


 Study Subject Number -

 Study Hospital Code -

Please answer all yes/no questions by placing an 'x' in the corresponding box

1. Is the woman part of the Fetal Growth Longitudinal Study?
2. If yes, please obtain the Study Subject Number for the Fetal Growth Longitudinal Study and alert the study coordinator -

Section 1: Demographic, socioeconomic and nutritional characteristics

3. Age
4. Maternal height (cm) . cm
5. 1st trimester or pre-pregnancy weight (kg) . kg
6. Has she smoked/chewed tobacco during this pregnancy?
7. if she smoked cigarettes, how many per day?
8. Has she used any recreational drugs during this pregnancy?
9. Has she had 5 or more units of alcohol per week, on average, during this pregnancy?
(1 unit = small glass (125ml) of wine or one bottle/can (330ml) of beer)
10. Has she been involved in any high risk occupation and/or vigorous or contact sport during her pregnancy?
(see table)
11. Has she followed any special diets during her pregnancy e.g. vegetarian with no animal products, weight loss programme, malabsorption treatment, gluten-free diet? (see table)
12. *Country specific, see attached sheet*
13. Current marital status (please cross one box only)
- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| Single | <input type="checkbox"/> | Widowed | <input type="checkbox"/> |
| Married/Cohabiting | <input type="checkbox"/> | Separated/Divorced | <input type="checkbox"/> |
14. Total number of years of formal education
15. Highest level of education she attended? (please cross one box only)
- | | | | |
|-----------|--------------------------|----------------------------------|--------------------------|
| Primary | <input type="checkbox"/> | Professional/ technical training | <input type="checkbox"/> |
| Secondary | <input type="checkbox"/> | University | <input type="checkbox"/> |
16. Which of the following best describes her occupational status?
(please cross one box only)
- | | | | |
|------------------------------------|--------------------------|-----------------------|--------------------------|
| Housework | <input type="checkbox"/> | Skilled manual work | <input type="checkbox"/> |
| Manager/professional/technical | <input type="checkbox"/> | Unskilled manual work | <input type="checkbox"/> |
| Clerical support, service or sales | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Section 2: Medical history

Prior to this pregnancy, was she diagnosed with, or treated for any of the following medical conditions? (cross all that apply)

- | | | | | | |
|--|----------------------------------|---------------------------------|--|----------------------------------|---------------------------------|
| 17. Diabetes | <input type="text" value="yes"/> | <input type="text" value="no"/> | 26. Any hematologic condition including sickle-cell anaemia or leukaemia | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 18. Thyroid disease | <input type="text" value="yes"/> | <input type="text" value="no"/> | 27. Epilepsy | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 19. Other endocrinological conditions | <input type="text" value="yes"/> | <input type="text" value="no"/> | 28. HIV or AIDS | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 20. Cardiac disease | <input type="text" value="yes"/> | <input type="text" value="no"/> | 29. Malaria | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 21. Hypertension/chronic hypertension | <input type="text" value="yes"/> | <input type="text" value="no"/> | 30. Tuberculosis | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 22. Chronic respiratory disease (including chronic asthma) | <input type="text" value="yes"/> | <input type="text" value="no"/> | 31. Crohn's disease, coeliac disease, ulcerative colitis or any severe malabsorption condition | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 23. Proteinuria, kidney disease or chronic renal disease | <input type="text" value="yes"/> | <input type="text" value="no"/> | 32. Any congenital abnormality | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 24. Any type of malignancy/cancer | <input type="text" value="yes"/> | <input type="text" value="no"/> | 33. Other clinically relevant condition | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 25. Lupus erythematosus | <input type="text" value="yes"/> | <input type="text" value="no"/> | | | |

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34. Did she have regular (24-32 day) menstrual cycles in the 3 months prior to her pregnancy?
35. Has she used hormonal contraceptives or been breastfeeding in the 2 months prior to her current pregnancy?
36. Was this pregnancy conceived with fertility treatment?
37. First day of the last menstrual period (LMP) Date - -
38. Was she certain of her date of LMP?
39. Date of the first ultrasound scan during this pregnancy Date - -
40. What was the CRL(crown rump length) measurement at the first ultrasound scan? . mm
41. What was the BPD(biparietal diameter) measurement at the first ultrasound scan? . mm
42. Estimated gestational age at the first ultrasound scan Weeks Days

Section 4: Obstetric history

43. Number of previous pregnancies, excluding the present pregnancy (if 0, skip to Section 5)
44. Have her last two pregnancies before this one ended in miscarriage?
45. How many previous births has she had, excluding this birth (if 0, skip to Section 5)?
46. Have ANY of her other babies weighed less than 2.5kg or more than 4.5kg?
47. Have ANY of her other babies been born preterm (<37 weeks gestation)?
48. Has she had ANY previous stillbirths or neonatal deaths?

Section 5: Clinical conditions

During this pregnancy was she diagnosed with, or treated for, any of the following conditions (cross all that apply)

- | | | | | | |
|--|----------------------------------|---------------------------------|--|----------------------------------|---------------------------------|
| 49. Cardiac disease | <input type="text" value="yes"/> | <input type="text" value="no"/> | 57. Respiratory tract infection requiring antibiotic/antiviral treatment | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 50. Chronic respiratory disease (including chronic asthma) | <input type="text" value="yes"/> | <input type="text" value="no"/> | 58. Any other infection requiring antibiotic/antiviral treatment | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 51. Malaria | <input type="text" value="yes"/> | <input type="text" value="no"/> | 59. Positive syphilis test | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 52. Mental illness e.g. depression | <input type="text" value="yes"/> | <input type="text" value="no"/> | 60. HIV or AIDS | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 53. Epilepsy | <input type="text" value="yes"/> | <input type="text" value="no"/> | 61. Any sexually transmitted infection | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 54. Thyroid disease or any other endocrinological condition | <input type="text" value="yes"/> | <input type="text" value="no"/> | 62. Any type of malignancy or cancer | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 55. Lower urinary tract infection requiring antibiotic treatment | <input type="text" value="yes"/> | <input type="text" value="no"/> | 63. Any other medical/surgical condition requiring treatment or referral | <input type="text" value="yes"/> | <input type="text" value="no"/> |
| 56. Pyelonephritis | <input type="text" value="yes"/> | <input type="text" value="no"/> | | | |



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Section 6: Pregnancy related complications

During this pregnancy was she diagnosed with, or treated for, any of the following conditions (cross all that apply)

- | | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 64. Severe vomiting requiring hospitalisation | <input type="checkbox"/> yes | <input type="checkbox"/> no | 71. Severe preeclampsia/ Eclampsia/HELLP syndrome | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 65. Gestational diabetes | <input type="checkbox"/> yes | <input type="checkbox"/> no | 72. Rhesus disease | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 66. Vaginal bleeding before 15 weeks | <input type="checkbox"/> yes | <input type="checkbox"/> no | 73. Preterm labour | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 67. Vaginal bleeding at 15-27 weeks | <input type="checkbox"/> yes | <input type="checkbox"/> no | 74. Fetal distress | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 68. Vaginal bleeding after 27 weeks | <input type="checkbox"/> yes | <input type="checkbox"/> no | 75. Suspected impaired fetal growth or small for gestational age | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 69. Pregnancy-induced hypertension | <input type="checkbox"/> yes | <input type="checkbox"/> no | 76. Any other pregnancy related condition requiring treatment or referral | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 70. Preeclampsia | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | |

77. Lowest haemoglobin level (if available)

<15 weeks	<input type="text"/> <input type="text"/> . <input type="text"/> g/dl	15-27 weeks	<input type="text"/> <input type="text"/> . <input type="text"/> g/dl	>27 weeks	<input type="text"/> <input type="text"/> . <input type="text"/> g/dl
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Section 7: Nutritional supplements / Medications

During this pregnancy, has she routinely taken any of the following supplements?

- | | | | | | |
|----------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| 78. Iron | <input type="checkbox"/> yes | <input type="checkbox"/> no | 81. Food supplements | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 79. Folic acid | <input type="checkbox"/> yes | <input type="checkbox"/> no | 82. Multi-vitamins/minerals | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 80. Calcium | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | |

During this pregnancy, has she taken any of the following medications?

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 83. Routine aspirin | <input type="checkbox"/> yes | <input type="checkbox"/> no | 87. Insulin | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 84. Any antibiotics or antivirals (except those used for PROM) | <input type="checkbox"/> yes | <input type="checkbox"/> no | 88. Prophylactic steroids for preterm labour | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 85. Antibiotics used for PROM | <input type="checkbox"/> yes | <input type="checkbox"/> no | 89. Any other treatment | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 86. Non-steroidal anti-inflammatories | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | |

Section 8: Delivery

90. Onset of labour (cross one box only)

Spontaneous Induced No Labour

91. Did she have pre-labour rupture of membranes (PROM)?

yes no

92. Mode of delivery (cross one box only)

Vaginal spontaneous Assisted breech or breech extraction

Vaginal assisted (e.g. forceps, vacuum) Caesarean section

If labour was induced or a caesarean section was performed please cross all indications that apply

- | | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 93. Vaginal bleeding | <input type="checkbox"/> yes | <input type="checkbox"/> no | 103. Suspected impaired fetal growth or small for gestational age | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 94. Fetal death | <input type="checkbox"/> yes | <input type="checkbox"/> no | 104. Post term (>42 weeks gestation) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 95. Pregnancy-induced hypertension | <input type="checkbox"/> yes | <input type="checkbox"/> no | 105. Rhesus disease | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 96. Preeclampsia | <input type="checkbox"/> yes | <input type="checkbox"/> no | 106. HIV or AIDS | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 97. Severe preeclampsia/ Eclampsia/HELLP Syndrome | <input type="checkbox"/> yes | <input type="checkbox"/> no | 107. Any sexually transmitted infections | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 98. Breech presentation | <input type="checkbox"/> yes | <input type="checkbox"/> no | 108. Any infections requiring antibiotic/antiviral treatment | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 99. Fetal distress | <input type="checkbox"/> yes | <input type="checkbox"/> no | 109. Maternal request | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 100. Failure to progress | <input type="checkbox"/> yes | <input type="checkbox"/> no | 110. Any other maternal reason | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 101. Cephalo-pelvic disproportion | <input type="checkbox"/> yes | <input type="checkbox"/> no | 111. Any other fetal reason | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 102. Prelabour rupture of membranes (PROM) | <input type="checkbox"/> yes | <input type="checkbox"/> no | 112. Previous caesarean section | <input type="checkbox"/> yes | <input type="checkbox"/> no |


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Section 9: Newborn outcomes and care

 113. Date of delivery - -

 114. Time of delivery (24hr clock) :

 115. Number of babies
If more than 1 baby, complete another Pregnancy and Delivery form, (section 9 to 12 only).

 116. Gestational age at birth based on the best obstetric wks days estimate

For women in the FGLS study, if the gestational age at birth is <37 weeks please contact study coordinator for the Preterm Postnatal Follow-up Study

117. Fetal presentation at delivery (cross one box only)

 Cephalic Breech Other

 118. Apgar score at 5 minutes

119. Newborn status at birth (cross one box only)

 Alive Intrapartum death

 Antepartum death

 120. Newborn sex Male Female

 121. Was the newborn admitted to intensive care or any special care unit? yes no

 122. Total amount of days spent in intensive care or special care unit (if less than 24hrs please enter 1 day) days

Was the newborn diagnosed with or treated for any of the following conditions before hospital discharge?

 123. Respiratory distress syndrome yes no

 124. Transient tachypnea of the newborn yes no

 125. Apnea of prematurity yes no

 126. No oral feeds for more than 24hrs yes no

 127. Bronchopulmonary dysplasia yes no

 128. Retinopathy of prematurity yes no

 129. Meconium aspiration with respiratory distress yes no

 130. Hypoxic-ischaemic encephalopathy yes no

 131. Hyperbilirubinaemia yes no

 132. TORCH or any other intrauterine infections yes no

 133. Neonatal sepsis yes no

 134. Necrotising enterocolitis, stage 2 or greater yes no

 135. Seizures yes no

 136. Hypoglycaemia yes no

 137. Intraventricular haemorrhage grade 2 or greater/ periventricular haemorrhage/leukomalacia yes no

 138. Hypotension requiring inotropic treatment or steroids yes no

 139. Anaemia (requiring transfusion) yes no

 140. Patent ductus arteriosus (requiring pharmacological treatment or surgery) yes no

 141. Polycythaemia yes no

 142. Any other serious condition yes no

 143. Congenital abnormality (complete a neonatal abnormality form) yes no

Section 10: Newborn anthropometry (please carry out as soon as possible, no later than 24 hours after birth)

 144. Date of measurement - -

 145. Time of measurement (24 hr clock) :

 1st set of anthropometric measurements

 146. Weight . kgs

 147. Length . cm

 148. Head circumference . cm

Repeat measurements, if required

 . kgs

 . cm

 . cm

Repeat measurements, if required

 . kgs

 . cm

 . cm



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Section 10: Newborn anthropometry (continued)

2nd set of anthropometric measurements

149. Weight . kgs

150. Length . cm

151. Head circumference . cm

Repeat measurements, if required

. kgs

. cm

. cm

Repeat measurements, if required

. kgs

. cm

. cm

Section 11: Newborn outcomes

152. Newborn status at hospital discharge

Alive Alive but referred to a higher level of care Dead

153. Date of hospital neonatal hospital discharge or date of death

- -

Section 12: Nutritional practices

154. What was the main mode of feeding in the 24hrs prior to hospital discharge? (cross one box only)

Exclusive breast milk

Predominant breast milk

Partial breast milk

Exclusive formula

Section 13: Maternal outcomes

155. Was the mother admitted to intensive care or any special care unit after delivery?

156. If yes total number of days (if less than 24 hours, please enter as 1 day) days

157. Maternal status at hospital discharge

Alive Alive but referred to a higher level of care Dead

Name of Researcher			
Signature			
Researcher Code	<input type="text"/> <input type="text"/>	Date of interview	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/>
Code of 1 st anthropometrist	<input type="text"/> <input type="text"/>	Code of 2 nd anthropometrist	<input type="text"/> <input type="text"/>