AMOSS Condition Form

MORBID OBESITY

Section 1: Previous medical history

1.1 Please indicate whether any of the following were present prior to index pregnancy:

Polycystic ovaries	YES ☐	NO ☐	UNKNOWN ☐
Thromboembolic disease	YES ☐	NO ☐	UNKNOWN ☐
Sleep apnoea	YES ☐	NO ☐	UNKNOWN ☐
Cardio-vascular disease (e.g. AMI, stroke)	YES ☐	NO ☐	UNKNOWN ☐
Renal disease	YES ☐	NO ☐	UNKNOWN ☐
Intracranial hypertension	YES ☐	NO ☐	UNKNOWN ☐

1.2 Was diabetes mellitus present prior to the pregnancy?

YES ☐ NO ☐

If yes, please indicate the type of diabetes: TYPE I ☐ or TYPE II ☐

What therapy was used to treat diabetes mellitus prior to pregnancy?

insulin ☐ oral hypoglycaemic agent ☐ diet ☐

1.3 Did the woman have essential hypertension prior to the pregnancy?

YES ☐ NO ☐ UNKNOWN ☐

If yes, was regular medication being taken prior to pregnancy for the hypertension?

YES ☐ NO ☐ UNKNOWN ☐

1.4 Did the woman have a known cardiac condition prior to pregnancy?

YES ☐ NO ☐ UNKNOWN ☐

If yes, please specify ____

1. 5 Has the woman had previous abdominal surgery?

YES ☐ NO ☐ NOT KNOWN ☐

Section 2: This pregnancy

2.1 If assisted reproductive technology treatment was used to achieve this pregnancy, please indicate the type of treatment used:

IVF ☐ GIFT ☐ ICSI ☐ NOT KNOWN ☐

2.2 Did the woman receive any antenatal thromboprophylaxis in this pregnancy?

YES ☐ NO ☐ NOT KNOWN ☐

If yes, please give details:

TED stockings	FULL LEG ☐	HALF LEG ☐	NOT USED ☐	
		Name of drug	Dose	Schedule
Low molecular weight heparin	YES ☐			
Unfractionated heparin	YES ☐			
Other	YES ☐			

2.3 Did the woman experience a thrombotic event during this pregnancy?

YES ☐ NO ☐ NOT KNOWN ☐

If yes, please indicate the type of thrombosis:

Deep vein thrombosis ☐

Pulmonary embolism ☐

Cerebral venous thrombosis ☐

Other ☐ – please specify______________

2.4 At what gestation did the woman first undergo screening for gestational diabetes?

< 20 weeks' gestation ☐

20-30 weeks' gestation ☐

> 30 weeks' gestation ☐

Not screened ☐

2.5 Did the woman develop gestational diabetes in this pregnancy?

YES ☐ NO ☐ NOT KNOWN ☐

If yes, please specify all treatments used:

Diet ☐

Insulin ☐

Oral hypoglycaemic agent ☐

Other ☐ – please specify ____________________________

2.6 Did the woman develop a hypertensive disorder this pregnancy?

YES ☐ NO ☐ NOT KNOWN ☐

If yes, please indicate which type:

Gestational hypertension ☐

Preeclampsia imposed on chronic hypertension ☐

Preeclampsia ☐

Other – please specify ☐

2.7 How many obstetric ultrasounds were undertaken during this pregnancy? ☐☐

2.8 Were there any reported difficulties undertaking the fetal anomaly scan?

YES ☐ NO ☐ NOT KNOWN ☐

2.9 Please indicate which of the following specialists were involved in the care of the woman during pregnancy and postpartum:

Dietician

Not at all ☐

Antenatal period only ☐

Antenatal and postnatal period ☐

Postnatal period only ☐

Consultant obstetrician

Not at all ☐

Antenatal period only ☐

Antenatal period and labour & birth ☐

Labour & birth only ☐

Antenatal, labour & birth, and postnatal period ☐

Labour & birth and postnatal period ☐

Postnatal period only ☐

Fetal-maternal medicine specialist

Not at all ☐

- Antenatal period only ☐
- Antenatal period and labour & birth ☐
- Labour & birth only ☐
- Antenatal, labour & birth, and postnatal period ☐
- Labour & birth and postnatal period ☐
- Postnatal period only ☐

Obstetric anaesthetist

- Not at all ☐
- Antenatal period only ☐
- Antenatal period and labour & birth ☐
- Labour & birth only ☐
- Antenatal, labour & birth, and postnatal period ☐
- Labour & birth and postnatal period ☐
- Postnatal period only ☐

Obstetric physician

- Not at all ☐
- Antenatal period only ☐
- Antenatal period and labour & birth ☐
- Labour & birth only ☐
- Antenatal, labour & birth, and postnatal period ☐
- Labour & birth and postnatal period ☐
- Postnatal period only ☐

Other – please specify what type of specialty and whether seen during pregnancy, intrapartum and/or postpartum ____

2.10 Was a multi-disciplinary meeting held to plan labour and birth management of this woman? YES ☐ NO ☐ NOT KNOWN ☐

Section 3: Labour and birth

3.1 What was the highest grade of doctor physically present during birth?

Resident ☐

Registrar ☐

Consultant obstetrician ☐

GP (Dip Obs) ☐

No doctor present at birth ☐

3.2 Please indicate the maximum weight capacity for equipment that was standard for labour and delivery and the maximum weight capacity for equipment that was available by special arrangement

	Available as standard	Available by specialist arrangement	Was the special equipment used Yes/No
Bed (kg)			
Operating table (kg)			
Hoist (kg)			
Chair (kg)			
Other (kg) Please specify			

3.3 Was shoulder dystocia documented?

YES ☐ NO ☐ NOT KNOWN ☐ NOT APPLICABLE ☐

If yes, please indicate which management techniques were used:

McRoberts manoeuvre ☐

Suprapubic pressure (Rubin I manoeuvre) ☐

Rubin II manoeuvre ☐

Woods screw manoeuvre ☐

Reverse Woods Screw Manoeuvre ☐

Other – please specify ______________________________

Section 4: Outcomes

4.1 Please indicate if any of the following morbidities occurred:

Uterine infection	YES ☐	NO ☐	NOT KNOWN ☐
Wound infection	YES ☐	NO ☐	NOT KNOWN ☐
If yes, specify location ____________________________			
Urinary tract infection	YES ☐	NO ☐	NOT KNOWN ☐
Chest infection	YES ☐	NO ☐	NOT KNOWN ☐
Large postpartum haemorrhage (>1000mL)			
	YES ☐	NO ☐	NOT KNOWN ☐
Postpartum thrombosis	YES ☐	NO ☐	NOT KNOWN ☐
If yes, specify location ______________________________			

4.2 Did the woman receive any thrombophylaxis postpartum?

YES ☐ NO ☐ NOT KNOWN ☐

If yes, please give details:

TED stockings	FULL LEG ☐	HALF LEG ☐	NOT USED ☐	
		Name of drug	Dose	Schedule
Low molecular weight heparin	YES ☐			
Unfractionated heparin	YES ☐			
Other	YES ☐			

4.3 What was the overall length of hospital stay? ☐☐ days

Any other information?

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

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