UNIVERSITY OF OXFORD

INTERBIO-21st Fetal Study
Pregnancy Follow-up

PFU

INTERBIO-21st PTID Number 0 7 - 1 0 0 0 0 **Hospital/Clinic Code**

Antenatal Record No.

Maternal Date of Birth D D M M Y Y **Visit Date** D D M M Y Y

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

Section 1: Pregnancy status

1. Weight (at this visit): . kg
2. Father's height: (if it can be obtained at this visit) . cm
3. Symphyseal-fundal height: . cm
4. Proteinuria (by dipstick): (cross one box only)
   0 / trace + ++ +++ ++++ No urine test available since last visit
   and/or actual result (from urine sample) received from laboratory: mg/dl
5. Urine culture: (cross one box only)
   Positive Negative No urine culture result
6. If positive, was antibiotic treatment given? yes no
7. Haemoglobin level: . g/dl OR Haematocrit: . %
8. Blood pressure: Systolic mmHg Diastolic mmHg

Since her last visit:

9. Has she smoked? yes no
   If yes, how many cigarettes/cigars per day?
10. Has she lived in the same household as someone who smokes? yes no
11. Has she sniffed/chewed tobacco? yes no
    If yes, how many times per day?
12. Has she chewed betelnut? yes no
    If yes, how many nuts per day?
13. On average, how many units of alcohol per week has she had?
    (1 unit = small glass (125ml) of wine or one bottle/can (330ml) of beer; see table)
14. Has she taken any recreational drugs? (see table) yes no
15. Has she been involved in any of the following high-risk occupations or activities? (cross all that apply; see table)
    - Frequent exposure to chemical/toxic substances
    - Frequent physically demanding work
    - Frequent high-risk sports/vigorous exercise
16. Has she followed any of the following special diets? (cross all that apply; see table)
    - Vegetarian with no animal products
    - Gluten-free
    - Weight loss programme
    - 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 endocrinological condition yes no
18. Any type of malignancy/cancer (if yes, please complete an **Adverse Event Form**) yes no
19. Cardiac disease yes no
20. Epilepsy yes no
21. Mental illness e.g. Clinical depression yes no
22. Symptomatic malaria yes no
23. Symptomatic malaria with parasite count yes no
24. Respiratory disease (including asthma) yes no
25. Pyelonephritis or kidney disease yes no
26. Lower urinary tract infection requiring antibiotic treatment yes no
27. Respiratory tract infection requiring antibiotic/antiviral treatment yes no
28. Any other infection requiring antibiotic/antiviral treatment yes no
29. Group B streptococcus carrier yes no
30. Positive syphilis test yes no
31. HIV or AIDS yes no
32. Any genital tract or sexually transmitted infection yes no
33. Cholestasis yes no
34. Any other medical/surgical condition requiring treatment (if yes, please complete an **Adverse Event Form**) yes no

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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 vomiting requiring hospitalisation — yes / no
36. Gestational diabetes — yes / no
37. Vaginal bleeding — yes / no
38. Pregnancy-induced hypertension (BP>140/90, no proteinuria) — yes / no
39. Preeclampsia (BP>140/90 and proteinuria) — yes / no
40. Severe preeclampsia/Eclampsia/ HELLP syndrome — yes / no
41. Rhesus disease or anti-Kell antibodies — yes / no
42. Preterm labour without delivery — yes / no
43. Prelabour premature rupture of membranes (PPROM) — yes / no
44. Fetal anaemia — yes / no
45. Fetal distress (abnormal fetal heart rate [FHR] or biophysical profile [BPP]) — yes / no
46. Suspected impaired fetal growth — yes / no
47. Oligohydramnios — yes / no
48. Polyhydramnios — yes / no
49. A condition requiring amniocentesis or fetal blood sampling (FBS) — yes / no
50. Abruptio placentae — yes / no
51. Clinical chorioamnionitis — yes / no
52. Any other pregnancy-related infection or condition requiring treatment (if yes, please complete an **Adverse Event Form**) — yes / no

Section 4: Nutritional supplements/Medications

Since her last visit, has she routinely taken any of the following nutritional supplements?

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

Since her last visit, has she routinely taken any of the following medications?

62. Aspirin — yes / no
63. Non-steroidal anti-inflammatories — yes / no
64. Antibiotics used for PPROM — yes / no
65. Any other antibiotics/antivirals — yes / no
66. Antihypertensives — yes / no
67. Insulin — yes / no
68. Prophylactic steroids for preterm labour — yes / no
69. Progesterone — 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 D M M Y Y

Name of Researcher/Midwife			
Signature		Researcher Code	