

INTERBIO-21<sup>st</sup> PTID Number   -

Hospital/Clinic Code

Antenatal Record No.

Maternal Date of Birth

Date of Ultrasound

**Please answer all yes/no questions by placing a 'X' in the corresponding box**

**Section 1: Ultrasound observations**

1. Are there any fetal abnormalities?  yes  no

If yes, please complete the **Fetal Abnormality Form**.

2. Fetal presentation: (cross one box only)

Cephalic  Transverse   
Breech  Oblique

3. Amniotic fluid volume: (cross one box only)

Normal  Moderately reduced   
Moderately increased  Oligohydramnios   
Polyhydramnios  Anhydramnios

4. Placental localisation: (cross one box only)

Fundal  Low anterior   
High anterior  Low posterior   
High posterior  Low left lateral   
High left lateral  Low right lateral   
High right lateral

5. Can the uterine cervix be visualised transabdominally?  yes  no

If yes, length:   mm

**Section 2: Ultrasound measurements**

**Were the following measurements obtained from three separately generated images?**

	yes	no	Image quality rating
6. Biparietal diameter (BPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 6
7. Occipito-frontal diameter (OFD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 6
8. Head circumference (HC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 6
9. Transverse abdominal diameter (TAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 6
10. Anterior-posterior abdominal diameter (APAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 6

	yes	no	Image quality rating
11. Abdominal circumference (AC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 6
12. Femur length (FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> / 4
13. Was the Amniotic Fluid Index (AFI) measurement obtained?	<input type="checkbox"/>	<input type="checkbox"/>	

**Section 3: Doppler examinations**

14. Were the Uterine Doppler measurements obtained?  yes  no

If yes, continue to Question 15; if no, skip to Question 23.

**Uterine arteries**

	LEFT artery	RIGHT artery
15. Notch?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
16. Pulsatility index (PI):	<input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>
17. Resistance index (RI):	<input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>
18. Systolic/Diastolic (SD) ratio:	<input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>

**Umbilical artery**

19. End diastolic flow: (cross one box only)

Positive   
Absent   
Reversed

20. Pulsatility index (PI):  .

21. Resistance index (RI):  .

22. Systolic/Diastolic (SD) ratio:  .

**Section 4: Next appointment**

**If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.**

23. Date of the next ultrasound appointment:

Name of Researcher/Midwife

Signature  Researcher Code