F — FORM F — Caesarean section module (Caesarean delivery is an equivalent term)

Only if B 19 = Caesarean section

Patient identifier _____
Initials _____ Centre _____

All patients completing form F

F1	**Gravida (number of pregnancies including this pregnancy)** _____
F2	**Parity (number of previous births after 24 weeks gestation)** _____
F3	**Number of previous caesarean sections** _____
F4	**Previous uterine surgery (other than caesarean sections)** *(tick one)* ☐ No ☐ Yes
F5	**Current pregnancy (weeks)** _____ *For example, if the patient is 38 weeks and 4 days, please enter 38 in this box*
F6	**Current pregnancy (days)** _____ *For example, if the patient is 38 weeks and 4 days, please enter 4 in this box*
F7	**Maternal complications during pregnancy** *(tick one)* ☐ Anaemia ☐ Pre-eclampsia ☐ Antepartum haemorrhage ☐ Diabetes in pregnancy (gestational) ☐ Suspected placenta praevia or placenta accreta spectrum ☐ None of the above
F8	**Was the woman in labour prior to caesarean section?** *(tick one)* ☐ No ☐ Yes - 1st stage ☐ Yes - 2nd stage
F9	**Was the labour induced or spontaneous?** *(tick one)* ☐ Induced ☐ Spontaneous
F10	**Category of urgency** *(tick one)* ☐ Immediate threat to life ☐ Maternal or foetal compromise, but not immediately life threatening ☐ Needing early delivery but no compromise ☐ Elective
F11	**Only if:** *F8 = woman was in labour* **Maternal complications during labour** *(tick all that apply)* ☐ Failure induction of labour ☐ Placental abruption ☐ Delay in first stage ☐ Delay in second stage ☐ PROM >24 hours ☐ Infection (e.g. chorioamnionitis) ☐ Failed instrumental birth ☐ Obstructed labour ☐ Suspected uterine rupture ☐ None ☐ Other, please specify_____
F12	**Main indication for Caesarean section** *(tick one)* ☐ Failure to progress / labour dystocia ☐ Failed induction of labour ☐ Suspected foetal compromise ☐ Malpresentation ☐ Twin pregnancy ☐ Previous Caesarean section with contraindication to VBAC ☐ Maternal medical conditions ☐ Obstructed labour / cephalopelvic disproportion ☐ Placenta Praevia (major) & Placenta Accreta spectrum ☐ Placenta abruption ☐ Suspected uterine rupture ☐ Cord prolapse ☐ Maternal request ☐ Severe foetal macrosomia ☐ Other, please specify_____
F13	**Type of skin incision** *(tick one)* ☐ Transverse (Joel Cohen / Pfannenstiel) ☐ Midline vertical
F14	**Pre-operative haemoglobin (gram/litre)** _____
F15	**Were uterotonics given to prevent post-partum haemorrhage?** *(tick one)* ☐ No ☐ Yes *A uterotonic is a medication that stimulates contraction of the uterine muscles and increases uterine tone, for example oxytocin*
F16	**Intra-operative blood loss (millilitres)** _____
F17	**Was blood loss measured or estimated** *(tick one)* ☐ Measured (quantified) ☐ Estimated (visual) ☐ Mixed (partly measured, partly estimated) ☐ Unknown
F18	**Did the patient have a post-partum haemorrhage?** *(tick one)* ☐ No ☐ Yes - primary post-partum haemorrhage ☐ Yes - secondary post-partum haemorrhage ☐ Yes - primary and secondary post-partum haemorrhage
F19	**Additional blood loss after surgery (ml) up to 24 hours postpartum** _____
F20	**What measures were taken to treat the post-partum haemorrhage?** *(tick all that apply)* ☐ Additional uterotonics ☐ Artery ligation ☐ Balloon tamponade ☐ Compression suture (e.g. b-lynch) ☐ Hysterectomy ☐ Blood transfusion ☐ Tranexamic acid ☐ None of the above
F21	**Was uterine rupture confirmed at caesarean section?** *(tick one)* ☐ No ☐ Yes
F22	**Did any of the following intra-operative complications occur?** *(tick all that apply)* ☐ Uterine angle extension ☐ Impacted foetal head ☐ Bladder injury ☐ Bowel injury ☐ Ureteric injury ☐ None of the above
F23	**Did the woman have post-operative sepsis, if so, what was the source of this?** *(tick one)* ☐ No ☐ Yes - surgical site infection ☐ Yes - intra-abdominal sepsis ☐ Yes - endometritis ☐ Yes - urinary tract ☐ Yes - pulmonary source ☐ Yes – other, please specify_____ ☐ Yes - unknown
F24	**Post delivery haemoglobin (gram/litre)** _____
F25	**Did the woman receive a blood transfusion after caesarean section but before discharge?** *(tick one)* ☐ No ☐ Yes
F26	**Only if:** *C 29 = unplanned re-operation* **What was the reason for return to theatre?** *(tick one)* ☐ Repair of wound dehiscence ☐ Treatment of post-partum haemorrhage ☐ Treatment for sepsis ☐ Repair of organ injury ☐ Other, please specify
F27	**Number of foetuses in pregnancy? (Please complete the below questions for each baby)** *(tick one)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Baby details — complete one block for each baby recorded at F27. Three blocks are printed below; print or photocopy this page twice if there are more than three babies.

Which baby does this block describe? Tick one.
☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6**

F28	**Presentation of baby at birth** *(tick one)* ☐ Cephalic ☐ Breech ☐ Shoulder
F29	**Apgar score at 1 minute** ________________
F30	**Apgar score at 5 minutes** ________________
F31	**Was the baby admitted to the neonatal unit?** *(tick one)* ☐ No ☐ Yes
F32	**Did the baby suffer any of the following complications within 30 days of birth?** *(tick all that apply)* ☐ Birth asphyxia ☐ Seizures ☐ Skin laceration ☐ Cephalohaematoma ☐ Skull fracture ☐ Brachial plexus injury ☐ Neonatal death ☐ None ☐ Other, please specify____________

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