

## GerOSS: data set for eclampsia

data set  
identifier

1. Hospital:  
City: \_\_\_\_\_ Name of the hospital: \_\_\_\_\_

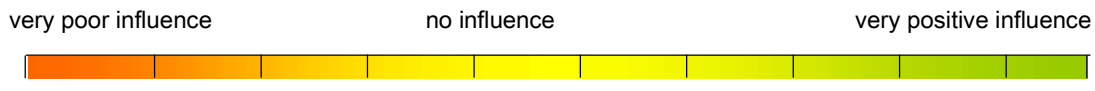
1.1 Case number: \_\_\_\_\_ (for example: 1/2010)

1. Mother:  
Date of admission: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy) Time: \_\_\_\_ : \_\_\_\_ (hours: minutes)

2. Mother:  
Year of birth: \_\_\_\_\_ ( yyyy ) ZIP code city of residence: \_\_\_\_\_ (the first 4 digits)

3. Has the pregnant women a migrational background ?  Yes  No

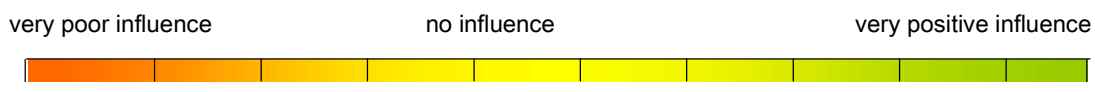
3.1 Influence of the migrational background on pregnancy and birth?  
(e.g. religion, language)



3.2 Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Does the social background influence pregnancy and birth?  Yes  No

4.1. Influence of the social background on pregnancy and birth?  
(e.g. family, occupation)



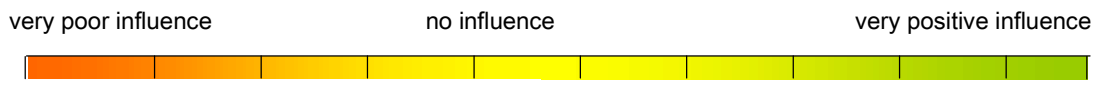
4.2 Comments: \_\_\_\_\_  
\_\_\_\_\_

Pregnant woman (social / demographic data)

## GerOSS: data set for eclampsia

5. Does the educational level influence pregnancy and birth?  Yes  No  
 (for example school education, profession, university)

5.1. Influence of the educational level on pregnancy and birth ?



5.2. Comments: -----  
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6. Marital status :  unmarried /single                       married                       cohabiting

7. Health insurance:  statutory health insurance                       other insurances

8. Height at initial examination during pregnancy:     \_\_\_  \_\_\_  cm

9. Weight at initial examination during pregnancy:     \_\_\_ , \_\_\_ kg

10. Did the pregnant woman ever smoke ?                       Yes                       No

10.1 If Yes, please specify how many cigarettes:     \_\_\_

10.2 Does exist nicotine addiction of clinical relevance?                       Yes                       No

1. Number of completed previous pregnancies:     \_\_\_ ≥ 24 weeks                      \_\_\_ < 24 weeks

1.1 Did the woman have any complications during previous pregnancies?                       Yes                       No

If yes, please specify: \_\_\_\_\_ ICD 10                      \_\_\_\_\_ ICD 10  
 \_\_\_\_\_ ICD 10                      \_\_\_\_\_ ICD 10  
 \_\_\_\_\_ ICD 10                      \_\_\_\_\_ ICD 10

1.2 Comments: -----  
 -----  
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**Anamnesis**



## GerOSS: data set for eclampsia

6. Did the pregnant woman get antihypertensive therapy?  Yes  No

If yes, please specify:

Therapy ----- onset of therapy: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

Therapy ----- onset of therapy: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

Therapy ----- onset of therapy: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

6.1. Did the pregnant woman get magnesium sulfat?  Yes  No

if, yes onset of therapy: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

6.2. Did the pregnant woman get another therapy?  Yes  No

If yes, please specify

Therapy ----- onset of therapy: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

Therapy ----- onset of therapy: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

7. Signs before episode of eclampsia:

7.1. Blood pressure one week before episode of eclampsia:

Is the value available?  Yes  No

Highest diastolic blood pressure \_\_\_\_ mmHg date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

7.2. Proteinuria one week before: episode of eclampsia:

Is the value available?  Yes date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

Stick test?  Yes  No

Highest proteinura (stick test)  +  ++  +++

date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

Is the value in g/24 h. documented?  Yes  No

If yes, value in g/24 h: \_\_\_\_ date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)

8. Prodromal symptoms directly before episode of eclampsia:

8.1 Visual impairment  Yes  No

8.2 Headache  Yes  No

8.3 Epigastric pain  Yes  No

Current pregnancy



## GerOSS: data set for eclampsia

2. Stick test at admission?  Yes  No
- Highest proteinuria (stick test)  +  ++  +++  
date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)
- Is the value in g/24 h documented?  Yes  No
- If yes, value in g/24 h: \_\_\_\_ date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy)
- 2.1 Highest diastolic blood pressure \_\_\_\_ mmHg  
lowest count of thrombocytes \_\_\_\_ (in 1000)
- 2.2 Highest plasma aspartate aminotransferase (AST) \_\_\_\_ (in IU/liters) or value is not available  Yes
- 2.3 Highest plasma alanine aminotransferase (ALT) \_\_\_\_ (in IU/liters) or value is not available  Yes
3. Overall number of spasms \_\_\_\_
- 3.1 Treatment:
- 3.2 Magnesiumsulfat before spasm  Yes  No  
Magnesiumsulfat after spasm  Yes  No
- 3.3 Other anticonvulsants  Yes  No  
If yes, specify agents \_\_\_\_\_
- 3.4 Antihypertensive agents after episode og spasm?  Yes  No  
If yes, specify agents \_\_\_\_\_
- 3.5 Comments (if possible, please describe time sequence of events / measures / treatment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status at admission



## GerOSS: data set for eclampsia

### 1. Treatment of the mother after delivery:

1.1 Fever after delivery ?  Yes  No

If yes, please specify diagnosis \_\_\_\_\_ ICD 10 \_\_\_\_\_ ICD 10

2 Was the woman transferred to another hospital / unit?  Yes  No

If yes, please specify where to?  another special unit  another hospital  
 intensive Care Unit (ICU)

2.1 Date of transfer \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy) time \_\_\_\_ : \_\_\_\_ h/min

2.2 Decided by:  obstetrician  assistant doctor

2.3 Total duration of stay at hospital \_\_\_\_ days

2.4 Maternal morbidity \_\_\_\_\_ ICD 10 \_\_\_\_\_ ICD 10

\_\_\_\_\_ ICD 10 \_\_\_\_\_ ICD 10

\_\_\_\_\_ ICD 10 \_\_\_\_\_ ICD 10

2.5 Treatment (freetext) \_\_\_\_\_  
\_\_\_\_\_

2.6 Comments (if possible please describe time sequence of events / measures / treatment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was the mother discharged?  Yes  No

If yes please specify date \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy) time \_\_\_\_ : \_\_\_\_ h/min

4. Did the mother die?  Yes  No

If yes please specify date \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy) time \_\_\_\_ : \_\_\_\_ h/min

4.1 What were the primary underlying causes of maternal death (in accordance to the death certificate)?

\_\_\_\_\_ ICD 10 \_\_\_\_\_ ICD 10

4.2 Was an autopsy carried out on the woman?  Yes  No

If yes, please specify clinically indicated  Yes  No

or by law  Yes  No

4.3 Comments (if possible please describe time sequence of events / measures):  
\_\_\_\_\_  
\_\_\_\_\_





## GerOSS: data set for eclampsia

6.1 Did the infant die?  Yes  No

If yes, please specify date \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd.mm.yyyy) time \_\_\_\_ : \_\_\_\_ h/min

6.2 Primary causes of death (in accordance to death certificate):

- |   |   |
|---|---|
| <input type="radio"/> chronically lung disease                    | <input type="radio"/> congenital malformations  |
| <input type="radio"/> severe infection(e.g. sepsis or meningitis) |   |
| <input type="radio"/> icterus (fototherapy necessary)             | <input type="radio"/> intracerebral haemorrhage |
| <input type="radio"/> necrotising enterocolitis                   | <input type="radio"/> neonatal encephalopathy   |
| <input type="radio"/> adult respiratory distress syndrome (ARDS)  | <input type="radio"/> others                    |

6.3 Comments:

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**Child (for multiples: dataset per each multiple; duplicate)**