

Page 1 of 6

				_
Participant Number				
Hospital/Clinic Code				
Maternal Hospital Record No.				
Maternal Date of Birth	D M M Y	Υ		
Please answer all yes/no questions by pla		orresponding bo	ox	
Section 1: Demographic, socio-economic				
1. Age: (years)	yrs 2. Materr	nal height: (cm)		■ cm
	3. 1 st trim	nester or pre-preg	nancy weight: (kg)	∎ kg
During this pregnancy:				
4. Has she smoked?	yes no	If yes, how many	y cigarettes/cigars per day?	
5. Has she sniffed/chewed tobacco?	yes no	If yes, how many	y times per day?	
6. Has she chewed betelnut?	yes no	If yes, how many	y nuts per day?	
7. On average, how many units of alcoh (1 unit = small glass (125ml) of wine or one bo				
8. Has she used any of the following red	creational drugs? (c	ross all that apply; see	e table)	
Heroin	Amphetamines		Benzodiazepines	
Methadone	Hallucinogens		Inhalants/Solvents	
Crack/Cocaine	Cannabis		Other recreational drugs	
9. Has she been involved in any of the f	following high-risk c	occupations or act	ivities? (cross all that apply; see table)	
Frequent exposure to chemical/toxic	substances			
Frequent physically demanding work				
Frequent high-risk sports/vigorous ex	kercise			
10. Has she followed any of the following	special diets? (cros	ss all that apply; see ta	able)	
Vegetarian with no animal products			Gluten-free	
Weight loss programme			Malabsorption treatment	
11. Marital status: (cross one box only)				
Single	Widowed			
Married/Cohabiting	Separated/Divorce	ed		
12. Total number of years of formal educ	cation:			
13. Highest level of education attended:	(cross one box only)			
No school attended	Primary		Professional/technical training	
	Secondary		University	
14. Which of the following best describes	s her occupational s	status? (cross one b	ox only)	
Housework	Skilled manual wo	ork	Managerial/professional/technica	al
Student	Unskilled manual	work	Clerical support, service or sales	;
Other				
15. On average, about how much is the t	take-home family in	come each week	(include social benefits etc.)? (cro	ss one box only)
Less than £100	£300 - £399	F	or UK only.	
£100 - £199	£400 or more		his question is optional for other of	countries
£200 - £299		_		



INTERPRACTICE-21st

Pregnancy and Delivery

		i regilario	una Don	voi y	Page 2 01 0
Partic	ipant Number	- 🗆		Hospital/Clinic Code	
Mater	nal Hospital Record No.				
Mater	nal Date of Birth	D D M M	YY		
	2: Medical history				
	this pregnancy, was she diag	gnosed with, or treat		_	
	Diabetes Fhyroid disease	yes no	27. Lupus erythe 28. HIV or AIDS	ematosus	yes no
		yes no		0	yes no
	Other endocrinological condition	n yes no	29. Hepatitis B o		yes no
	Any type of malignancy/cancer including leukaemia or lymphor	ma) yes no	30. Malaria - <i>witl</i>	hin past 5 years	yes no
20. 0	Cardiac disease	yes no	31. Tuberculosis	5	yes no
21. E	Epilepsy	yes no	32. Thalassaemi	ia	yes no
22. N	Mental illness e.g. Clinical depre	ession yes no	33. Sickle-cell ar	naemia	yes no
	Hypertension/chronic hypertens with treatment	sion yes no	34. Thrombophil	ia	yes no
	A chronic respiratory disease including chronic asthma)	yes no	35. Glucose-6-pl deficiency	hosphate dehydrogenase	yes no
	Proteinuria, kidney disease or c enal disease	hronic yes no	36. Any congenit	tal abnormality or genetic	yes no
26. C	Crohn's disease, coeliac diseas ulcerative colitis or any severe malabsorption condition	se, yes no		nically relevant condition	yes no
Section	3: Gynaecological history				
	Did she have regular (24-32 day	y) menstrual cycles in	the 3 months prior	to this pregnancy?	yes no
39. V	What is the average length of h	er menstrual cycle?			days
40. H	Had she used hormonal contract	ceptives or been brea	stfeeding in the 2 m	nonths prior to this pregnancy	? yes no
41. I	s the first day of the last menst	rual period (LMP) kno	own?		yes no
42. l	f yes, date:	M M Y Y	43. Was she cer	tain of the date of her LMP?	yes no
Section	4: Obstetric history				
44. N	Number of previous pregnancie	es, excluding this preg	nancy (if 0, skip to	Question 57):	
45. E	Date of last delivery, miscarriag	e or termination:		D D M	MYY
46. H	Has she ever had a molar pregr	nancy or choriocarcin	oma?		yes no
47. H	Has she ever had an extrautering	ne or ectopic pregnan	cy?		yes no
48. N	Number of previous miscarriage	es:	49. Number of p	revious terminations:	
50. N	Number of previous births (if 0,	skip to Question 57):			
51. E	Birthweight of the immediately p	previous newborn:			g
52. 0	Gestational age at birth of the in	mmediately previous r	newborn:		weeks days
53. H	Have ANY of her other babies w	weighed less than 250	00g?		yes no
54. H	Have ANY of her other babies b	peen born preterm (<3	37 ⁺⁰ weeks' gestation	on)?	yes no
55. H	Has she had ANY previous still	births? yes no	56. Has she had deaths?	ANY previous neonatal	yes no



Pa	a	6	3	of	6
ıa	C I	_	J	VI.	v

	rregnancy	ana De	on y	Page 3 01 6
Participant Number	-		Hospital/Clinic Cod	e
Maternal Hospital Record No.				
Maternal Date of Birth	D D M M Y	Υ		
Section 5: Vaccination history				
Has she been vaccinated agains	t the following medical co	nditions?		
Influenza: 57. Befo	ore this pregnancy:	es no	58. During this pregnancy:	yes no
Tetanus: 59. Befo	ore this pregnancy:	es no	60. During this pregnancy:	yes no
Section 6: Clinical conditions				
During this pregnancy was she	diagnosed with, or treated	for, any of t	the following conditions?	
61. Diabetes, thyroid disease o endocrinological condition	r any other yes no		spiratory tract infection requiri ibiotic/antiviral treatment	ng yes no
62. Any type of malignancy/can (including leukaemia or lym			/ other infection requiring antiliviral treatment // page 17 in the content	piotic/ yes no
63. Cardiac disease	yes no	73. Gro	oup B streptococcus carrier	yes no
64. Epilepsy	yes no	74. Pos	sitive syphilis test	yes no
65. Mental illness e.g. Clinical of	depression yes no	75. HIV	or AIDS	yes no
66. Symptomatic malaria	yes no	_	genital tract or sexually remained infection	yes no
67. Symptomatic malaria with p	parasite count yes no	77. Cho	olestasis	yes no
68. Respiratory disease (includ	ing asthma) yes no		other medical/surgical condituring treatment/referral	tion yes no
69. Pyelonephritis or kidney dis	ease yes no	79. Any	y accident or maternal trauma uiring hospital admission or	yes no
70. Lower urinary tract infection antibiotic treatment	requiring yes no	•	erral to a higher level of care	
Section 7: Pregnancy-related co	mplications	!		
During this pregnancy was she	_	for, any of t	the following conditions?	
80. Severe vomiting requiring h	ospitalisation yes no	90. Fet	al anaemia	yes no
81. Gestational diabetes	yes no		al distress (abnormal fetal heart ra	te [FHR] yes no
82. Vaginal bleeding before 15	weeks yes no	92. Sus	spected impaired fetal growth	yes no
83. Vaginal bleeding at 15-27 w	veeks yes no	93. Oliç	gohydramnios	yes no
84. Vaginal bleeding after 27 w	eeks yes no	94. Pol	yhydramnios	yes no
85. Pregnancy-induced hyperte (BP>140/90, no proteinuria)	ension yes no		ondition requiring amniocente al blood sampling (FBS)	sis or yes no
86. Preeclampsia (BP>140/90 <u>and</u> proteinuria)	yes no	96. Abr	ruptio placentae	yes no
87. Severe preeclampsia/Eclan HELLP syndrome	npsia/ yes no	97. Clir	nical chorioamnionitis	yes no
88. Rhesus disease or anti-Kell	l antibodies yes no	98. Oth	er pregnancy-related infection	n yes no
89. Preterm labour	yes no	99. Oth	ner pregnancy-related condition	n yes no
	<15 week	S	15-27 weeks	>27 weeks
100. Lowest haemoglobin level:		g/dl	g/dl	g/dl
OR Lowest haematocrit:	-	%	. %	- %
Section 8: Ultrasound examinati	on (for women in the Neo	natal Study)		
101 How many ultrasound exam	ninations were carried out d	uring the wor	nan's pregnancy?	

Please complete an Ultrasound Form for each ultrasound examination available in the woman's medical records.



INTERPRACTICE-21st

Pregnancy and Delivery

Page 4 of 6

Parti	cipant Number			-							Нс	spita	al/Cli	nic (Code	•				
Mate	rnal Hospital Record No.			•						<u>-</u>										
Mate	rnal Date of Birth	D	D	N /I	D. /I			1			_									
		D	D	M	M	Y	Y													
Sectio	n 9: Length of the uterine ce	rvix -	durii	ng th	is pr	egna	ncy													
102.	During the course of her pregrevaluations of uterine cervix le													e an	У			yes	no	
103.	Date of 1 st examination:		106	6. Da	te of	2 nd ex	xamii M N	nation	n: Y			109). Dat	te of	3 rd ex	xam M	inatio	on:]	
104.	Uterine cervix length by digital		107	7. Ute	erine	cervi	x len	ath by	/ diai	tal		110). Ute	erine	cervi	ix le	nath	bv di	uital	
	examination:	cm				ation:	,			\neg	cm				ation:		[cm
105.	Cervical dilation:	cm	108	3. Ce	rvica	ıl dilat	ion: []•[cm	111	. Cer	rvica	ıl dilat	tion:				cm
Sectio	n 10: Nutritional supplement	s/Me	dicat	ons																
During	this pregnancy, has she rou	tinel	y tak	en ar	ny of	the f	ollov	ving	n <u>utri</u>	tion	al s	upple	emer	nts?						
112.	Multi-vitamins/minerals yes no		115	5. Vit	amin	D			yes	no		118	B. Foo	od su	upple	men	ıts	yes	no	
113.	Iron yes no		116	6. Ca	lcium	n			yes	no		119	. Co	d live	er oil			yes	no	
114.	Folic acid yes no		117	7. Se	leniu	m			yes	no		120	. Oth	ner fi	sh oil	I		yes	no	
During	this pregnancy, has she rou	ıtinel	y tak	en <u>ar</u>	ny of	the f		_			ions	?								,
121.	Aspirin			у	es no		12	26. In	sulin	l								yes	no	_
122.	Non-steroidal anti-inflammator	ies		у	es no	0	12	27. P	rophy	ylact	tic st	teroid	ls for	pret	erm l	labo	ur	yes	no	
123.	Antibiotics used for PPROM			у	es no	0	12	28. P	roges	sterc	one							yes	no	
124.	Any other antibiotics/antivirals			у	es no	0	12	29. A	ny ot	her t	trea	tment	t					yes	no	ĺ
125.	Antihypertensives			у	es no	0														J
Sectio	n 11: Delivery																			
	n 11: Delivery Onset of labour: (cross one box o	nly)		Spo	ntane	eous		Γ		Ind	uce	d			No	o lat	oour		Γ]
130.	•	• ,	mbrar	•						Indi	uce	d			No	o lat	oour	yes	no	
130. 131.	Onset of labour: (cross one box o	of mer	mbrar	•	PPRO							d facilit	y [No	o lat	oour	yes	no]
130. 131. 132.	Onset of labour: (cross one box o	of mer	mbrar	nes (l Hom	PPR(ne		aneou	JS _		Hea	alth		٠ ،	(e.g.				yes	no]
130. 131. 132.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box	of mer	mbrar	nes (l Hom Vag	PPR(ne inal s	OM)?		JS _		Hea Vag	alth gina	facilit	sted	` •	force	eps,	vacu	•	no]
130. 131. 132. 133.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare	of mer		nes (l Hon Vag Cae	PPRO ne inal s sarea	OM)? sponta an sea	ction lease	cros		Hea Vaq Ass I tha	alth ginal siste at ap	facilit l assi d bre oply:	sted (or br	force	eps, extr	vacu actio	•	no]
130. 131. 132. 133.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box	of mer		nes (l Hon Vag Cae	PPRO ne inal s sarea	OM)? sponta an sea	ction lease	cros		Hea Vaq Ass I tha	alth ginal siste at ap	facilit I assi	sted (or br	force	eps, extr	vacu actio	•	no]
130. 131. 132. 133. If labo 134.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare	of mer	ection	Hom Vag Cae	PPRO ne inal s sarea	om)? sponta an sec ed, p 148	ction lease . Wo	e cros	ng of	Hea Vaç Ass I tha	alth gina siste at ap re-e	facilit l assi d bre oply:	sted (eech o	or bro	force eech	eps, extr	vacu	•	no]]]]
130. 131. 132. 133. If labo 134. 135.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding	of mer	ectior yes	Hom Vag Cae	PPRO ne inal s sarea	om)? sponta an sea ed, p 148 149	ction lease . Wo . Sus	cros rsenii	ng of ed int	Hea Vaq Ass I tha a potraut	alth gina siste at ap re-e terin	facilit I assisted bre pply: xistin	sted of the steel	or bronical	force eech	eps, extr	vacu	yes	no	
130. 131. 132. 133. If labo 134. 135.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis	of meronly) only) an se	ectior yes yes	Hom Vag Cae	PPRO ne inal s sarea	om)? sponta an sec ed, p 148 149	ction lease . Wo . Sus	rsenii specte	ng of ed int n (>4	Hea	alth gina siste at ap re-e terin wee	facility I assisted bre pply: xisting	sted (eech of g cline) with restation	or bronical restriction)	force eech condi	eps, extr	vacu	yes yes	╫	
130. 131. 132. 133. If labo 134. 135. 136.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death	of meronly) only) an se	yes yes yes yes	Hom Vag Cae per no no	PPRO ne inal s sarea	om)? sponta an see ed, p 148 149 150 151	ction lease . Wo . Sus . Pos . Rhe	e cros rsenii specte st term	ng of ed int n (>4 disea	Hea Vac Ass I that a pot traut 42 ⁺⁰ vase of	alth gina siste re-e terin wee	facilit I assisted bre pply: xisting e gro ks ge	sted of sech o	or bronical restriction)	force eech condi ction	eps, extr	vacu	yes yes	no	
130. 131. 132. 133. If labo 134. 135. 136. 137.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and prosevere preeclampsia/Eclampsia	of meronly) only) an se	yes yes yes yes	Vag Cae per no no no	PPRO ne inal s sarea	om)? sponta an sec ed, p 148 149 150 151	ction lease . Wo . Sus . Pos . Rhe	e cros rsenii specte st term	ng of ed int n (>4 disea atic c	Hea Vac Ass I that a pot traut 42 ⁺⁰ vase of	alth gina siste re-e terin wee	facility I assisted bre pply: xisting e grow ks genti-Ke	sted of sech o	or bronical restriction)	force eech condi ction	eps, extr	vacu	yes yes	no	
130. 131. 132. 133. If labo 134. 135. 136. 137.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and proteinuria)	of meronly) only) an se	yes yes yes yes yes	Vag Cae per no no no	PPRO ne inal s sarea	om)? sponta an sec ed, p 148 149 150 151 152 153	ction lease . Wo . Sus . Pos . Rhe . Intra	e cros rsenii specte st tern esus c ahepa or A	ng of ed int n (>4 disea atic c	Heave Vage Assisted A	alth gina siste siste re-e terin wee or ar	facility I assisted bre pply: xisting e grow ks genti-Ke	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies	eps, extr iition (IU(vacu ractio	yes yes yes yes	no	
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 139.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and professional preeclampsia (BP>140/90 and professional preeclampsia) Bevere preeclampsia/Eclampsia HELLP syndrome Breech presentation Fetal distress (abnormal fetal head	of meronly) only) an se	yes yes yes yes yes yes yes	Homes (I Homes Vag Cae per no	PPRO ne inal s sarea	om)? sponta an see ed, p 148 149 150 151 152 153	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any	e cros rsenii specte st tern esus c ahepa or A	ng of ed into (>4 disea atic colors) tal traction	Heave Vage Ass I that a protraut traut traut traut traut as a contract of the	alth gina gina siste at ap re-e terin wee or ar	facility I assisted bre pply: xisting e gro ks ge anti-Ke	sted of sech of g climowth restation and general preg	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes yes yes yes	no	
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 139. 140.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and professional preeclampsia (BP>140/90 and professional preeclampsia) Bevere preeclampsia/Eclampsia HELLP syndrome Breech presentation	of meronly) only) an se	yes yes yes yes yes yes yes yes	Vag Cae per no no no no no no no	PPRO ne inal s sarea	om)? sponta an see ed, p 148 149 150 151 152 153 154 155	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any	e cros rsenii specte st tern esus o ahepa or A or A or geni or infect	ng of ed into (>4 disea atic colors tall traction of the colors of the c	Heave Vage Assisted A	alth gina gina gina gina gina gina gina gina	facility I assisted bre pply: xisting e gro ks ge hti-Ke sis of	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes yes yes yes yes	no	
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 139. 140. 141.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box of delive	of meronly) only) an se	yes yes yes yes yes yes yes yes	Vag Cae per no	PPRO ne inal s sarea	om)? sponta an see ed, p 148 149 150 151 152 153 154 155	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any trea . Any	e cros rsenii specte st tern esus o ahepa or A or A or geni or infect	ng of ed int (>4 disea atic colors tal traction at dent/	Heave Vage Ass I that a protraut traut traut traut case of the cas	alth gina gina siste at ap re-e terin wee or ar estas or se uirin erna	facility I assisted bre ply: xisting e gro ks genti-Ke sis of exually g anti-	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes yes yes yes yes	no	
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 139. 140. 141.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and professional professional professional professional professional professional distress (abnormal fetal hear [FHR] or biophysical profile [BPP]) Reduced fetal movement	of meronly) only) an se	yes	Vag Cae per no	PPRO ne inal s sarea	om)? sponta an see ed, p 148 149 150 151 152 153 154 155 156 157	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any trea . Any	e cros rsenii specte st tern esus o ahepa or A or A or geni or infect atmen or accie gnane	ng of into one of the control of the	Heave Vage Assistant Assis	alth gina gina gina gina gina gina gina gina	facility I assisted bre ply: xisting e gro ks genti-Ke sis of exually g anti-	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes yes yes yes yes yes yes yes	no no no no no	
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 140. 141. 142. 143. 144.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and prosecute preeclampsia/Eclampsia HELLP syndrome Breech presentation Fetal distress (abnormal fetal hear [FHR] or biophysical profile [BPP]) Reduced fetal movement Failure to progress	of meronly) only) an se	yes	Hones (I Hones (I Vag Cae I per I no I no I no I no I no	PPRO ne inal s sarea	om)? sponta an sec ed, p 148 149 150 151 152 153 154 155 156 157 158	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any trea . Any . Pre	e cros rsenii specte st tern esus o ahepa or A or A or geni or infect atmen or accie gnane	ng of interpretation (>4 interpretation (>4 interpretation colors and interpretation interpretation interpretation colors and interpretation interpretation interpretation colors and interpretation inte	Heave Vage Ass I that a pitraut traut 12+0 sace of the control of	alth gina gina gina gina gina gina gina gina	facility I assisted bre pply: xisting e groom ks genti-Ke sis of exually g anti- al trau	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes	no no no no no	
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 140. 141. 142. 143. 144. 145.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and professional prof	of meronly) only) an se	yes	Hones (I Hones (I Vag Cae I per I no I no I no I no I no I no I no I no	PPRO ne inal s sarea	om)? sponta an sec ed, p 148 149 150 151 152 153 154 155 156 157 158 159	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any trea . Any . Pre . Pre	e cros rsenii specte st term esus o ahepa o or A o geni o infect atmen o accio gnan o vious cernal	ng of int of the control of the cont	Heave Vage Assistant Assis	alth gina gina gina gina gina gina gina gina	facility I assisted bre pply: xisting e grooks genti-Ke sis of exually g anti n section	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes		
130. 131. 132. 133. If labo 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146.	Onset of labour: (cross one box of Prelabour premature rupture of Place of delivery: (cross one box Mode of delivery: (cross one box Mode of delivery: (cross one box ur was induced or a Caesare Vaginal bleeding Placenta praevia Fetal death Pregnancy-induced hypertensis (BP>140/90, no proteinuria) Preeclampsia (BP>140/90 and professional preeclampsia (BP>140/90 and professional preech presentation Fetal distress (abnormal fetal hear [FHR] or biophysical profile [BPP]) Reduced fetal movement Failure to progress Cephalo-pelvic disproportion	of meronly) only) an se	yes	Vag Cae per no	PPRO ne inal s sarea	om)? sponta an see ed, p 148 149 150 151 152 153 154 155 156 157 158 159 160	ction lease . Wo . Sus . Pos . Rhe . Intra . HIV . Any trea . Any . Pre . Pre . Mai	e cros rsenii specte st term esus o ahepa o or A o geni o infect atmen o accio gnan o vious cernal	ng of into one of the control of the	Heave Vage Ass I that a pitraut 12+0 mass of the control of the co	alth gina gina gina gina gina gina gina gina	facility I assisted bre pply: xisting e grooks ge hti-Ke sis of exually g anti n section	sted of sech o	or bronical restriction) ibodi	force eech condi ction ies cy	eps, extri iition (IUC	vacu ractio	yes	no no no no no	



Pag	_	F	٥f	6
rau	е	ວ	OI	O

	i regii	iarioy a	iia i		, Ci y		Page 5 C	ט וכ
Participant Number	-				Hospital	I/Clinic Code		
Maternal Hospital Record No.								
Maternal Date of Birth	D D M	I M Y	Υ					
Section 12: Newborn outcomes	and care							
162. Date of delivery:	D M M Y	Y	167.	Newbor	rn sex:	Male		
						Female		
163. Time of delivery:	H : M M (2	24-hour clock)	168.	Apgar s	score at 5 min	nutes:		
164. Gestational age at birth bas	sed on the best o	bstetric	169.			dmitted to intensi	ve care or	
estimate:	weeks	days		any spe	ecial care unit	.?	yes no	
165. Fetal presentation at deliver			170.	•		of days spent in in unit: (if less than		
Cephalic Bree	ech Oth	ner			enter 1 day)	dilit. (ii less triair	day	rs i
166. Newborn status at birth: (cro		-41-						
Alive	Intrapartum dea Antepartum dea							
M (l	·		·		Pet and before		0	
Was the newborn diagnosed wit		, any of the f		_		-		
171. Respiratory distress syndro172. Transient tachypnea of the		ves no		Seizure	•	esponse syndron	ne yes no	
173. Apnea of prematurity	TICWDOTT	ves no				olitis, Bell's stagin		
, , , , , , , , , , , , , , , , , , ,					or greater	inio, zone etagin	9 900 110	
174. Bronchopulmonary dysplasi	ia	yes no		Meningi			yes no	
175. Pneumothorax		yes no			ycaemia		yes no	
176. Meconium aspiration with red	espiratory	yes no	190.	Anaemi	ia (requiring ti	ransfusion)	yes no	
177. No oral feeds for more than	1 24 hours	yes no			nsion (requirir ent or steroids		yes no	
178. Retinopathy of prematurity		yes no				norrhage grade 2		
179. Hypoxic-ischaemic encepha	alopathy	yes no			ter, periventrio omalacia	cular haemorrha	.ge	
180. Hyperbilirubinaemia		yes no	193.	Polycyth	haemia		yes no	
181. TORCH or any other intraut	terine infection	yes no	194.			osus (requiring atment or surgery	yes no	
182. HIV		yes no	195.	Any oth	ner serious co	ndition	yes no	
183. Neonatal sepsis		yes no	196.	_	nital abnormal tal Abnormal	lity (complete a	yes no	
184. Fetal infection		yes no		Neonat	ai Abiloilliai	ity Form)		
Section 13: Newborn anthropom	etry (please car	ry out as so	on as p	ossible	e, no later th	an 24 hours aft	er birth)	
197. Date of measurement:	D M M Y	Υ	ime of	measure	ement: H	H : M M		
First set of anthropometric meas	surements							
198. Weight:	T g							
199. Length:	- cm							
200. Head circumference:	cm							



Page 6 of 6

	i reginancy and			1 age 0 01 0				
Participant Number	-		Hospital/Clinic Code					
Maternal Hospital Record No.								
Maternal Date of Birth	D D M M Y Y							
Section 13: Newborn anthropometry	(continued)							
Second set of anthropometric measu	rements							
201. Weight:	g							
202. Length:	■ cm							
203. Head circumference:	- cm							
Section 14: Newborn outcomes								
204. Newborn status at hospital disch	narge: (cross one box only)							
Alive								
Alive but referred to a lower dependency unit or clinic								
Alive but referred to a higher of care	level							
Dead								
205. Date of neonatal hospital discha	rge or date of death:		DDI	M M Y Y				
Section 15: Nutritional practices								
206. What was the main mode of fee	ding in the 24 hours prior to h	ospital disc	charge? (cross one box only)					
Exclusive Combination breast milk Predominant	•	o <i>ination fee</i> al breast mi		ormula				
No oral feeds: Intravenous (IV)	fluids only							
Section 16: Maternal outcomes								
207. Was the mother admitted to inte	naive care or any anacial car	o unit ofter	daliyang					
207. Was the mother admitted to line	risive care or any special can	e unii anei	delivery?	yes no				
208. If yes, total number of days: (if less than 24 hours, please enter as 1 day)								
209. Maternal status at hospital disch	arge: (cross one box only)							
Alive								
Alive but referred to a higher of care	level							
Dead								
Name of Researcher/Midwife								
Signature			Researcher Code					
	Anthropometrist-1 Code		Anthropometrist-2 Code					