



Case Inclusion Criteria

Definition and inclusion criteria for the current AMOSS conditions being studied:

- Amniotic fluid embolism
- Antenatal pulmonary embolism
- Gestational breast cancer (GBC)
- Rheumatic heart disease (RHD)
- Vasa praevia (VP)

<i>Amniotic fluid embolism</i>	
Definition	A case is defined when the clinician believes or has evidence that amniotic fluid has entered the maternal circulation, and the woman is treated as though she has had an amniotic fluid embolism.
Valid response	<ul style="list-style-type: none"> • A clinical diagnosis of AFE (acute hypotension or cardiac arrest, acute hypoxia and coagulopathy in the absence of any other potential explanation for the symptoms and signs observed); • A pathological/post mortem diagnosis (presence of fetal squames/debris in the pulmonary circulation)
Reporting guide	Please indicate how the diagnosis was made. If there is more than one piece of information that led to the diagnosis, please select all relevant diagnosis mechanisms.
<i>Antenatal pulmonary embolism</i>	
Definition	<p>Pulmonary embolism (PE) occurs when a thrombosis in the deep venous system, usually of the lower limb or pelvic veins, embolises to the pulmonary vasculature.</p> <p>A case is defined when a woman has been objectively diagnosed with a pulmonary embolism in the antenatal period. Acceptable methods of diagnosis include imaging, surgery and post-mortem findings.</p>
Valid response	<ul style="list-style-type: none"> • Diagnosed by imaging procedure E.g. angiography, computed tomography, echocardiography, magnetic resonance imaging or ventilation-perfusion scan showing a high probability of pulmonary embolism • Diagnosed at surgery • Diagnosed by post-mortem
Reporting guide	<p>Please indicate how the diagnosis was made. If there is more than one piece of information that led to the diagnosis, please select all relevant diagnosis mechanisms.</p> <p>Given that the clinical signs and symptoms of pulmonary embolism are so non-specific, women should not be included in the absence of objective investigations to confirm the diagnosis, even when a course</p>

	of anticoagulation is given.
<i>Rheumatic heart disease</i>	
Definition	Rheumatic heart disease in pregnancy diagnosed on echocardiogram. Diagnosis may be before or during this pregnancy, or up to 42 days post-partum.
Valid response	<ul style="list-style-type: none"> • Pregnant and confirmed rheumatic heart disease RHD* on echo • Pregnant and an historic echo diagnosis of definite RHD* where recent echo details are not available
Reporting guide	<p>Reference: Reményi, B. et al. World Heart Federation criteria for echocardiographic diagnosis of rheumatic heart disease—an evidence-based guideline. <i>Nat. Rev. Cardiol.</i> 9, 297–309 (2012).</p> <p>Download the Concise summary of the 2012 World Heart Federation criteria for the echocardiographic diagnosis of rheumatic heart disease as a pdf</p>
<i>Gestational breast cancer</i>	
Definition	Breast cancer diagnosed for the first time during this pregnancy, or up to 42 days post-partum.
Valid response	<ul style="list-style-type: none"> • Confirmed diagnosis of breast cancer during this pregnancy or 42 days post-partum, determined from medical record • Pathological diagnosis of breast cancer during this pregnancy or 42 days post-partum
<i>Vasa praevia</i>	
Definition	Vasa praevia diagnosed at birth with at least one criteria and one confirmation below:
Valid response	<p>Criteria</p> <ul style="list-style-type: none"> • Suspected VP on antenatal U/S ≥ 18 weeks gestation, and confirmed VP on antenatal U/S ≥ 31 weeks gestation (<i>if not given birth prior to 31 weeks</i>) • Palpation or visualisation of the vessels in labour • Rupture of membranes with bleeding associated with fetal death/ exsanguination or severe anaemia • Antenatal or intrapartum bleeding of fetal origin with pathologic CTG and/or positive APT test • VP documented in medical record as reason for admission and caesarean section



	<p>And at least confirmation below:</p> <ul style="list-style-type: none">• Clinical examination of the placenta confirming intact or ruptured velamentous vessels. These may be a velamentous insertion of the umbilical cord or exposed fetal vessels between placental lobes• Placenta sent to pathology (<i>cases will be reviewed and included if the pathology report confirms fetal vessels in membranes</i>)• Torn umbilical cord or placenta (<i>not able to provide placental examination</i>)
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