	1 <sup>st</sup> Fetal Study PFU
Pregnanc	y Follow-up Page 1 of 2
INTERBIO-21 <sup>st</sup> PTID Number 0 7 - 1 0 0	0 0 Hospital/Clinic Code
Antenatal Record No.	
Maternal Date of Birth	Visit Date D D M M Y Y
Please answer all yes/no questions by placing a 'X' in the c	orresponding box
Section 1: Pregnancy status         1. Weight (at this visit):	5. Urine culture: (cross one box only)
2. Father's height: (if it can	Positive Negative
be obtained at this visit)	No urine culture result
3. Symphyseal-fundal height:	6. If positive, was antibiotic treatment given?
4. Proteinuria (by dipstick): (cross one box only)	7. Haemoglobin level: <u>OR</u> Haematocrit:
0 / trace + ++	• g/dl %
+++ No urine test available since last visit	8. Blood pressure: Systolic mmHg
and/or actual result (from urine sample) received from laboratory:	Diastolic mmHg
Since her last visit:	
9. Has she smoked? yes no	14. Has she taken any recreational drugs? yes no
If yes, how many cigarettes/cigars per day?	<ul> <li>15. Has she been involved in any of the following high-risk occupations or activities? (cross all that apply; see table)</li> </ul>
10. Has she lived in the same household yes no as someone who smokes?	Frequent exposure to chemical/toxic
11. Has she sniffed/chewed tobacco?	
If yes, how many times per day?	Frequent physically demanding work Frequent high-risk sports/vigorous exercise
12. Has she chewed beteInut?	16. Has she followed any of the following special diets?
If yes, how many nuts per day?	(cross all that apply; see table) Vegetarian with no animal products
13. On average, how many units of	Gluten-free
alcohol per week has she had? (1 unit = small glass (125ml) of wine or	Weight loss programme
one bottle/can (330ml) of beer; see table)	Malabsorption treatment
Section 2: Current health	
Since her last visit has she been diagnosed with or treated	for any of the following?
17. Diabetes, thyroid disease or any other yes no	26. Lower urinary tract infection requiring yes no
endocrinological condition 18. Any type of malignancy/cancer (if yes, yes no please complete an <b>Adverse Event Form</b> )	antibiotic treatment 27. Respiratory tract infection requiring antibiotic/antiviral treatment
19. Cardiac disease yes no	28. Any other infection requiring yes no
20. Epilepsy yes no	antibiotic/antiviral treatment 29. Group B streptococcus carrier
21. Mental illness e.g. Clinical depression yes no	30. Positive syphilis test yes no
22. Symptomatic malaria	31. HIV or AIDS yes no
23. Symptomatic malaria with parasite yes no	32. Any genital tract or sexually yes no
24. Respiratory disease (including asthma) yes no	transmitted infection 33. Cholestasis
25. Pyelonephritis or kidney disease	34. Any other medical/surgical condition yes no

Pregnancy Follow-up       Page 2 of 2         INTERBIO-21** PTID Number       0       7       -       1       0       0       Hospital/Clinic Code         Antenatal Record No.       Image 2 of 2       Visit Date       Image 2 of 2 <t< th=""><th>UNIVERSITY OF</th><th></th><th colspan="3">INTERBIO-21<sup>st</sup> Fetal Study</th><th>PF</th><th>U</th></t<>	UNIVERSITY OF		INTERBIO-21 <sup>st</sup> Fetal Study			PF	U
Antenatal Record No.       Image: Control of the second seco	Se OXFOR	D	Pregnancy	/ Follow-u	р	Page 2 o	f 2
Maternal Date of Birth       D       D       D       V       Visit Date       D       D       V       V         Section 3: Current pregnancy-related health       Since her last visit has she been diagnosed with or treated for any of the following pregnancy-related conditions?         36. Gestational diabetes       D       D       V       D       D       V       V         37. Vaginal bleeding       D       D       D       V       V       V       V       V         38. Gestational diabetes       D       D       V       V       V       V       V       V       V         39. Prognancy-induced hypertension (BP > 400, proteinmain)       D       44. Fetal anaemia or toppydagmore       D <thd< td=""><td>INTERBIO-21<sup>st</sup> PTID N</td><td>Number 0 7</td><td>7 - 1 0 0</td><td>0 0</td><td>Hospital/Clinic</td><td>Code</td><td></td></thd<>	INTERBIO-21 <sup>st</sup> PTID N	Number 0 7	7 - 1 0 0	0 0	Hospital/Clinic	Code	
Section 3: Current pregnancy-related health         Since her last visit has she been diagnosed with or treated for any of the following pregnancy-related conditions?         35. Severe vorniting requiring hospitalisation         36. Gestational diabetes         37. Vaginal bleeding         38. Pregnancy-induced hypertension (BPF-14080, no polenemia)         39. Pregnancy-induced hypertension (BPF-14080, no polenemia)         39. Pregnancy-induced hypertension (BPF-14080, no polenemia)         31. Result Science or anti-Kell and the second science or anti-Kell anti-second science or anti-Kell and the second science or anti-Kell anti-second science	Antenatal Record No.						
Since her last visit has she been diagnosed with or treated for any of the following pregnancy-related conditions?         35. Severe vomiling requiring hospitalisation       10         36. Gestational diabetes       10         37. Vaginal bleeding       10         38. Pregnancy-induced hypertension       10         18. Preschampsia/Eclampsia/       10         2. Pretern labour without delivery       10         3. Prelabour premature rupture of membranes (PPROM)       10         10. Condition requiring treatment (ryss, placentae)       10         53. Multi-vitamins/minerals       10         54. Iron       10       10         55. Folic acid       10       10         56. Vitamin D       10	Maternal Date of Birtl	h D	D M M Y Y	Visit D	Date D	M M Y Y	
35. Severe vomiting requiring nophialisation       view							
hospitalisation       45. Fetal distress (abnormal feal heart rate [FHR]       0       0         36. Gestational diabetes       0       0       0       0         37. Vaginal bleeding       0       0       0       0       0         38. Pregnancy-induced hypertension (BF+400) ap proteinum)       0       0       0       0       0         39. Preeclampsia       0       0       0       0       0       0       0         40. Severe precelampsia/Eclampsia       0		_		-			
ar biophysical police (EPP):       ar biophysical profile (EPP):         37. Vaginal bleeding       ar biophysical profile (EPP):         38. Pregnancy-induced hypertension (BP-14090, no protenumia)       ar bio (BP-14090, no protenumia)         39. Preeclampsia       ar bio (BP-14090, no protenumia)         39. Preeclampsia       ar bio (BP-14090, no protenumia)         40. Severe preeclampsia/clampsia/       ar bio (BP-14090, no protenumia)         41. Rhesus disease or anti-Kell       ar bio (BP-14090, no protenumia)         42. Preterm labour without delivery       bio (BP-14090, no protenumia)         43. Prelabour premature rupture of membranes (PPROM)       ar bio (BP-14090, no protenum)         54. Iron       ar bio (BP-14090, no protenum)         55. Folic acid       ar bio (BP-14090, no protenum)         56. Vitamin D       ar bio (BP-1400, no protenum)         57. Calcium       ar bio (BP-1400, no protenum)         58. Selenium       ar bio (BP-1400, no bio (BPROM)         59. Food supplements       ar bio (BPROM)         50. Cod liver oil       ar bio (BPROM)         50. Cod liver oil       ar bio (BPROM)         50. Cod liver oil	-	equiling	yes no		a	yes no	
38. Pregnancy-induced hypertension (BP-14090, no proteinutia)       47. Oligohydramnios       6         39. Preeclampsia (BP-14090, no proteinutia)       48. Polyhydramnios       6         40. Severe preeclampsia/ (BP-14090, and proteinutia)       48. Polyhydramnios       6         41. Rhesus disease or anti-Kell antibodies       6       A. A condition requiring amniocentesis or fretal blood sampling (FBS)       6         42. Preterm labour without delivery       6       50. Abruptio placentae       6       6         43. Prelabour premature rupture of membranes (PPROM)       6       51. Clinical chorioamnionitis       6       6         53. Multi-vitamins/minerals       6       52. Any other pregnancy-related infection or condition requiring treatment (ryes, please complete an Adverse Event Fom)       6         54. Iron       6       6       Antibiotics used for PPROM       6       6         54. Iron       6       6       Antibiotics used for PPROM       6       6         55. Folic acid       6       6       6       6       6       6       6       6         58. Selenium       6       6       6       7       1       6       6       7       6       6       6       6       6       6       6       6       6       6       6	36. Gestational diabe	tes	yes no			eart rate [FHR] yes no	
(Pp-34080; np predenunia)       (Pp-34080; and proteinunia)         39. Preeclampsia       (Pp-34080; and proteinunia)         40. Severe preeclampsia/Eclampsia/ HELLP syndrome       (Pp-34080; and proteinunia)         41. Rhesus disease or anti-Kell       (Pp-34080; and proteinunia)         42. Preterm labour without delivery       (Pp-34080; and proteinunia)         43. Prelabour premature rupture of membranes (PPROM)       (Pp-3408); and proteinunia)         Section 4: Nutritional supplements/Medications         Since her last visit, has she routinely taken any of the following nutritional supplements?         53. Multi-vitamins/minerals       (Pp-3408); and proteinunia)         54. Iron       (Pp-3408); and proteinunia)         55. Folic acid       (Pp-3408); and proteinunia)         56. Vitamin D       (Pp-3408); and proteinunia)         57. Calcium       (Pp-3408); and proteinunia)         58. Selenium       (Pp-3408); and proteinunia)         59. Food supplements       (Pp-3408); and proteinunia)         61. Other fish oil       (Pp-3408); and proteinunia)         70. Any other treatment       (Pp-3408); and proteinunia)         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?         71. Since her last visit, has the woman been refererel to another level of care or admitted	37. Vaginal bleeding		yes no	46. Suspected im	npaired fetal gro	wth yes no	
39. Preckampsia       10       14. Polyhydramnics       10       10         10. Severe preckampsia/Eclampsia/       10			yes no	47. Oligohydramr	nios	yes no	
40. Severe precelampsia/Eclampsia/ HELLP syndrome       49. A condition requiring anniocentesis or fetal blood sampling (FBS)         41. Rhesus disease or anti-Kell antibodies       50. Abruptio placentae       50. Abruptio placentae       50. Condition requiring anniocentesis or fetal blood sampling (FBS)         42. Preteerm labour without delivery       50. Abruptio placentae       50. Abruptio placentae       50. Condition requiring anniocentesis or fetal blood sampling (FBS)         51. Clinical chorioamnionitis       52. Any other pregnancy-related infection or condition requiring treatment (flyes, please complete an Adverse Event Form)       52. Any other pregnancy-related infection year or condition requiring treatment (flyes, please complete an Adverse Event Form)         Section 4: Nutritional supplements/Medications       53. Condition requiring treatment (flyes, please complete an Adverse Event Form)         Section 4: Nutritional supplements/Medications       53. Sone her last visit, has she routinely taken any of the following medications?         53. Multi-vitamins/minerals       50. no         54. Iron       56. An other antibiotics/antivirals       56. An other antibiotics/antivirals       56. Condition         55. Folic acid       57. Calcium       57. Calcium       57. Calcium       57. Calcium       57. Insulin       57. Insulin <td>39. Preeclampsia</td> <td></td> <td>yes no</td> <td>48. Polyhydramni</td> <td>ios</td> <td>yes no</td> <td></td>	39. Preeclampsia		yes no	48. Polyhydramni	ios	yes no	
41. Rhesus disease or anti-Kell       ref       ref       ref       ref       ref       ref       ref       ref         42. Preterm labour without delivery       ref       ref       ref       ref       ref       ref         43. Prelabour premature rupture of membranes (PPROM)       ref       ref       ref       ref       ref       ref         Section 4: Nutritional supplements/Medications       Since her last visit, has she routinely taken any of the following mutritional supplements?       Since her last visit, has she routinely taken any of the following medications?       62. Aspirin       ref       ref       ref         54. Iron       ref         55. Folic acid       ref       re	40. Severe preeclamp	osia/Eclampsia/	yes no		• •	entesis or yes no	
42. Preterm labour without delivery       yes       no       51. Clinical chorioamnionitis       yes       no         43. Prelabour premature rupture of membranes (PPROM)       yes       no       52. Any other pregnancy-related infection or condition requiring treatment (it yes, please complete an Adverse Event Form)         Section 4: Nutritional supplements/Medications       Since her last visit, has she routinely taken any of the following nutritional supplements?       Since her last visit, has she routinely taken any of the following medications?         53. Multi-vitamins/minerals       yes       no       63. Non-steroidal anti-inflammatories       yes       no         54. Iron       yes       no       63. Non-steroidal anti-inflammatories       yes       no         55. Folic acid       yes       no       65. Any other antibiotics/antivirals       ge       no         56. Vitamin D       yes       no       65. Any other antibiotics/antivirals       ge       no         57. Calcium       yes       no       67. Insulin       yes       no         59. Food supplements       no       no       no       no       no         60. Cod liver oil       yes       no       no       no       no       no         61. Other fish oil       yes       no       no       no       no       <	41. Rhesus disease c		yes no			yes no	
membranes (PPROM)       or condition requiring treatment (if yes, please complete an Adverse Event Form)         Section 4: Nutritional supplements/Medications       Since her last visit, has she routinely taken any of the following nutritional supplements?         53. Multi-vitamins/minerals       yes       co         54. Iron       geo       63. Non-steroidal anti-inflammatories       yes       co         55. Folic acid       yes       co       64. Antibiotics used for PPROM       yes       co         56. Vitamin D       yes       co       65. Any other antibiotics/antivirals       yes       co         57. Calcium       yes       co       66. Antihypertensives       yes       co         59. Food supplements       yes       co       68. Prophylactic steroids for preterm labour       yes       co         60. Cod liver oil       yes       co       69. Progesterone       yes       co         61. Other fish oil       yes       co       70. Any other treatment       yes       co         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?       yes       co         If yes, please complete a Maternal Referral/Admission Form.       Section 6: Next appointment       yes       co         If yes, plea		thout delivery	yes no	51. Clinical choric	oamnionitis	yes no	
Since her last visit, has she routinely taken any of the following nutritional supplements?       Since her last visit, has she routinely taken any of the following medications?         53. Multi-vitamins/minerals       yes       no         54. Iron       yes       no         55. Folic acid       yes       no         56. Vitamin D       yes       no         57. Calcium       yes       no         58. Selenium       yes       no         59. Food supplements       yes       no         60. Cod liver oil       yes       no         61. Other fish oil       yes       no         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         72. Station f: Next appointment       If yes, please complete a Maternal Referral/Admission Form.       Section 5: Next appointment       If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:       D       M       Y       Y	-	•	yes no	or condition re	equiring treatme	ent (if yes,	
following nutritional supplements?       following medications?         53. Multi-vitamins/minerals       res         54. Iron       yes         55. Folic acid       yes         56. Vitamin D       yes         57. Calcium       yes         58. Selenium       yes         59. Food supplements       yes         60. Cod liver oil       yes         61. Other fish oil       yes         70. Any other treatment       yes         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes         72. Date of the next ultrasound appointment       D       M         72. Date of the next ultrasound appointment:       D       M         Name of Researcher/Midwife       Name of Researcher/Midwife	Section 4: Nutritional s	upplements/Med	ications				
53. Multi-vitamins/minerals       yes       no       62. Aspirin       yes       no         54. Iron       yes       no       63. Non-steroidal anti-inflammatories       yes       no         55. Folic acid       yes       no       64. Antibiotics used for PPROM       yes       no         56. Vitamin D       yes       no       65. Any other antibiotics/antivirals       yes       no         57. Calcium       yes       no       66. Antihypertensives       yes       no         58. Selenium       yes       no       67. Insulin       yes       no         59. Food supplements       yes       no       68. Prophylactic steroids for preterm labour       yes       no         60. Cod liver oil       yes       no       69. Progesterone       yes       no         61. Other fish oil       yes       no       70. Any other treatment       yes       no         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         she being referred or admitted at this visit?       If yes, please complete a Maternal Referral/Admission Form.         Section 5: Referral       72. Date of the next ultrasound appointment:       D       M       Y         If yes, please now			-			inely taken any of the	
55. Folic acid       yes       64. Antibiotics used for PPROM       yes       no         56. Vitamin D       yes       no       65. Any other antibiotics/antivirals       yes       no         57. Calcium       yes       no       66. Antihypertensives       yes       no         58. Selenium       yes       no       67. Insulin       yes       no         59. Food supplements       yes       no       68. Prophylactic steroids for preterm labour       yes       no         60. Cod liver oil       yes       no       69. Progesterone       yes       no         61. Other fish oil       yes       no       70. Any other treatment       yes       no         57. Saccton 5: Referral       71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         she being referred or admitted at this visit?       If yes, please complete a Maternal Referral/Admission Form.       Section 6: Next appointment       If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:       Image: Model of the next ultrasound appointment       Image: Model of the next ultrasound appointment         Name of Researcher/Midwife       Name of Researcher/Midwife       Image: Model of the next ultrasound	-	• •		-	10113 :	yes no	
56. Vitamin D       ves       no         57. Calcium       ves       no         58. Selenium       ves       no         59. Food supplements       ves       no         60. Cod liver oil       ves       no         61. Other fish oil       ves       no         70. Any other treatment       ves       no         61. Other fish oil       ves       no         70. Any other treatment       ves       no         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?       no         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?       ves         If yes, please complete a Maternal Referral/Admission Form.       Section 6: Next appointment       ves         If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.       r2. Date of the next ultrasound appointment:       D       M       M       Y         Name of Researcher/Midwife	54. Iron		yes no	63. Non-steroidal	l anti-inflammat	ories yes no	
57. Calcium       yes       no       66. Antihypertensives       yes       no         58. Selenium       yes       no       67. Insulin       yes       no         59. Food supplements       yes       no       68. Prophylactic steroids for preterm labour       yes       no         60. Cod liver oil       yes       no       69. Progesterone       yes       no         61. Other fish oil       yes       no       70. Any other treatment       yes       no         Section 5: Referral       71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         she being referred or admitted at this visit?       If yes, please complete a Maternal Referral/Admission Form.       Section 6: Next appointment         If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.       72. Date of the next ultrasound appointment:       D       M       Y       Y         Name of Researcher/Midwife	55. Folic acid		yes no	64. Antibiotics us	ed for PPROM	yes no	
58. Selenium       yes       no       67. Insulin       yes       no         59. Food supplements       yes       no       68. Prophylactic steroids for preterm labour       yes       no         60. Cod liver oil       yes       no       69. Progesterone       yes       no         61. Other fish oil       yes       no       70. Any other treatment       yes       no         Section 5: Referral       71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is       yes       no         If yes, please complete a Maternal Referral/Admission Form.       Section 6: Next appointment       If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:       D       M       Y         Name of Researcher//Midwife	56. Vitamin D		yes no	65. Any other ant	tibiotics/antiviral	s yes no	
59. Food supplements Yes   60. Cod liver oil Yes   61. Other fish oil Yes   70. Any other treatment Yes   71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is   9. Progesterone Yes   71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is   9. Progesterone   71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is   Yes   1f yes, please complete a Maternal Referral/Admission Form.    Section 6: Next appointment If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.   72. Date of the next ultrasound appointment:    Name of Researcher/Midwife	57. Calcium		yes no	66. Antihypertens	sives	yes no	
60. Cod liver oil       yes       0       69. Progesterone       yes       0         61. Other fish oil       yes       0       70. Any other treatment       yes       0         Section 5: Referral         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?         If yes, please complete a Maternal Referral/Admission Form.         Section 6: Next appointment         If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:       D       M       Y         Name of Researcher/Midwife	58. Selenium		yes no	67. Insulin		yes no	
61. Other fish oil       yes no       70. Any other treatment       yes no         Section 5: Referral       71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?       yes no         If yes, please complete a Maternal Referral/Admission Form.       Section 6: Next appointment       If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:       D       M       Y         Name of Researcher/Midwife       Intervent of the next ultrasound appointment for within 5 weeks (± 1 week) if the next ultrasound appointment for within 5 weeks (± 1 week) if the next ultrasound appointment for within 5 weeks (± 1 week) if today.	59. Food supplement	S	yes no	68. Prophylactic	steroids for pret	erm labour yes no	
Section 5: Referral         71. Since her last visit, has the woman been referred to another level of care or admitted to a hospital, or is she being referred or admitted at this visit?         If yes, please complete a Maternal Referral/Admission Form.         Section 6: Next appointment         If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:         D       M         Name of Researcher/Midwife	60. Cod liver oil		yes no	69. Progesterone	<del>)</del>	yes no	
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Section 6: Next appointment         If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:         D       M         Mame of Researcher/Midwife							
If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.         72. Date of the next ultrasound appointment:         D       M       M       Y         Name of Researcher/Midwife	If yes, please complete a Maternal Referral/Admission Form.						
72. Date of the next ultrasound appointment:     D     D     M     Y     Y       Name of Researcher/Midwife	••						
Signature     Researcher Code	Name of Researche	er/Midwife					
	Signature				Researcher C	Code	