UNIVERSITY OF OXFORD

INTERBIO-21st Fetal Study
Maternal Referral/Admission

MRA

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

AFFIX PTID LABEL HERE

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. Is this a referral to another level of outpatient care or admission to hospital? (cross one box only)
   Referral ☐ Admission ☐
2. To which department/unit/service has she been referred or admitted? (cross one box only)
   Gynaecology ☐ Surgery ☐
   Obstetric/ High-risk clinic ☐ Trauma/ Orthopaedics ☐
   Nephrology ☐ Emergency room ☐
   Nutritional ☐ Internal medicine ☐
   Physiotherapy ☐ Other ☐
   Psychiatry ☐

If she has been referred or admitted for a nutritional problem, please indicate the diagnosis: (cross all that apply)

3. Gestational diabetes ☐
4. Overweight ☐
5. Underweight ☐
6. Anaemia ☐
7. Food allergy ☐
8. Heartburn ☐
9. Malabsorption syndrome ☐
10. Specific dietary requirement ☐

Section 2: Lab information (if requested during admission/referral)

11. Proteinuria (by dipstick): (cross one box only)
    0 / trace ☐ + ☐ ++ ☐
    +++ ☐ ++++ ☐ No urine test performed at this referral/ admission ☐
    and/or actual result (from urine sample) received from laboratory: ___ mg/dl
12. Urine culture: (cross one box only)
    Positive ☐
    Negative ☐
    No urine culture available ☐
13. If positive, was antibiotic treatment given? yes ☐ no ☐
14. Lowest haemoglobin level: OR Lowest haematocrit:
    ___.___ g/dl ___.___ %
15. Lowest blood glucose level: ___ mmol/l
16. Highest blood glucose level: ___ mmol/l
17. Highest serum creatinine level: ___.___ µmol/l

Section 3: Clinical diagnosis for this admission or referral

Please provide the main diagnosis by referring to the medical records:

18. Diabetes yes ☐ no ☐
    If yes, was there any evidence of diabetic ketoacidosis? yes ☐ no ☐
19. Thyroid disease or any other endocrinological condition yes ☐ no ☐
20. Any type of malignancy/cancer (if yes, please complete an **Adverse Event Form**) yes ☐ no ☐
21. Cardiac disease yes ☐ no ☐
22. Epilepsy yes ☐ no ☐
23. Mental illness e.g. Clinical depression yes ☐ no ☐
24. Symptomatic malaria yes ☐ no ☐
25. Symptomatic malaria with parasite count yes ☐ no ☐
26. Respiratory disease (including asthma) yes ☐ no ☐
27. Pyelonephritis or kidney disease yes ☐ no ☐
28. Crohn's disease, coeliac disease, ulcerative colitis or any severe malabsorption condition yes ☐ no ☐
29. Lower urinary tract infection requiring antibiotic treatment yes ☐ no ☐
30. Respiratory tract infection requiring antibiotic/antiviral treatment yes ☐ no ☐
31. Any other infection requiring antibiotic/antiviral treatment yes ☐ no ☐
32. Non-septic shock requiring fluid replacement or pressor agents yes ☐ no ☐
33. Maternal trauma yes ☐ no ☐
34. Deep vein thrombosis yes ☐ no ☐
35. Systemic lupus erythematosus yes ☐ no ☐
36. HIV or AIDS yes ☐ no ☐
37. Any genital tract or sexually transmitted infection yes ☐ no ☐
38. Sickle-cell anaemia yes ☐ no ☐
39. Cholestasis yes ☐ no ☐
40. Any other medical/surgical condition requiring treatment or surgery (if yes, please complete an **Adverse Event Form**) yes ☐ no ☐

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Section 4: Pregnancy-related diagnosis for this admission or referral

Please provide the main diagnosis by referring to the medical records:

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

Section 5: Medications and treatment

Has she been prescribed any of the following medications or treatments?

63. Aspirin — yes / no
64. Antibiotics/Antivirals — yes / no
65. Antihypertensives — yes / no
66. Prophylactic steroids for preterm labour — yes / no
67. Treatments for asthma — yes / no
68. Antipsychotics — yes / no
69. Antidepressants — yes / no
70. Magnesium sulphate — yes / no
71. Blood transfusion — yes / no
72. Just bed rest/observation — yes / no
73. Any other treatment — yes / no

Section 6: Final outcome

74. Final outcome of the admission: (cross one box only)
    - Discharged ☐
    - Transferred to another level of care or hospital (inform study coordinator) ☐
    - Delivered/Miscarried (complete the **Pregnancy and Delivery Form**) ☐
    - **Maternal death** (complete the **Pregnancy and Delivery** and **Adverse Event Forms**) ☐
    - Left hospital or treatment against medical advice (inform study coordinator) ☐
75. Date of discharge from hospital: D D M M Y Y

Section 7: Next appointment

If the woman is still pregnant (even if she is still in hospital) check the date of the next ultrasound appointment.

76. Date of the next ultrasound appointment: D D M M Y Y

If the woman is still in hospital please inform the study coordinator.

Name of Researcher/Midwife			
Signature		Researcher Code	