UK ITP REGISTRY PREGNANCY STATUS AND OUTCOME SHEET (2.1)

Barts and The London
School of Medicine and Dentistry

Date of Data Collection:

Registry Identification Code (RIC):

General Information	
Date of day 1 of last menstruation:	**Final estimated delivery date:**
Is this a multiple pregnancy? ☐ Yes ☐ No	**If yes, how many fetuses?**
Was ITP diagnosed during this pregnancy? ☐ Yes ☐ No	**If yes, date:**
Anthropometric and Lifestyle Information	
Booking weight (kg):	**Date recorded:**
Smoking Status: ☐ Never ☐ Gave up before pregnancy ☐ Gave up during pregnancy ☐ Current ☐ No data	**Date smoking status was recorded:**
Alcohol consumption before pregnancy ☐ None ☐ Occasional ☐ < 10 units per week ☐ 11 to 20 units per week ☐ 21 to 40 units per week ☐ 40 units per week ☐ Yes, but amount not available	**Alcohol consumption during pregnancy** ☐ None ☐ Occasional ☐ < 10 units per week ☐ 11 to 20 units per week ☐ 21 to 40 units per week ☐ 40 units per week ☐ Yes, but amount not available
Date recorded:	**Date recorded:**

Current Pregnancy (beginning of pregnancy to 3 months post-partum)	
Bleeding events	
Bleed Type/Site	
Skin	**Date of Bleed**
Bruise Severity (number of bruises): ☐ 1-5 ☐ >5 ☐ Unknown	
Petechiae Severity (number of petechiae): ☐ ≤ 10 ☐ >10 ☐ >50 ☐ Unknown	
Subcutaneous Haematoma Severity: ☐ ≤2 ☐ >2 ☐ Unknown	
Bleed from minor wounds Severity: ☐ ≤5mins ☐ >5mins ☐ Unknown	
Other (please specify)	
Mucosal	**Date of Bleed**
Epistaxis Severity: ☐ Whilst blowing nose ☐ Spontaneous and lasting <5mins ☐ Spontaneous and lasting >5mins ☐ Required packing/cauterisation ☐ Unknown Transfusion required?: ☐ Yes ☐ No	
Oral cavity Severity: ☐ Gum bleeding ☐ Bullae or blisters ☐ Bleeding from bites to lip and tongue ☐ Unknown	
Subconjunctival bleeds	

Other (please specify)	
Organ	**Date of Bleed**
Gastrointestinal bleed (e.g. rectal bleed, haematemesis and malaena) Type: ☐ Occult blood ☐ Lower GI bleed ☐ Haematemesis and/or malaena ☐ Other	
Gynaecological bleed Type: ☐ Spotting (in between periods) ☐ Menorrhagia ☐ Post-menopausal bleeding ☐ Pregnancy-related bleed ☐ Other	
Haemarthrosis Transfusion required?: ☐ Yes ☐ No	
Intracranial bleed Severity: ☐ Traumatic ☐ Non-traumatic	
Intramuscular haematoma Transfusion required?: ☐ Yes ☐ No	
Ocular haemorrhage Type: ☐ Retinal bleeds ☐ Vitreous bleeds ☐ Other	
Pulmonary haemorrhage (e.g. haemoptysis, bleed into the lungs) Transfusion required?: ☐ Yes ☐ No	
Urinary (haematuria) Type: ☐ Microscopic ☐ Macroscopic Transfusion required?: ☐ Yes ☐ No	

Other internal bleed (please specify)	
Other	
Post-procedural bleed	
Other (please specify)	

ITP Treatments given during pregnancy				
Treatment	**Dose**	**Indication to treat**	**Date of treatment initiation**	**Length of treatment** (days)
Anti-D Azathioprine Cyclophosphamide Cyclosporine Danazol Dapsone Dexamethasone Eltrombopag IVIg Methylprednisolone Mycophenolate Prednisolone Rituximab Romiplostim Splenectomy Vinca alkaloids Other (please specify)	µg mg/day mg/day mg/week mg/day mg mg/day mg/day g/day mg/day mg/day mg/ day mg/m^2/week µg/kg/week	Prophylactic to prevent bleeding due to platelet count. Symptoms: bruising/ bleeding Asymptomatic but treated to reach a target platelet count for other non- delivery surgical procedures. Asymptomatic treated to reach target for vaginal delivery. Asymptomatic treated to reach target for elective Caesarean section. Other (please specify)		
e.g. Prednisolone	60 (mg/day)	Symptoms: bruising/ bleeding	01/10/2015	14

Supportive Therapies- did the participant receive any of the below during pregnancy?			
Supportive Therapy	**Yes/ No**	**Start date**	**End date**
Red blood cell transfusion	☐ Yes ☐ No		
Platelet transfusion	☐ Yes ☐ No		
Fresh frozen plasma transfusion	☐ Yes ☐ No		
Cryoprecipitate transfusion	☐ Yes ☐ No		
Tranexamic acid	☐ Yes ☐ No		
H. Pylori treatment	☐ Yes ☐ No		
Plasmapheresis	☐ Yes ☐ No		
Protein A-Immunoadsorption	☐ Yes ☐ No		

Delivery and post-partum		
Anaesthesia Method at Delivery	**Yes/ No**	**Date**
Did the participant receive regional anaesthesia during delivery?	☐ Yes ☐ No	
Was regional anaesthesia withheld due to platelet count or coagulation abnormalities at time of delivery? ☐ Yes ☐ No		

Haematological Values/Blood Results				
Blood Test	**Earliest FBC available during pregnancy**	**FBC with lowest platelet count during pregnancy**	**FBC at delivery**	**FBC post-partum** (up to 3 months post pregnancy)
Platelet ($x10^9$/L)				
Hb				
WBC ($x10^9$/L)				
Neutrophil ($x10^9$/L)				
RBC ($x10^{12}$/L)				
MPV				
Date of results				

Coagulation results at delivery		
Prothrombin time (PT): INR (if PT not available):	Activated partial thromboplastin time (APTT): Activated partial thromboplastin ratio (if APTT time not available):	Fibrinogen:
Date of results:		

Details of Delivery		
Did this participant have a miscarriage? ☐ Yes ☐ No	**Date:**	
Did this participant have a termination of pregnancy? ☐ Yes ☐ No	**Date:**	
Was delivery induced? ☐ Yes ☐ No	**Date of being induced:**	**Indication to induce:**
Did the participant labour? ☐ Yes ☐ No		

Type of Delivery	**Yes/ No**	**Date**
Vaginal	☐ Yes ☐ No	
Caesarean	☐ Yes ☐ No	
Indication for Caesarean Section ☐ Maternal comorbidity/ complication ☐ Previous Caesarean delivery/ uterine surgery ☐ Failure to progress in first stage ☐ Failure to progress in second stage ☐ Suspected Foetal distress ☐ Failed instrumental delivery ☐ Patient choice	Grade of urgency for Caesarean section ☐ Immediate threat to life- mother or foetus ☐ Maternal or foetal compromise which is not immediately life threatening ☐ Needing early delivery but no maternal or foetal compromise ☐ At a time to suit the mother and maternity team	
Were Ventouse forceps use?	☐ Yes ☐ No	
Were Lift out forceps used?	☐ Yes ☐ No	
Were rotational forceps used?	☐ Yes ☐ No	
Was it a breech delivery?	☐ Yes ☐ No	

Approximately how much blood was lost during delivery? (ml) (C-section or vaginal delivery)	ml

Maternal Outcomes		
Did any of these bleed events occur?	**Yes/ No**	**Date**
Caesarean section wound haematoma?	☐ Yes ☐ No	
Neuroaxial anaesthesia haematoma	☐ Yes ☐ No	
Perineal haematoma	☐ Yes ☐ No	
Post-partum haemorrhage	☐ Yes ☐ No	
Red Blood cells transfusion required	☐ Yes ☐ No	

Co-morbid conditions during pregnancy or up to 3 months post-partum		
Co-morbidity	**Yes/ No**	**Date of Diagnosis**
Pregnancy induced hypertension	☐ Yes ☐ No	
Preeclampsia	☐ Yes ☐ No	
Eclampsia	☐ Yes ☐ No	
Haemolysis, elevated liver function, low platelets (HELLP)	☐ Yes ☐ No	
Gestational Diabetes	☐ Yes ☐ No	
Thrombosis (venous)	☐ Yes ☐ No	
Thrombosis (arterial)	☐ Yes ☐ No	
Infection requiring hospitalisation	☐ Yes ☐ No	
Renal Failure	☐ Yes ☐ No	
Cerebrovascular accident	☐ Yes ☐ No	
Disseminated Intravascular Coagulation	☐ Yes ☐ No	
Adult respiratory distress syndrome	☐ Yes ☐ No	
Required Ventilation	☐ Yes ☐ No	

Cardiac arrest	☐ Yes ☐ No	
Other (please specify):		

Did the participant die? ☐ Yes ☐ No	Primary cause of death:	Secondary cause of death:

Infant Outcome

Infant Details

Date of Birth:	Birth weight (grams): g	
Was the infant stillborn?	☐ Yes ☐ No	Date:
Was the infant admitted to the neonatal unit?	☐ Yes ☐ No	Date:

Infant Morbidities

Did the infant experience any of the follow?	Yes/ No	Date
Lung disease	☐ Yes ☐ No	
Exchange transfusion	☐ Yes ☐ No	
Intraventricular haemorrhage	☐ Yes ☐ No	
Haemorrhage in any other organ (please specify)	☐ Yes ☐ No	
Jaundice requiring phototherapy	☐ Yes ☐ No	
Major congenital abnormalities	☐ Yes ☐ No	
Necrotising enterocolitis	☐ Yes ☐ No	
Neonatal encephalopathy	☐ Yes ☐ No	
Respiratory distress	☐ Yes ☐ No	
Severe infection	☐ Yes ☐ No	
Other (Please Specify):		

Did the infant have cranial imaging? ☐ Yes ☐ No	If yes, was there evidence of a cranial haemorrhage? ☐ Yes ☐ No

Did this infant pass away? ☐ Yes ☐ No	Primary cause of death	Secondary cause of death
Infant Platelet Counts		
Is a delivery cord or neonatal platelet count available? ☐ Yes ☐ No	Plt count:	Date:
Is a separate nadir platelet count available? ☐ Yes ☐ No	Plt count:	Date:

Infant Thrombocytopenia Treatments		
Did the infant receive the following treatments for the thrombocytopenia?	Yes/ No	Date
Platelets	☐ Yes ☐ No	
Immunoglobulins	☐ Yes ☐ No	
Did the infant receive different treatment for thrombocytopenia? If yes, please specify:	☐ Yes ☐ No	
Breastfeeding		
Was the infant breast-fed during the first 3 months after birth?	☐ Yes ☐ No	
If the infant was breast fed for less than 3 months, how many weeks was the infant breast fed for?	Weeks	