



PPH in midwifery units

Study 01/19

Case Report Form – CONTROL

Instructions:

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

Section 1. Control selection

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

1. Identify the date and time of **delivery** for the woman you reported who had a postpartum haemorrhage (PPH) requiring transfer or obstetric care (the **CASE**).
2. From the unit birth register or electronic records identify the woman who **gave birth in the midwifery unit/birth centre immediately before** the CASE, **who did not meet the case definition**.

Please note, this woman:

- Must have **given birth in** the midwifery unit/birth centre **immediately before** the case
- Must **not** have had a PPH requiring transfer or obstetric care

This woman is the CONTROL.

1.1 Please confirm that this woman gave birth in the midwifery unit/birth centre immediately before the case

Yes/No

If Yes, go to **1.1.1** If No, 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.

1.1.1. In which month did this woman give birth?

Month and year

1.2 Please confirm that this woman did NOT have a postpartum haemorrhage (PPH) requiring transfer to an obstetric unit and did NOT receive care from an obstetrician in the midwifery unit/birth centre for a PPH?

Yes/No

If Yes, go to **Section 2** If No, 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)?

_____years

2.2 What was the woman's ethnic group?

Please tick one only

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 _____ OR Not recorded

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

Yes/No/No partner/Not recorded

If Yes, Partner's occupation _____ OR Not recorded

2.5 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 it into the form.]

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

_____cm OR Not recorded

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

_____cm OR Not recorded

If 2.6=not recorded & 2.7=not recorded, go to 2.7.1

2.7.1. What was the woman's body mass index (BMI)?

00.0 OR Not recorded

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

Please tick one only

- 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 Has this woman had any previous pregnancies?**Yes/No [If Yes, go to **3.1.1**; if No, go to **3.2**]**3.1.1. How many completed pregnancies ≥ 24 weeks has this woman had, prior to this pregnancy?**

3.1.2. How many pregnancy losses < 24 weeks has this woman had, prior to this pregnancy?

3.1.3. Was this woman known to have had any complications in previous pregnancies?

Please tick all that apply:

- 01. Primary postpartum haemorrhage needing treatment or transfusion
- 02. Retained placenta requiring manual removal
- 03. Caesarean section
- 04. Uterine surgery (excluding Caesarean section)
- 05. Other, please specify _____
- 06. None of the above

3.2 Was this pregnancy conceived through assisted conception?

Yes/No/Not recorded

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

[Note: Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation]

DD/MM/YY

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

3.4 Immediately prior to admission in labour was this woman known to have any medical conditions?

Please tick all that apply:

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

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

Please tick all that apply:

01. BMI at booking $>35\text{kg/m}^2$
02. Post-term (>42 weeks)
03. Anaemia (haemoglobin $<105\text{g/litre}$)
04. Group B Streptococcus
05. Antepartum haemorrhage
06. Pre-eclampsia / pregnancy induced hypertension
07. Gestational diabetes
08. Malpresentation (breech or transverse lie)
09. Other, please specify _____
10. None of the above

Section 4. Labour and birth care

4.1 Dates and times

You will need to click on a link in the online data collection form and go to separate web page to enter key labour and birth care dates and times, then copy and paste the output from there into online form. See separate sample web page document for dates and times required.

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:

01. Maternal tachycardia (Pulse >120 beats/minute on 2 occasions, 30 minutes apart)
02. Hypertension (Single blood pressure reading - diastolic ≥ 110 mmHg or systolic ≥ 160 mmHg OR diastolic ≥ 90 mmHg or systolic ≥ 140 mmHg on 2 readings 30 minutes apart)
03. Proteinuria (2+ of protein or more and single reading of either diastolic blood pressure ≥ 90 mmHg or systolic ≥ 140 mmHg)
04. 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)
05. Vaginal blood loss (Other than a show)
06. Prolonged rupture of membranes (>24 hours before onset of established labour)
If Yes, please specify duration _____ hrs
07. Significant meconium (Dark green or black amniotic fluid that is thick or tenacious, or any meconium stained amniotic fluid containing lumps of 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 (4/5–5/5 palpable, or free-floating head in a nulliparous woman)
12. Suspected fetal growth restriction or macrosomia
13. Suspected anhydramnios or polyhydramnios
14. Fetal heart rate abnormality (<100 or >160 beats/minute)
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 Were any of the following identified during labour care (after initial assessment) before birth?

Please tick all that apply:

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Vaginal blood loss

05. Prolonged rupture of membranes
If Yes, please specify duration
06. Significant meconium
07. Reported pain differing from pain normally associated with contractions
08. Confirmed/suspected delay in first stage of labour
09. Confirmed/suspected delay in second stage of labour
10. Obstetric emergency
If Yes, please specify
11. Abnormal presentation, including cord presentation
12. Transverse or oblique lie
13. High or free-floating head
14. Fetal heart rate abnormality
15. Deceleration in fetal heart rate
16. None of the above

4.7 Was responsibility for this woman's care transferred to an obstetrician before birth?

Yes/No [If Yes, go to **4.7.1**; if No, go to Error! Reference source not found.]

4.7.1. What was the primary reason for transfer?

Please tick one only:

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Prolonged rupture of membranes
If Yes, please specify duration
05. Significant meconium
06. Confirmed/suspected delay in first stage of labour
07. Confirmed/suspected delay in second stage of labour
08. Abnormal presentation, including cord presentation
09. Transverse or oblique lie
10. High or free-floating head
11. Fetal heart rate abnormality
12. Deceleration in fetal heart rate
13. Other, please specify _____

4.8 What was the mode of birth?

Please tick one only:

01. Spontaneous vertex birth
02. Vaginal Breech
03. Ventouse
04. Forceps

4.9 Did this woman give birth in water?

Yes/No

4.10 Did this woman receive syntocinon or syntometrine as a component of active management of the 3rd stage?

Yes/No

Section 5. Maternal outcomes**5.1 Was this woman transferred to the care of an obstetrician at any time after the birth?**Yes/No [if yes go to **5.1.1**; if no go to **5.2**]**5.1.1. What was the primary reason for transfer?**

01. Retained placenta
02. Repair of perineal trauma
03. Other, please specify _____

5.2 What was the estimated blood loss (total ml)?

_____ ml OR Not recorded

5.3 Did this woman receive any treatment for management of blood loss, but was not transferred to obstetric care?Yes/No [if yes go to **5.3.1**; if no go to 5.4]**5.3.1. What treatment for management of blood loss did the woman receive?**

Tick all that apply:

01. Bimanual compression
02. Catheterisation
03. Cannulation/IV fluids
04. First-line uterotonics, e.g. syntocinon, syntometrine, misoprostol, ergometrine, prostaglandin
05. Other, please specify _____
06. Not recorded

5.4 Did this woman have any perineal trauma involving the anal sphincter (3rd/4th degree tear)?

Yes/No

5.5 Within the first 48 hours after giving birth did this woman receive a higher level of care, e.g. enhanced maternity or intensive care?Yes/No [if yes go to **5.5.1**; if no go to **5.6**]

5.5.1. What was the highest level of care the woman received?

Please tick one only

- 01. Enhanced maternity care [high dependency]
- 02. Intensive care
- 03. Other higher level care, please specify (free text) _____

5.5.2. What was the main reason for higher level care?

5.5.3. What was the total duration of higher level care?

_____ hours OR _____ days

5.6 Was there any other maternal morbidity?

Yes/No If Yes, please specify _____

5.7 Did this woman die?

Yes/No. [If Yes go to **5.7.1**; If No go to **Section 6**]

5.7.1. What was the underlying cause of maternal death?

_____ OR Not yet known

Section 6. Baby outcomes

6.1 What was the baby's birthweight?

_____g

6.2 What was the sex of the baby?

Please tick one only

- 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?

Please tick one only

- 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 **0**

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?

Please tick one only

01. Respiratory problems
02. Suspected perinatal asphyxia
03. Hypoglycaemia
04. Physical trauma/birth injury
05. Feeding problems
06. Suspected infection
07. Meconium aspiration
08. Jaundice
09. Congenital anomaly
10. Maternal admission to higher level care
11. Maternal substance-misuse
12. 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?

Please tick one only

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