

INTERBIO-21st PTID Number

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Hospital/Clinic Code

**AFFIX PTID
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Maternal Hospital Record No.

Maternal Date of Birth

Is the woman part of the Fetal Study?

yes no

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

Section 1: Demographic, socio-economic and nutritional characteristics

1. Age: (years)

yrs

2. Maternal height: (cm)

cm

3. 1st trimester or pre-pregnancy weight: (kg)

kg

During this pregnancy:

4. Has she smoked?

yes no

If yes, how many cigarettes/cigars per day?

5. Has she sniffed/chewed tobacco?

yes no

If yes, how many times per day?

6. Has she chewed betelnut?

yes no

If yes, how many nuts per day?

7. 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)

8. Has she used any of the following recreational drugs? (cross all that apply; see table)

Heroin

Amphetamines

Benzodiazepines

Methadone

Hallucinogens

Inhalants/Solvents

Crack/Cocaine

Cannabis

Other recreational drugs

9. 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

10. 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

11. Marital status: (cross one box only)

Single

Widowed

Married/Cohabiting

Separated/Divorced

12. Total number of years of formal education:

13. Highest level of education attended: (cross one box only)

No school attended

Primary

Professional/technical training

Secondary

University

14. Which of the following best describes her occupational status? (cross one box only)

Housework

Skilled manual work

Managerial/professional/technical

Student

Unskilled manual work

Clerical support, service or sales

Other

15. On average, about how much is the take-home family income each week (include social benefits etc.)? (cross one box only)

Less than £100

£300 - £399

£100 - £199

£400 or more

£200 - £299

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M

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Y

Y

Section 2: Medical history

Before this pregnancy, was she diagnosed with, or treated for, any of the following conditions?

- | | | | |
|--|--|--|--|
| 16. Diabetes | <input type="checkbox"/> yes <input type="checkbox"/> no | 27. Lupus erythematosus | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 17. Thyroid disease | <input type="checkbox"/> yes <input type="checkbox"/> no | 28. HIV or AIDS | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 18. Other endocrinological condition | <input type="checkbox"/> yes <input type="checkbox"/> no | 29. Hepatitis B or C | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 19. Any type of malignancy/cancer
(including leukaemia or lymphoma) | <input type="checkbox"/> yes <input type="checkbox"/> no | 30. Malaria - <i>within past 5 years</i> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 20. Cardiac disease | <input type="checkbox"/> yes <input type="checkbox"/> no | 31. Tuberculosis | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 21. Epilepsy | <input type="checkbox"/> yes <input type="checkbox"/> no | 32. Thalassaemia | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 22. Mental illness e.g. Clinical depression | <input type="checkbox"/> yes <input type="checkbox"/> no | 33. Sickle-cell anaemia | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 23. Hypertension/chronic hypertension
with treatment | <input type="checkbox"/> yes <input type="checkbox"/> no | 34. Thrombophilia | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 24. A chronic respiratory disease
(including chronic asthma) | <input type="checkbox"/> yes <input type="checkbox"/> no | 35. Glucose-6-phosphate dehydrogenase
deficiency | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 25. Proteinuria, kidney disease or chronic
renal disease | <input type="checkbox"/> yes <input type="checkbox"/> no | 36. Any congenital abnormality or genetic
disease | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 26. Crohn's disease, coeliac disease,
ulcerative colitis or any severe
malabsorption condition | <input type="checkbox"/> yes <input type="checkbox"/> no | 37. Any other clinically relevant condition | <input type="checkbox"/> yes <input type="checkbox"/> no |

Section 3: Gynaecological history

38. Did she have regular (24-32 day) menstrual cycles in the 3 months prior to this pregnancy? yes no
39. What is the average length of her menstrual cycle? days
40. Had she used hormonal contraceptives or been breastfeeding in the 2 months prior to this pregnancy? yes no
41. Is the first day of the last menstrual period (LMP) known? yes no
42. If yes, date: 43. Was she certain of the date of her LMP? yes no

Section 4: Obstetric history

44. Number of previous pregnancies, excluding this pregnancy (*if 0, skip to Question 57*):
45. Date of last delivery, miscarriage or termination:
46. Has she ever had a molar pregnancy or choriocarcinoma? yes no
47. Has she ever had an extrauterine or ectopic pregnancy? yes no
48. Number of previous miscarriages: 49. Number of previous terminations:
50. Number of previous births (*if 0, skip to Question 57*):
51. Birthweight of the immediately previous newborn: g
52. Gestational age at birth of the immediately previous newborn: weeks days
53. Have ANY of her other babies weighed less than 2500g? yes no
54. Have ANY of her other babies been born preterm (<37⁺⁰ weeks' gestation)? yes no
55. Has she had ANY previous stillbirths? yes no 56. Has she had ANY previous neonatal deaths? yes no

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Maternal Date of Birth

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Section 5: Vaccination history

Has she been vaccinated against the following medical conditions?

Influenza:	57. Before this pregnancy:	<input type="checkbox"/> yes <input type="checkbox"/> no	58. During this pregnancy:	<input type="checkbox"/> yes <input type="checkbox"/> no
Tetanus:	59. Before this pregnancy:	<input type="checkbox"/> yes <input type="checkbox"/> no	60. During this pregnancy:	<input type="checkbox"/> yes <input type="checkbox"/> no

Section 6: Clinical conditions

During this pregnancy was she diagnosed with, or treated for, any of the following conditions?

61. Diabetes, thyroid disease or any other endocrinological condition	<input type="checkbox"/> yes <input type="checkbox"/> no	71. Respiratory tract infection requiring antibiotic/antiviral treatment	<input type="checkbox"/> yes <input type="checkbox"/> no
62. Any type of malignancy/cancer (including leukaemia or lymphoma)	<input type="checkbox"/> yes <input type="checkbox"/> no	72. Any other infection requiring antibiotic/antiviral treatment	<input type="checkbox"/> yes <input type="checkbox"/> no
63. Cardiac disease	<input type="checkbox"/> yes <input type="checkbox"/> no	73. Group B streptococcus carrier	<input type="checkbox"/> yes <input type="checkbox"/> no
64. Epilepsy	<input type="checkbox"/> yes <input type="checkbox"/> no	74. Positive syphilis test	<input type="checkbox"/> yes <input type="checkbox"/> no
65. Mental illness e.g. Clinical depression	<input type="checkbox"/> yes <input type="checkbox"/> no	75. HIV or AIDS	<input type="checkbox"/> yes <input type="checkbox"/> no
66. Symptomatic malaria	<input type="checkbox"/> yes <input type="checkbox"/> no	76. Any genital tract or sexually transmitted infection	<input type="checkbox"/> yes <input type="checkbox"/> no
67. Symptomatic malaria with parasite count	<input type="checkbox"/> yes <input type="checkbox"/> no	77. Cholestasis	<input type="checkbox"/> yes <input type="checkbox"/> no
68. Respiratory disease (including asthma)	<input type="checkbox"/> yes <input type="checkbox"/> no	78. Any other medical/surgical condition requiring treatment/referral	<input type="checkbox"/> yes <input type="checkbox"/> no
69. Pyelonephritis or kidney disease	<input type="checkbox"/> yes <input type="checkbox"/> no	79. Any accident or maternal trauma requiring hospital admission or referral to a higher level of care	<input type="checkbox"/> yes <input type="checkbox"/> no
70. Lower urinary tract infection requiring antibiotic treatment	<input type="checkbox"/> yes <input type="checkbox"/> no		

Section 7: Pregnancy-related complications

During this pregnancy was she diagnosed with, or treated for, any of the following conditions?

80. Severe vomiting requiring hospitalisation	<input type="checkbox"/> yes <input type="checkbox"/> no	90. Fetal anaemia	<input type="checkbox"/> yes <input type="checkbox"/> no
81. Gestational diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	91. Fetal distress (abnormal fetal heart rate [FHR] or biophysical profile [BPP])	<input type="checkbox"/> yes <input type="checkbox"/> no
82. Vaginal bleeding before 15 weeks	<input type="checkbox"/> yes <input type="checkbox"/> no	92. Suspected impaired fetal growth	<input type="checkbox"/> yes <input type="checkbox"/> no
83. Vaginal bleeding at 15-27 weeks	<input type="checkbox"/> yes <input type="checkbox"/> no	93. Oligohydramnios	<input type="checkbox"/> yes <input type="checkbox"/> no
84. Vaginal bleeding after 27 weeks	<input type="checkbox"/> yes <input type="checkbox"/> no	94. Polyhydramnios	<input type="checkbox"/> yes <input type="checkbox"/> no
85. Pregnancy-induced hypertension (BP>140/90, no proteinuria)	<input type="checkbox"/> yes <input type="checkbox"/> no	95. A condition requiring amniocentesis or fetal blood sampling (FBS)	<input type="checkbox"/> yes <input type="checkbox"/> no
86. Preeclampsia (BP>140/90 and proteinuria)	<input type="checkbox"/> yes <input type="checkbox"/> no	96. Abruption placentae	<input type="checkbox"/> yes <input type="checkbox"/> no
87. Severe preeclampsia/Eclampsia/HELLP syndrome	<input type="checkbox"/> yes <input type="checkbox"/> no	97. Clinical chorioamnionitis	<input type="checkbox"/> yes <input type="checkbox"/> no
88. Rhesus disease or anti-Kell antibodies	<input type="checkbox"/> yes <input type="checkbox"/> no	98. Other pregnancy-related infection	<input type="checkbox"/> yes <input type="checkbox"/> no
89. Preterm labour	<input type="checkbox"/> yes <input type="checkbox"/> no	99. Other pregnancy-related condition	<input type="checkbox"/> yes <input type="checkbox"/> no

100. Lowest haemoglobin level:	<15 weeks	15-27 weeks	>27 weeks
	<input type="text"/> <input type="text"/> g/dl	<input type="text"/> <input type="text"/> g/dl	<input type="text"/> <input type="text"/> g/dl
OR Lowest haematocrit:	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %

Section 8: Ultrasound examination (for women in the Neonatal Study)

101. How many ultrasound examinations were carried out during the woman's pregnancy?

Please complete a Neonatal Study Ultrasound Form for each ultrasound examination available in the woman's medical records.

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Section 9: Length of the uterine cervix - during this pregnancy

102. During the course of her pregnancy (before hospital admission for this birth), did she have any evaluations of uterine cervix length by vaginal examination? *If no, skip to Question 112.* yes no

103. Date of 1st examination:

106. Date of 2nd examination:

109. Date of 3rd examination:

104. Uterine cervix length by digital examination: - cm

107. Uterine cervix length by digital examination: - cm

110. Uterine cervix length by digital examination: - cm

105. Cervical dilation: - cm

108. Cervical dilation: - cm

111. Cervical dilation: - cm

Section 10: Nutritional supplements/Medications

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

112. Multi-vitamins/minerals yes no

115. Vitamin D yes no

118. Food supplements yes no

113. Iron yes no

116. Calcium yes no

119. Cod liver oil yes no

114. Folic acid yes no

117. Selenium yes no

120. Other fish oil yes no

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

121. Aspirin yes no

126. Insulin yes no

122. Non-steroidal anti-inflammatories yes no

127. Prophylactic steroids for preterm labour yes no

123. Antibiotics used for PPRM yes no

128. Progesterone yes no

124. Any other antibiotics/antivirals yes no

129. Any other treatment yes no

125. Antihypertensives yes no

Section 11: Delivery

130. Onset of labour: (cross one box only) Spontaneous Induced No labour

131. Prelabour premature rupture of membranes (PPROM)? yes no

132. Place of delivery: (cross one box only) Home Health facility

133. Mode of delivery: (cross one box only) Vaginal spontaneous Vaginal assisted (e.g. forceps, vacuum)

Caesarean section Assisted breech or breech extraction

If labour was induced or a Caesarean section performed, please cross all that apply:

134. Vaginal bleeding yes no

148. Worsening of a pre-existing clinical condition yes no

135. Placenta praevia yes no

149. Suspected intrauterine growth restriction (IUGR) yes no

136. Fetal death yes no

150. Post term (>42⁺⁰ weeks gestation) yes no

137. Pregnancy-induced hypertension (BP>140/90, no proteinuria) yes no

151. Rhesus disease or anti-Kell antibodies yes no

138. Preeclampsia (BP>140/90 and proteinuria) yes no

152. Intrahepatic cholestasis of pregnancy yes no

139. Severe preeclampsia/Eclampsia/HELLP syndrome yes no

153. HIV or AIDS yes no

140. Breech presentation yes no

154. Any genital tract or sexually transmitted infection yes no

141. Fetal distress (abnormal fetal heart rate [FHR] or biophysical profile [BPP]) yes no

155. Any infection requiring antibiotic/antiviral treatment yes no

142. Reduced fetal movement yes no

156. Any accident/maternal trauma yes no

143. Failure to progress yes no

157. Pregnancy termination yes no

144. Cephalo-pelvic disproportion yes no

158. Previous Caesarean section yes no

145. PPRM yes no

159. Maternal request yes no

146. Uterine rupture yes no

160. Any other maternal reason yes no

147. Abruptio placentae yes no

161. Any other fetal reason yes no

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Section 12: Newborn outcomes and care

162. Date of delivery:

163. Time of delivery:

 : (24-hour clock)

164. Gestational age at birth based on the best obstetric estimate:

 weeks days

165. Fetal presentation at delivery: (cross one box only)

 Cephalic Breech Other

166. Newborn status at birth: (cross one box only)

 Alive Intrapartum death
 Antepartum death

167. Newborn sex: Male

Female

168. Apgar score at 5 minutes:

169. Was the newborn admitted to intensive care or any special care unit?

 yes no

170. If yes, total amount of days spent in intensive care or special care unit: (if less than 24 hours please enter 1 day)

 days

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

171. Respiratory distress syndrome

 yes no

172. Transient tachypnea of the newborn

 yes no

173. Apnea of prematurity

 yes no

174. Bronchopulmonary dysplasia

 yes no

175. Pneumothorax

 yes no

176. Meconium aspiration with respiratory distress

 yes no

177. No oral feeds for more than 24 hours

 yes no

178. Retinopathy of prematurity

 yes no

179. Hypoxic-ischaemic encephalopathy

 yes no

180. Hyperbilirubinaemia

 yes no

181. TORCH or any other intrauterine infection

 yes no

182. HIV

 yes no

183. Neonatal sepsis

 yes no

184. Fetal infection

 yes no

185. Fetal inflammatory response syndrome

 yes no

186. Seizures

 yes no

187. Necrotising enterocolitis, Bell's staging stage 2 or greater

 yes no

188. Meningitis

 yes no

189. Hypoglycaemia

 yes no

190. Anaemia (requiring transfusion)

 yes no

191. Hypotension (requiring inotropic treatment or steroids)

 yes no

192. Intraventricular haemorrhage grade 2 or greater, periventricular haemorrhage or leukomalacia

 yes no

193. Polycythaemia

 yes no

194. Patent ductus arteriosus (requiring pharmacological treatment or surgery)

 yes no

195. Any other serious condition

 yes no

 196. Congenital abnormality (complete a **Neonatal Abnormality Form**)

 yes no

Section 13: Newborn anthropometry (please carry out as soon as possible, no later than 24 hours after birth)

197. Date of measurement:

First set of anthropometric measurements

 Repeat measurements
 (if required)

 Repeat measurements
 (if required)

 198. Weight: g

 g

 g

 199. Length: . cm

 . cm

 . cm

 200. Head circumference: . cm

 . cm

 . cm

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Section 13: Newborn anthropometry (continued)

Second set of anthropometric measurements

Repeat measurements
(if required)

Repeat measurements
(if required)

201. Weight:

--	--	--	--

 g

--	--	--	--

 g

--	--	--	--

 g

202. Length:

--	--

 .

--

 cm

--	--

 .

--

 cm

--	--

 .

--

 cm

203. Head circumference:

--	--

 .

--

 cm

--	--

 .

--

 cm

--	--

 .

--

 cm

Section 14: Newborn outcomes

204. Newborn status at hospital discharge: (cross one box only)

Alive

Alive but referred to a lower
dependency unit or clinic

Alive but referred to a higher level
of care

Dead

205. Date of neonatal hospital discharge or date of death:

D	D	M	M	Y	Y
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Section 15: Nutritional practices

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

Exclusive breast milk

Combination feeding:
Predominant breast milk

Combination feeding:
Partial breast milk

Exclusive formula

No oral feeds: Intravenous (IV) fluids only

Section 16: Maternal outcomes

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

yes	no
-----	----

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

--	--

209. Maternal status at hospital discharge: (cross one box only)

Alive

Alive but referred to a higher level
of care

Dead

Name of Researcher/Midwife

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Signature

--

Researcher Code

--	--

Anthropometrist-1 Code

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Anthropometrist-2 Code

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