the baby?

ST3-5 ST6-7 Consultant SAS doctor Other

5.8 Was there a prior attempt at instrumental delivery? Yes No

If Yes, which instrument(s) was used? (please tick all that apply) Ventouse Forceps

Was rotation of the fetal head attempted? Yes No

If Yes, with which of the following? (please tick all that apply)

Ventouse Forceps Manual rotation

What was the grade of the main operator performing the instrumental?

ST3-5 ST6-7 Consultant SAS doctor Other

5.9 What was the station of the head (relative to the ischial spines) on the examination prior to delivery?

Above spines 0 to +2 below +3 to +4 Outlet

5.10 What was the position of the fetal head on examination prior to delivery?

OA OP OT Brow Not known

Section 6: Outcomes

Section 6a: Woman

6a.1 Did the woman require critical care? (please tick all that apply)

Level 2 Level 3 No

6a.2 Did the woman have any of the following? (please tick all that apply)

Bladder injury Bowel injury Ureteric injury

Extension of uterine incision Sepsis PPH>1000ml None

If she had a PPH>1000ml, please specify estimated total blood loss _____ ml/s

6a.3 Did any other major maternal morbidity occur?^{6*} Yes No

If Yes, please specify: _____

6a.4 Did the woman die? Yes No

If Yes, please specify date and time of death DD / MM / YY hh : m m

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

(Please state if not known) _____

Section 6b: Infant 1

NB: If more than one infant, for each additional infant, please photocopy the infant section of the form **(before filling it in)** and attach extra sheet(s) or download additional forms from the website: www.npeu.ox.ac.uk/ukoss

6b.1 Date and time of delivery: DD / MM / YY h h : m m
24hr

6b.2 Birthweight: g

6b.3 Sex of infant: Male Female Indeterminate

6b.4 Was the infant stillborn? Yes No

If Yes, please go to Section 7

6b.5 Apgar 5 min 10 min

6b.6 Cord pH Arterial . Venous .

Base excess Arterial . Venous .

6b.7 Was the infant admitted to the neonatal unit? Yes No

If Yes, duration of stay (days)

6b.8 Did the infant have any of the following? (please tick all that apply) Yes No

Fractured skull Fractured clavicle Fractured long bone Brachial plexus injury

Neonatal intracranial haemorrhage Moderate HIE Severe HIE Cooling None

6b.9 Did any other major infant complications occur?^{7*} Yes No

If Yes, please specify _____

6b.10 Did this infant die? Yes No

If Yes, please specify date of death

DD / MM / YY

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

(Please state if not known)

Section 7: Further information

Please use this space to enter any other information you feel may be important.

Section 8: Your details

8.1 Name of UKOSS representative completing the form:

8.2 Designation:

8.3 Today's date:

D D / M M / Y Y

You may find it useful in the case of queries to keep a copy of this form.

Definitions

1. UK Census Coding for ethnic group

WHITE

1. British
2. Irish
3. Any other white

background MIXED

4. White and black Caribbean
5. White and black African
6. White and Asian
7. Any other mixed background

ASIAN OR ASIAN BRITISH

8. Indian
9. Pakistani
10. Bangladeshi
11. Any other Asian background

BLACK OR BLACK BRITISH

12. Caribbean
13. African
14. Any other black background

CHINESE OR OTHER ETHNIC GROUP

15. Chinese
16. Any other ethnic group

2. Previous or current pregnancy problems, including:

Preterm birth or mid trimester loss

Neonatal death

Stillbirth

Baby with a major congenital abnormality

Small for gestational age (SGA) infant

Large for gestational age (LGA) infant

Infant requiring intensive care

Placenta praevia

Gestational diabetes

Significant placental abruption

Post-partum haemorrhage requiring transfusion

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

Cardiac disease (congenital or acquired)

Renal disease

Endocrine disorders e.g. diabetes, hypo or hyperthyroidism

Psychiatric disorders

Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia

Inflammatory disorders e.g. inflammatory bowel disease

Autoimmune diseases

Cancer

HIV

4. Estimated date of delivery (EDD): 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 medical complications, including:

Persistent vegetative state

Cardiac arrest

Cerebrovascular accident

Adult respiratory distress syndrome

Disseminated intravascular coagulopathy

HELLP

Pulmonary oedema

Mendleson's syndrome

7. Fetal/infant complications, including:

Respiratory distress syndrome

Intraventricular haemorrhage

Necrotising enterocolitis

Neonatal encephalopathy

Chronic lung disease

