



CORONIS

International study of caesarean section
surgical techniques: the follow-up study

Event Report Form 9: Morbidly adherent placenta

Pregnancy number: of Unknown

Information should be retrieved from the woman's hospital notes

Please complete this form and return it to the RTO for processing

Woman's name: _____

Woman's date of birth:

 / /

and/or age when entered into the CORONIS Trial: years

Date of CORONIS caesarean section:

 / /

Date of HAQ assessment:

 / /

Date of reported event:

 / /

Details of treating hospital:

Name and address of treating hospital	Hospital number

CORONIS hospital name: _____

CORONIS study number:

Date of delivery of THIS pregnancy / /

Please tick box if this is an additional or 'unexpected' event not reported on the HAQ

- A. If no information can be provided from any source, tick box:
- B. If there is no evidence of this event, tick box:
- C. If there is evidence of an event not reported on the HAQ, tick box:

If C is ticked, complete the appropriate Event Report Form and enter the form number(s) here:

1. What date was diagnosis of morbidly adherent placenta made? / /
2. How did the morbidly adherent placenta present? (tick one only) Not recorded Antepartum diagnosis Retained placenta At time of caesarean section Uterine rupture Other
- If uterine rupture, also complete **Form 7 Uterine rupture**
- If Other, specify: _____
3. What was the planned mode of delivery? (tick one only) Not recorded Vaginal Caesarean section
4. What was the date of the delivery/loss? / /
5. What was the gestational age at the time of delivery/loss? Weeks Not recorded
6. Was labour induced? Yes No Not recorded
- If Yes, give indication (state if Not recorded) _____
- Was vaginal prostaglandin used? Yes No Not recorded
- Was syntocinon used? Yes No Not recorded
7. Did the woman labour? Yes No Not recorded
8. Was the delivery by caesarean section? Yes No Not recorded
- If Yes,
- What was the indication for caesarean section (state if Not recorded)
-
- What was the position of the uterine incision? Not recorded Transverse lower segment Vertical Inverted T Other
- If Other, specify: _____
9. Was the placenta left in situ? Yes No Not recorded
- If Yes, was this: Complete Partial

Was methotrexate given? Yes No Not recorded

10. Was a hysterectomy performed? Yes No Not recorded
 If Yes, also complete **Form 12 Hysterectomy (at the time of delivery and up to 6 weeks postpartum)**

11. Did the woman have a postpartum haemorrhage? Yes No
 If Yes, What was the total estimated blood loss during the postpartum haemorrhage?
 mls Not recorded

12. Indicate below all other therapies used to prevent or treat postpartum haemorrhage (tick all that apply)

None recorded
 Syntocinon infusion
 Ergometrine
 Oral Misoprostol
 Rectal Misoprostol
 IM Prostaglandin F2α
 Intramyometrial Prostaglandin F2α
 Recombinant activated factor VII
 Arterial embolisation/ballon tamponade
 Uterine artery ligation
 Internal iliac artery ligation
 B-Lynch or other brace suture
 Intra-uterine packing
 Intra-uterine balloons
 Other

If Other, please specify: _____

13. Did this woman receive any blood or blood products (packed cells, whole blood, plasma, platelets or clotting factors)? Yes No Not recorded

(a) When were the blood/blood products given? (tick all that apply)

Not recorded
 Prior to delivery
 During delivery
 After the delivery

(b) Complete table below:

Type of blood and/or blood product given	Date transfusion started	Total number of units given during this hospital stay	Indication e.g. PPH
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		

14. What was the final diagnosis after delivery? *(tick one only)*
- Not recorded
- Placenta accreta
- Placenta increta
- Placenta percreta
- None of the above

If None, give final diagnosis _____

15. Were there any complications? Yes No Not recorded

If Yes:

- (a) Was the bladder damaged? Yes No Not recorded

If Yes, describe:

- (b) Was the bowel damaged? Yes No Not recorded

If Yes, describe:

- (c) Was one or more ureters damaged? Yes No Not recorded

If Yes, describe:

- (d) Other complications? Yes No Not recorded

If Yes, describe:

16. What was the woman's date of discharge from hospital? / / Not recorded

Information about baby(ies)

17. Was the pregnancy affected by morbidly adherent placenta a multiple pregnancy? Yes No

If Yes, please give number of fetuses:

18. Outcome for baby(ies)

Baby 1

What was the mode of delivery for this baby? Not recorded

Not applicable (early pregnancy loss)

Non-instrumental vaginal

Instrumental vaginal

Pre-labour caesarean section

Caesarean section in labour

Was the baby born alive? Yes No

If Yes, give Apgars:

5 mins 10 mins Not recorded

(only tick Not recorded, if no Apgar has been recorded)

Did the baby die?

Yes No

If Yes, give date of death:

 / / OR age at death in days OR weeks OR months OR Not known

Cause of death: (state if not known)

Baby 2

What was the mode of delivery for this baby?

Not recorded Not applicable (early pregnancy loss) Non-instrumental vaginal Instrumental vaginal Pre-labour caesarean section Caesarean section in labour

Was the baby born alive?

Yes No

If Yes, give Apgars:

5 mins 10 mins Not recorded

(only tick Not recorded, if no Apgar has been recorded)

Did the baby die?

Yes No

If Yes, give date of death:

 / / OR age at death in days OR weeks OR months OR Not known

Cause of death: (state if not known)

Baby 3

What was the mode of delivery for this baby?

Not recorded Not applicable (early pregnancy loss) Non-instrumental vaginal Instrumental vaginal Pre-labour caesarean section Caesarean section in labour

Was the baby born alive?

Yes No

If Yes, give Apgars:

5 mins 10 mins Not recorded

(only tick Not recorded, if no Apgar has been recorded)

Did the baby die?

Yes No

If Yes, give date of death:

 / / OR age at death in days OR weeks OR months OR Not known

Cause of death: (state if not known)

Baby 4

What was the mode of delivery for this baby?

Not recorded Not applicable (early pregnancy loss) Non-instrumental vaginal Instrumental vaginal Pre-labour caesarean section Caesarean section in labour

Was the baby born alive?

Yes No **If Yes**, give Apgars:5 mins 10 mins Not recorded *(only tick Not recorded, if no Apgar has been recorded)*

Did the baby die?

Yes No **If Yes**, give date of death: / / **OR age at death in** **days OR** **weeks OR** **months OR Not known** Cause of death: *(state if not known)***19. What was the source of the information for this form? (tick one only)**Woman's hospital notes/medical record Discharge summary held by the woman Verbal confirmation with the treating clinician **If Verbal**, give name of the treating clinician:Other **If Other**, specify:

Comments:

Print name of person completing this form: _____

Signature of person completing this form: _____

Date form completed:

/ /