### Section 1: Demographic, socio-economic and nutritional characteristics

1. **Age:** (years)  
2. **Maternal height:** (cm)  
3. **1st trimester or pre-pregnancy weight:** (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  
    - Secondary  
    - University  
    - Professional/technical training  

14. **Which of the following best describes her occupational status?** (cross one box only)  
    - Housework  
    - Skilled manual work  
    - Unskilled manual work  
    - Managerial/professional/technical  
    - 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  
    - £100 - £199  
    - £200 - £299  
    - £300 - £399  
    - £400 or more  
    - £500 or more  

Please answer all yes/no questions by placing a 'X' in the corresponding box.
### Section 2: Medical history

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

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

#### Section 3: Gynaecological history

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

#### Section 4: Obstetric history

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. Number of previous pregnancies, excluding this pregnancy (if 0, skip to Question 57):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Date of last delivery, miscarriage or termination:</td>
<td></td>
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<tr>
<td>46. Has she ever had a molar pregnancy or choriocarcinoma?</td>
<td></td>
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<tr>
<td>47. Has she ever had an extrauterine or ectopic pregnancy?</td>
<td></td>
<td></td>
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<tr>
<td>48. Number of previous miscarriages:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Number of previous terminations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Number of previous births (if 0, skip to Question 57):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Birthweight of the immediately previous newborn:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Gestational age at birth of the immediately previous newborn:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. Have ANY of her other babies weighed less than 2500g?</td>
<td></td>
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<tr>
<td>54. Have ANY of her other babies been born preterm (&lt;37(^\circ) weeks' gestation)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Has she had ANY previous stillbirths?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Has she had ANY previous neonatal deaths?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 5: Vaccination history

Has she been vaccinated against the following medical conditions?

- **Influenza:**
  - Before this pregnancy: [ ] yes [ ] no
  - During this pregnancy: [ ] yes [ ] no

- **Tetanus:**
  - Before this pregnancy: [ ] yes [ ] no
  - During this pregnancy: [ ] yes [ ] 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 [ ] yes [ ] no
- 62. Any type of malignancy/cancer (including leukaemia or lymphoma) [ ] yes [ ] no
- 63. Cardiac disease [ ] yes [ ] no
- 64. Epilepsy [ ] yes [ ] no
- 65. Mental illness e.g. Clinical depression [ ] yes [ ] no
- 66. Symptomatic malaria [ ] yes [ ] no
- 67. Symptomatic malaria with parasite count [ ] yes [ ] no
- 68. Respiratory disease (including asthma) [ ] yes [ ] no
- 69. Pyelonephritis or kidney disease [ ] yes [ ] no
- 70. Lower urinary tract infection requiring antibiotic treatment [ ] yes [ ] no
- 71. Respiratory tract infection requiring antibiotic/antiviral treatment [ ] yes [ ] no
- 72. Any other infection requiring antibiotic/antiviral treatment [ ] yes [ ] no
- 73. Group B streptococcus carrier [ ] yes [ ] no
- 74. Positive syphilis test [ ] yes [ ] no
- 75. HIV or AIDS [ ] yes [ ] no
- 76. Any genital tract or sexually transmitted infection [ ] yes [ ] no
- 77. Cholestasis [ ] yes [ ] no
- 78. Any other medical/surgical condition requiring treatment/referral [ ] yes [ ] no
- 79. Any accident or maternal trauma requiring hospital admission or referral to a higher level of care [ ] yes [ ] no
- 80. Severe vomiting requiring hospitalisation [ ] yes [ ] no
- 81. Gestational diabetes [ ] yes [ ] no
- 82. Vaginal bleeding before 15 weeks [ ] yes [ ] no
- 83. Vaginal bleeding at 15-27 weeks [ ] yes [ ] no
- 84. Vaginal bleeding after 27 weeks [ ] yes [ ] no
- 85. Pregnancy-induced hypertension (BP>140/90, no proteinuria) [ ] yes [ ] no
- 86. Preeclampsia (BP>140/90 and proteinuria) [ ] yes [ ] no
- 87. Severe preeclampsia/Eclampsia/HELLP syndrome [ ] yes [ ] no
- 88. Rhesus disease or anti-Kell antibodies [ ] yes [ ] no
- 89. Preterm labour [ ] yes [ ] no
- 90. Fetal anaemia [ ] yes [ ] no
- 91. Fetal distress (abnormal fetal heart rate [FHR] or biophysical profile [BPP]) [ ] yes [ ] no
- 92. Suspected impaired fetal growth [ ] yes [ ] no
- 93. Oligohydramnios [ ] yes [ ] no
- 94. Polyhydramnios [ ] yes [ ] no
- 95. A condition requiring amniocentesis or fetal blood sampling (FBS) [ ] yes [ ] no
- 96. Abruptio placenta [ ] yes [ ] no
- 97. Clinical chorioamnionitis [ ] yes [ ] no
- 98. Other pregnancy-related infection [ ] yes [ ] no
- 99. Other pregnancy-related condition [ ] yes [ ] no

### Section 7: Pregnancy-related complications

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

- 100. Lowest haemoglobin level:
  - <15 weeks [ ] g/dl
  - 15-27 weeks [ ] g/dl
  - >27 weeks [ ] g/dl

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

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

Please complete a Neonatal Study Ultrasound Form for each ultrasound examination available in the woman’s medical records.
### 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?  
   - [ ] yes  
   - [ ] no

103. Date of 1st examination:  
   - Day: [ ]  
   - Month: [ ]  
   - Year: [ ]

104. Uterine cervix length by digital examination:  
   - [ ] cm

105. Cervical dilation:  
   - [ ] cm

106. Date of 2nd examination:  
   - Day: [ ]  
   - Month: [ ]  
   - Year: [ ]

107. Uterine cervix length by digital examination:  
   - [ ] cm

108. Cervical dilation:  
   - [ ] cm

109. Date of 3rd examination:  
   - Day: [ ]  
   - Month: [ ]  
   - Year: [ ]

110. Uterine cervix length by digital examination:  
   - [ ] cm

111. Cervical dilation:  
   - [ ] cm

### Section 10: Nutritional supplements/Medications

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

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-vitamins/minerals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td></td>
<td></td>
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<tr>
<td>Folic acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cod liver oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other fish oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selenium</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-steroidal anti-inflammatories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics used for PPROM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other antibiotics/antivirals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihypertensives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td></td>
<td></td>
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<tr>
<td>Prophylactic steroids for preterm labour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progesterone</td>
<td></td>
<td></td>
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<tr>
<td>Any other treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 11: Delivery

<table>
<thead>
<tr>
<th>Event</th>
<th>Spontaneous</th>
<th>Induced</th>
<th>No labour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of labour: (cross one box only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prelabour premature rupture of membranes (PPROM)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of delivery: (cross one box only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mode of delivery: (cross one box only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If labour was induced or a Caesarean section performed, please cross all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placenta praevia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy-induced hypertension (BP&gt;140/90, no proteinuria)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preeclampsia (BP&gt;140/90 and proteinuria)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe preeclampsia/Eclampsia/HELLP syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breech presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal distress (abnormal fetal heart rate [FHR] or biophysical profile [BPP])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced fetal movement</td>
<td></td>
<td></td>
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<tr>
<td>Failure to progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cephalo-pelvic disproportion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPROM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterine rupture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abruptio placentae</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Deviations

- [ ] 07 -
- [ ] Hospital/Clinic Code

Maternal Hospital Record No.  

Maternal Date of Birth:  
   - Day: [ ]  
   - Month: [ ]  
   - Year: [ ]

If labour was induced or a Caesarean section performed, please cross all that apply:
### Section 12: Newborn outcomes and care

162. Date of delivery: 
163. Time of delivery: HH : MM (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:  
198. Weight: g  
199. Length: cm  
200. Head circumference: cm

<table>
<thead>
<tr>
<th>First set of anthropometric measurements</th>
<th>Repeat measurements (if required)</th>
<th>Repeat measurements (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight: g</td>
<td>Length: cm</td>
<td>Head circumference: cm</td>
</tr>
<tr>
<td>Length: cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head circumference: cm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 13: Newborn anthropometry (continued)

<table>
<thead>
<tr>
<th>Second set of anthropometric measurements</th>
<th>Repeat measurements (if required)</th>
<th>Repeat measurements (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>201. Weight:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>202. Length:</td>
<td></td>
<td></td>
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<tr>
<td>203. Head circumference:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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

Signature

Researcher Code

Anthropometrist-1 Code

Anthropometrist-2 Code